

“A Complaint is an Expression
of Dissatisfaction
Requiring a Response”

Moss Grove Surgery-Kingswinford
15 Moss Grove
Kingswinford
West Midlands
DY6 9HS

Complaints Procedure

“A Complaint is an Expression of Dissatisfaction Requiring a Response”

Moss Grove Surgery-Kingswinford Complaints Procedure

Introduction:

Moss Grove Surgery-Kingswinford aims to provide the best possible service for patients, but appreciate that sometimes things go wrong, and that there is sometimes a need for a complaint to be raised about an area of concern to someone within the service.

Moss Grove Surgery-Kingswinford is, therefore, committed to listening to patients, relatives and carers and acting on their views and experiences. This procedure has been formulated in the light of this ongoing commitment, and to ensure that staff handle complaints to a satisfactory standard. The organisation as a whole learns effectively from the lessons highlighted through the complaints process.

We welcome your comments and suggestions on the facilities and services provided by the Practice. If you are pleased with the service you receive or feel that there could be an improvement please let us know.

If you have a complaint, do not be afraid to tell us at the Practice how you feel, but please be constructive and we will look into your complaint and respond.

Mrs Sonia Clark, our Practice Manager, will act as Complaints Officer for Moss Grove Surgery-Kingswinford.

Copies of our Official Complaints procedure are available upon request from any surgery member of staff.

Purpose of the procedure:

To investigate complaints with the aim of satisfying complainants, whilst being open, flexible, conciliatory and scrupulously fair to staff, by encouraging communication on all sides and to learn any lessons for improvement in service delivery. The primary aim is to resolve the complaint satisfactorily.

To ensure that the complaints are dealt with efficiently, fairly and in a timely manner. The complainant will be presented with all possible options for pursuing the complaining and the help available to them (Complaints Manager and Independent Complaints Advocacy Service). Staff will be trained, and encouraged, to adopt a culture of openness with users.

Objectives:

All staff, and the Surgery, to demonstrate a culture of taking complaints seriously.

There is a multi-disciplinary approach to handling complaints.

There are standards and processes known by all staff in the handling of complaints.

The public, service users and carers are aware of how to complain and the help available to them.

Where the standard of care is believed to be unsatisfactory by a patient or relative, complaints should be seen as an opportunity to review and improve service delivery. Patients also have a right to have their complaint dealt with quickly and efficiently.

Who can complain?

A complaint may be made by:

A patient; or

Any person who is affected by, or likely to be affected by, the action, omission or decision of the NHS body, which is the subject of the complaint.

A complaint may be made by another individual acting on behalf of a person mentioned as above in any cases where that person:

Has died;

Is a child or minor;

Is unable, by reason of physical or mental incapacity, to make the complaint themselves; or

Has requested a representative to act on their behalf (patient's written consent will usually be required for the person to pursue the complaint on the patient's behalf).

In the case of a patient or person affected who has died or who is incapable, the representative must be a relative or other person who, in the opinion of the Complaints Manager, had or has a sufficient interest in his/her welfare and is a suitable person to act as a representative.

If, in any case, the Complaints Manager is of an opinion that a representative does, or did not, have sufficient interest in the person's welfare, or is unsuitable to act as a representative, they must notify that person in writing, stating the reasons for their decision.

In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child, and where the child is in the care of a local authority organisation, the representative must be a person authorised by the local authority or voluntary organisation.

If the patient is a minor, or unable to give consent, then it is advisable to seek expert advice, as each case will need to be judged on its own merit.

What can be complained about?

