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**Marsh Gardens, Honley, Holmfirth, HD9 6AG**

COMPLAINTS PROCEDURE

**Introduction**

The purpose of the Complaints Procedure is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate.

Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them.

The complaints process adopted in the Practice is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors’ representative bodies and the Care Quality Commission. Everyone in the Practice is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the Practice and may prompt a complaint or even a legal action.

The general principle of the Practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after a full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

**Procedure**

Availability of information

The Practice will ensure that there are notices on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. The practice website and any other public material (practice leaflet etc.) will similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

Who can a formal complaint be made to?

The Practice:

By telephone: 01484 303366

By email: enquiries.honleysurgery@nhs.net

By post: addressed to The Complaints Lead, Honley Surgery, Marsh Gardens, Honley, Holmfirth, HD9 6AG

In the event of anyone not wishing to complain directly to the practice they should make their complaint directly to:

complaint to the Parliamentary and Health Service Ombudsman (PHSO):

By post: PHSO, Millbank Tower, Millbank, London, SW1P 4QP

By telephone: PHSO Customer Helpline on 0345 015 4033, 8.30am - 5.30pm, Monday to Friday

By visiting: the PHSO ‘Making a complaint page’ at http:www.ombudsman.org.uk/make-a-complaint (to complain online or download a paper form)

Send a text to: The PHSO ‘call back’ service on 07624 813 005

Who can make a complaint?

A complaint can be made by or, with consent, on behalf of a patient (i.e. as a representative); a former patient, who is receiving or has received treatment at the Practice; or someone who may be affected by a decision, act or omission of the Practice.

A representative may be:

* Either parent or, in the absence of both parents, the guardian or other adult who has care of the child; by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989; or by a person duly authorised by a voluntary organisation by which the child is being accommodated.
* Someone acting on behalf of a patient/former patient who lacks capacity under the Mental Capacity Act 2005 (i.e. who has Power of Attorney etc.) or physical capacity to make a complaint and they are acting in the interests of their welfare.
* Someone acting for the relatives of a deceased patient/former patient.

In all cases where a representative makes a complaint in the absence of a patient consent, the Practice will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there a reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which the decision was based must be advised to them in writing.

Who is responsible at the Practice for dealing with complaints?

The Practice’s ‘responsible person’ is the GP Partners. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no complainant is discriminated against for making a complaint.

The Practice’s Complaints Lead has designated responsibility for managing complaints and ensuring adequate investigations are carried out.

Time limits for making complaints

The period for making a complaint is normally:
a) 12 months from the date on which the event which is the subject of the complaint occurred; or

b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The Practice has the discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

Action upon receipt of a complaint

1. Verbal complaints

It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required. The patient should be asked if they would like to speak to one of the Practice’s Patient Liaison Officers, who will provide support and work with the patient to try and help with any questions or concerns that they may have about their care or treatment here at the Practice.

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the Annual Complaints Return. The Practice will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by the Complaints Lead. Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually, with minutes of those discussions kept.

If resolution is not possible, the Complaints Lead will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

1. Written complaints

On receipt, an acknowledgement will be sent within 3 working days which advises that the Practice will undertake a full investigation and aim to provide a full and final response to the complainant within 28 working days.

It may be that other bodies (e.g. secondary care/community services) will need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included with the initial acknowledgement for return.

If it is not possible to conclude any investigations within the advised timescales, then the complainant must be updated with progress and revised timescales on a regular basis. In most cases these should be completed within 6 months unless all parties agree to an extension.

The investigation

The Practice will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved. The investigation will be recorded in the complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

Final response

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Complaints Lead. The letter will be on headed paper and include:

* An apology if appropriate
* A clear statement of the issues, details of the investigation and the findings, and clear evidence-based reasons for decisions if appropriate
* Where errors have occurred, these will be explained fully and the Complaints Lead will state what has been done or will be done to put this right or prevent repetition. Note: all clinical matters must be explained in accessible language.
* A clear statement that the response is the final one and the Practice is satisfied it has done all it can to resolve the matter at local level.
* A statement of the right, if they are not satisfied with the response, they can be provided with an opportunity for a discussion (face-to-face or by telephone). Or they can refer the complaint to the Parliamentary and Health Service Ombudsman (PHSO):
	+ By post: PHSO, Millbank Tower, Millbank, London, SW1P 4QP
	+ By telephone: PHSO Customer Helpline on 0345 015 4033, 8.30am - 5.30pm, Monday to Friday
	+ By visiting: the PHSO ‘Making a complaint page’ at http:www.ombudsman.org.uk/make-a-complaint (to complain online or download a paper form)
	+ Send a text to: The PHSO ‘call back’ service on 07624 813 005

The final letter should NOT include:

* Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)
* Detailed or complex discussions of medical issues with the patient’s representative unless the patient has given informed consent for this to be done where appropriate

**Annual review of complaints**

The Practice will produce an annual complaints report and this report will form part of the Freedom of Information Act Publication Scheme.

The report will include:

* Statistics on the number of complaints received
* The number considered to have been upheld
* A summary of the issues giving rise to the complaints

Note: the report will NOT disclose any confidential data or lead to the identity of any person becoming known.

**Confidentiality**

All complaints must be treated in the strictest confidence and the Practice must ensure that the patient etc. is made aware of any confidential information to be disclosed to a third party (e.g. NHSE).

The Practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records and no reference which might disclose the fact a complaint has been made should be included on the computerised clinical record system.

**Unreasonable or vexatious complaints**

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following provisions will apply and must be communicated to the patient by the Responsible Person in writing:

* The complaint will be managed by one named individual at senior level who will be the only contact for the patient
* Contact will be limited to one method only (e.g. in writing)
* A time limit will be placed on each contact
* The number of contacts in a time period will be restricted
* A witness will be present for all contacts
* Repeated complaints about the same issue will be refused unless additional material is being brought forward
* The Practice will only acknowledge correspondence regarding a closed matter, not respond to it
* Behaviours standards will be set
* Irrelevant documentation will be returned to the complainant
* Detailed records will be kept of each encounter

**Complaints involving locums**

It is important that all complaints made to the Practice regarding or involving a locum (doctor, nurse, or any other temporary staff) are dealt with by the Practice and not passed off to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Practice.

Locum staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the Practice on locum staff – the best way forward is for the Practice to also provide their factual account along with any factual account from the locum staff member.

The Practice will ensure that on engaging any locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence. The Practice will ensure that there is no discrepancy in the way it investigates or handles complaints between locum staff and either practice partners, salaried staff, students/trainees or any other employees.

**Informal complaints**

The collection of informal complaints – often referred to as ‘grumbles’ is a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to patients. Staff are encouraged to raise these grumbles at practice meetings, or notify the Practice’s Patient Liaison Officer when a negative comment or feedback is made to them by a patient.

The informal complaints (grumbles) will be monitored periodically by the Complaints Lead to identify trends for discussion and possible amendment of procedures or targeted training needs.

**Practice resources**

Complaint Form (which also includes a Third Party Consent)

Complaints Procedure – Patient Information Leaflet

Complaints Handling Flowchart

Complaint Received Deskaid

Annual Complaints Report - template