

**DARWEN HEALTHCARE COMPLAINTS**  
**POLICY NO R001**

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1	01 Nov 2016	Ann Neville	GP Partners	New Policy
2	01 Nov 2018	Ann Neville	GP Partners	Reviewed Policy
3	16 Nov 2020	Dr S Hafez	GP Partners	Reviewed/Amended Policy

**INTRODUCTION**

- This procedure sets out the Practice's approach to the handling of complaints and is intended both as an internal guide that should be made readily available to all staff, and also as a summary setting out the approach to complaint handling that should be available at reception for any patient requesting a copy.
- From 1<sup>st</sup> April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This procedure complies with this.

**POLICY**

The Practice will take reasonable steps to ensure that patients are aware of:

- The complaints procedure.
- The time limit for resolution.
- How it will be dealt with.
- Who will deal with the complaint
- Lead GP handling complaints
- Their right of appeal
- Further action they can take if not satisfied
- The fact that any issues will not affect any ongoing treatment from the surgery and they will continue to be treated

**RESPONSIBLE PERSON**

- At Darwen Healthcare, the responsible person is Dr Safwaan Hafez, who is responsible for ensuring compliance with the complaints regulations and making sure action is taken as a result of the complaint.

**COMPLAINTS MANAGER**

- At Darwen Healthcare the complaints manager is Ann Neville, Business Manager, who is responsible for managing all complaints procedures and must be readily identifiable to service users. Deputy complaints manager is Kim Cunningham, Operations Lead.

## **PROCEDURE**

### **Receiving of complaints**

- The Practice may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Practice, or:
- where the patient is a child:
- by 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 2004;
- by a person duly authorised by a voluntary organisation by which the child is being accommodated
- where the patient is incapable of making a complaint, for example if a patient has died or lacks capacity or any other reason, by a relative or other adult who has an interest in his/her welfare.
- All available resources will be made available to provide fair access to services to people of all backgrounds and circumstances e.g. provision of translation service etc, when appropriate.

### **Period within which complaints can be made**

- The period for making a complaint is normally:
- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.
- The Practice Manager or Lead GP does have the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay. For example, longer periods of complaint timescales may apply to specific clinical areas.
- When considering an extension to the time limit it is important that the Practice Manager or the Lead GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection 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 reason for declining a time limit extension. Should any doubt arise, further guidance should be sought from NHS England by the complaints manager.
- Complaints not required to be dealt with include a complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved.

## **Action upon receipt of a complaint**

### ***Verbal complaints***

- If a patient wishes to complain verbally and if the patient is content for the person dealing with the complaint to deal with this matter and if appropriate to do so, then complaints should be managed at this level. After this conversation, the patient may suggest that no further action is needed. If this should be the case, then the matter can be deemed to be closed, although the complaints manager should still be informed as this needs to be added to the complaints log.
- An acknowledgement of the verbal complaint will suffice and therefore the complaints manager does not need to subsequently respond in writing, although the verbal complaint must be recorded in the complaints log. This will enable any trends to be identified and improvements to services made if applicable. The complaints manager should record notes of the discussion (for reference only) which may be used when discussing complaints at meetings.
- If the matter demands immediate attention, the complaints manager should be contacted who may then offer the patient an appointment or may offer to see the complainant at this stage.
- Verbal complaints (not resolved within 24 hours) must be written up and shared with complainant to agree the content.
- If an issue raised orally can be resolved to the complainant's satisfaction not later than the next working day (24 hours), it is not required to be dealt with as a complaint.

### ***All other 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
- If it is not possible to manage a verbal complaint immediately or the outcome is not satisfactory the complaints manager / deputy will make a written record of the complaint and provide a copy of the written record to the complainant. This ensures that each side are well aware of the issues for resolution.
- On receipt of a written complaint, the complaints manager at Darwen Healthcare will provide an initial response to acknowledge any complaint within three working days after the complaint is received, saying that a further response will be sent following an investigation of the issues. It should also say who is dealing with it i.e. GP or practice manager.
- All complaints will be added to the complaints log
- The complainant has a right to be regularly updated regarding the progress of their complaint
- A full investigation should take place with written notes and a log of the progress being made.
- It may be that outside sources will need to be contacted and, if that is the case then a patient consent form will need to be signed to make such a request, and one organisation will take the lead.

- In addition to regular updates, a response or decision should ideally be made within six months. If it extends beyond this time then the complainant must be advised. Complainants can approach the PHSO if there is no response within 6 months.
- If a complainant has stated in writing intent to take legal proceedings in relation to the substance of the complaint, medical indemnity guidance will be sought and it may not be appropriate to deal with the complaint in the above manner.