A complaint to an NHS body may be about any matter reasonably connected with the exercise of its functions including, in particular:

- (a) its provision of healthcare or any other services, including in the case of Primary Care Trusts, its provision of primary medical services
- (b) the function of commissioning healthcare or other services under an NHS contract or making arrangements for the provision of such care or other services with an independent practitioner/provider.
- (c) matters where patients are involved in research projects being undertaken by the Primary Care Trust

Matters **excluded** from consideration include:

- (a) a complaint made by an NHS body which relates to the exercise of its functions by another NHS body.
- (b) a complaint made by a primary care practitioner/provider which relates either to the exercise of its functions by an NHS body or to the contact or arrangements under which it provides primary care services

- (c) a complaint made by an employee of an NHS body about any matter relating to his contract of employment
- (d) a complaint which is being or has been investigated by the Health Service Commissioner
- (e) a complaint about which the complainant has stated in writing that he intends to take legal proceedings
- (f) a complaint where an NHS body is taking, or is proposing to take, disciplinary action in relation to the substance of the complaint against a person that is the subject of that complaint

Further guidance is available in "The National Health Service (Complaints) Regulations 2004"

A complaint can only be investigated once, under the Principal Regulations

Making a Complaint

Time Limits on Initiating Complaints

The complaint should be registered with Moss Grove Surgery-Kingswinford 6 months from the date of the incident that caused the problem, or within 6 months of the date of discovering the problem, provided that this is within 12 months of the incident. Discretion to extend the timescales can be used ie, if a complaint is received outside the above times scales it is for the Complaints Manager to decide whether or not the complaint can be investigated.

The criteria used to make the decision are that it would have been unreasonable for the complainant to make the complaint any earlier (i.e. due to a prolonged illness), and that it is still possible to investigate the complaint properly.

Responsibilities within Moss Grove Surgery-Kingswinford

Surgery Manger

The Surgery Manager, or her authorised Deputy in her absence (Sally Davies), shall be available to have any complaint made directly to her, and will acknowledge and make final written responses to any such complaints. She will also be responsible for making final written responses to all written complaints received by Moss Grove Surgery-Kingswinford, and all oral complaints not resolved immediately upon receipt.

The Surgery Manager, or her authorised Deputy in her absence (Sally Davies), shall be responsible for ensuring compliance with Complaints Policy / Procedure, and that action is taken in the light of the outcome of any investigation.

The Surgery Manager shall ensure that:

Confidentiality of complaints material is safeguarded throughout
Final responses are referred to the Senior Partner for action
Lessons are learnt and disseminated across the surgery.

How to respond to a complaint:

Complaints should be made in writing;-

All complaints should be acknowledged in writing within 3 working days

Investigate the complaint keeping a log of all findings, detailing dates and interview notes.

Reply to the complainant within 10 working days with a written summary of the investigation and its conclusions.

We will then implement our formal Complaint Procedure, endeavouring to resolve the complaint satisfactory within 14 days of the initial complaint acknowledgement. This period may be slightly extended during holiday times, should the responsible party be on annual / sick leave at the time of the complaint.

The Complainant will be asked to respond within a further 14 days as to whether they feel their complaint has received a satisfactory response. Should the complainant feel the response is not satisfactory, the Practice Manager will arrange an interview between the responsible parties. It is hoped that at this stage all parties can resolve the matter. However, if this is not the case, the Complaints Officer will issue the Complainant(s) with details of the FHSA formal complaints procedure.

We will endeavour to acknowledge receipt (in writing) of any complaint, verbal or written, to the complainant within 3 working days of the date of the complaint to the Complaints Officer.

However, All complaints should be acknowledged

Complaints Against Employees

Employees should be fully informed at the outset of any complaints made against them personally. They should be advised of their right to seek advice and assistance from their professional organisation before making their formal response, although the response should be made in compliance with complaints handling timescales.

Complaints against Other Organisations

Where a complaint relates in part, or wholly, to the service or care delivered by another organisation, the recipient should forward it to the Complaints Manager, the Chief Executive or authorised representative immediately for action.

Complaints Relating to Clinical Judgement

Any response made to a complainant that refers to matters of clinical judgement shall be agreed by the Clinician concerned, and in the case of medical care, by the Consultant concerned.

Confidentiality

It is not necessary to obtain the patient's express consent for the use of their personal information to investigate a complaint. Care must be taken at all times throughout the Complaints Procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint, and should only be disclosed to those people who have demonstrated need to know. It is good practice to explain to the patient that information for his/her health records may need to be disclosed to the Complaints Manager .