### ***Complaints involving external staff***

- Should a complaint be received about a member of another organisation's staff, then this is to be brought to the attention of the complaints manager at the earliest opportunity. The complaints manager will then liaise with the other organisation's manager.

### ***Complaints involving locum staff***

- Darwen Healthcare will ensure that all locum staff, be it GPs, nurses or administrative staff, are aware of both the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left the organisation (keeping in mind the 12-month time frame to complain).
- Locum staff must receive assurance that they will be treated equally and that there is no difference between locum staff, salaried staff or partners.

### ***Unreasonable complaints***

- Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:
  - 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)
  - Place a time limit 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
  - Only acknowledge correspondence regarding a closed matter, not respond to it
  - Set behaviour standards
  - Return irrelevant documentation
  - Keep detailed records

## **Complaints advocates**

- Details of how patients can complain and also how to find independent NHS complaints advocates are to be within the complaints leaflet.
- Additionally, the patient should be advised that the local Healthwatch [www.healthwatchlancashire.co.uk/](http://www.healthwatchlancashire.co.uk/) can help to find an independent NHS complaints advocacy services in the area.

Independent advocacy services include:

1. POhWER – a charity that helps people to be involved in decisions being made about their care. POhWER's support centre can be contacted via 0300 456 2370
2. SeAp Advocacy – gives advocacy support. Call 0330 440 9000 for advice or text SEAP to 80800
3. Age UK – may have advocates in the area. Visit their website or call 0800 055 6112
4. Local councils can offer support in helping the complainant to find an advocacy service. Visit <https://www.gov.uk/find-your-local-council>

## **Final Response**

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
  - Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
  - A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation
  - A clear statement that the response is the final one, or that further action or reports will be send later
  - An apology or explanation as appropriate.
  - A statement of the right to escalate the complaint, together with the relevant contact detail
  - It should also advise on the next step in the process if the complainant is still not satisfied. That would normally be an offer of a meeting with the Lead GP and/or Practice Manager to try further reconciliation if appropriate.
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- If at that point resolution is still not achieved then either side can refer the matter to the Parliamentary and Health Service Ombudsman (PHSO)

## **Annual Review of Complaints**

- The practice will establish an annual complaints log and report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received

- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

### **Confidentiality**

- All complaints must be treated in the strictest confidence.
- Where the investigation of the complaint requires consideration of the patient's medical records, the Practice Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the practice or an employee of the practice.
- 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.

### **Complaints to NHS England**

- If a complainant has concerns relating to a directly commissioned service by NHS England, then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider. This is called by NHS England 'informal complaint resolution' and is in line with the recommendations of the Complaints Regulations of 2009.
- If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service NHS England. A complaint or concern can be received by mail, electronically or by telephone.
- By telephone: 03003 11 22 33
- By email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)
- By post: NHS England, PO Box 16738, Redditch, B97 9PT
- All complaints to NHS England will be acknowledged no later than 3 working days after it has been received by telephone, email or letter, to consider how to progress the complaint;
- Complainant's expectations and desired outcomes
- Agreed timescales to respond to complaint
- Explain the complainants' rights as they are defined in the NHS Constitution
- Complaint Action Plan
- Whether an independent advocacy service is available in the complainant's area
- Consent for NHS England to handle the complaint if it requires input or investigation from organisations or parties that are not part of NHS England
- The complainant will be kept up to date with the progress of their complaint by NHS England staff members, in their preferred method of communication (e.g. by email, telephone or written

letter). If the complainant is not satisfied with the outcome, then they will have the right to progress this further based on the complaints procedure that NHS England will provide to them during this process.

- As part of the guidance on protecting data and personal information, if the complaint involves several organisations then the complainant will be asked for their permission to share or forward a complaint to another body, and further consent will be required to forward the complaint to any provider.

## Summary

- The care and treatment delivered by Darwen Healthcare is done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things can go wrong. By having an effective complaints process in place, this organisation is able to investigate and resolve complaints in a timely manner, achieving the desired outcome for service users, whilst also identifying lessons learned and ultimately improving service delivery.

## Resources

- Complaint Form  
Complaints Leaflet
- Complaints Consent Form – third party
- Complaints Poster
- How to make a complaint about an NHS service;  
<http://www.nhs.uk/chq/pages/1084.aspx?categoryid=68>

## NHS England

- How to complain;  
<https://www.england.nhs.uk/contact-us/complaint/>
- NHS England Complaints policy;  
<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhse-complaints-policy.pdf>
- NHS England Complaints Procedures;  
<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhs-complaints-procedures.pdf>
- **N.B.** if you experience problems with these links, try copying and pasting them into the browser.