Consent

Where complaints are about NHS and other parties, such as the Local Authority, Moss Grove Surgery-Kingswinford must obtain the consent of the complainant before forwarding the details of the complaint to the other party. This must be done within 10 working days of receipt of the complaint.

Where the complainant does not want the details to be shared, Moss Grove Surgery-Kingswinford should advise them on the parts of the complaint it is able to deal with, adding that if the complainant wishes to pursue the remaining issues, they should approach the relevant party independently.

Special Circumstances

Any complaint received by a member or employee of Moss Grove Surgery-Kingswinford, on first impression or at any time during the investigation, that the matter may need referral to any of the following, or relate to the categories set out below, should be passed immediately to the Complaints Manager or authorised representative:

Investigation under disciplinary procedure.

Referral to one of the professional regulatory bodies.

An independent enquiry called by the Secretary of State into a serious incident under Section 84 of the NHS act (1977).

An investigation of a criminal offence.

If a complaint indicates a possible case of negligence or there is any indication that the complainant intends to, or has instigated legal action, details should be passed immediately to the Complaints Manager or authorised representative.

Mental Health Complaints

Patients with Mental Health problems pose particular challenges to staff dealing with their complaints. It is helpful if someone with a clinical background is responsible for seeing all complaints from patients with Mental Health problems as they can bring a clinical perspective to the complaints handling, and therefore help to reach an understanding of what the complainant is trying to achieve.

Advice and Assistance

Patient Advice and Liaison Service (PALS)

If an individual is unhappy about something, but do not wish to make a complaint straightaway, they can speak to a PALS officer. They are not part of the official complaints process, but are able to deal with concerns or give further information in respect of the complaints process.

The Independent Complaints Advocacy Service (ICAS)

ICAS Can help individuals make a complaint or express a concern about the Primary Care Trust or Practitioner. Staff at ICAS can support individuals if they wish to make a complaint, and give advice about using the complaints process. They can also write letters on an individual's behalf, and attend meetings.

Moss Grove Surgery-Kingswinford Complaints Procedure updated November 2009 (Reflecting national changes from 1st April 2009).

This procedure sets out the Practice's approach to the handling of complaints and is intended as an internal guide to be made readily available to all staff.

From 1st 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:

- This complaints procedure
- The role of the Primary Care Trust (PCT) and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the PCT as an alternative to a complaint to the practice, and to escalate to the Ombudsman where dissatisfied with the outcome.

Note: There is no right of escalation to the PCT where a patient is dissatisfied with the practice response and all escalations are to the Ombudsman only.

- Their right to assistance with any complaint from independent advocacy services

The principal method of achieving this is the Complaints Patient Information forms, which can be obtained from Reception by request, or is available on the Practice website.
www.mossgrovesurgery.co.uk

The Complaints Manager for the Practice is Mrs. Sonia Clark

The lead GP Partner for complaints handling, where required, is Dr S J Parnell – Senior Partner

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:

(a) 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 1989;
- by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 3 working days of receipt. Patients will be encouraged to complain in writing where possible. The reply to the patient should be made within 10 working days, or the patient should be provided with an update and an estimate timescale.

Period within which complaints can be made

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.

Complaints should normally be resolved within 6 months. The practice standard will be 10 days for a response (10 days is the suggested response period, but Practices are free to set their own timescale).

The Complaints Manager or lead GP has 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.

When considering an extension to the time limit it is important that the Complaints Manager or the 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.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager (or the Deputy Practice Manager/ Lead GP for Complaints if the Complaints Manager is unavailable), who must:

- acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Include an offer to discuss the matter in person. The discussion will include agreement with the patient as to how they wish the complaint to be handled.
- Advise the patient of potential timescales and the next steps.
- Where the complaint is made verbally a written record will be taken and a copy will be provided to the complainant.
- ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Complaints Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent;
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;

- Provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. Where a response is not possible within 10 working days provide an update report to the patient with an estimate of the timescale. The final reply will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

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

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 the 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

Annual Review of Complaints

The practice will establish an annual complaints 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, if requested.

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

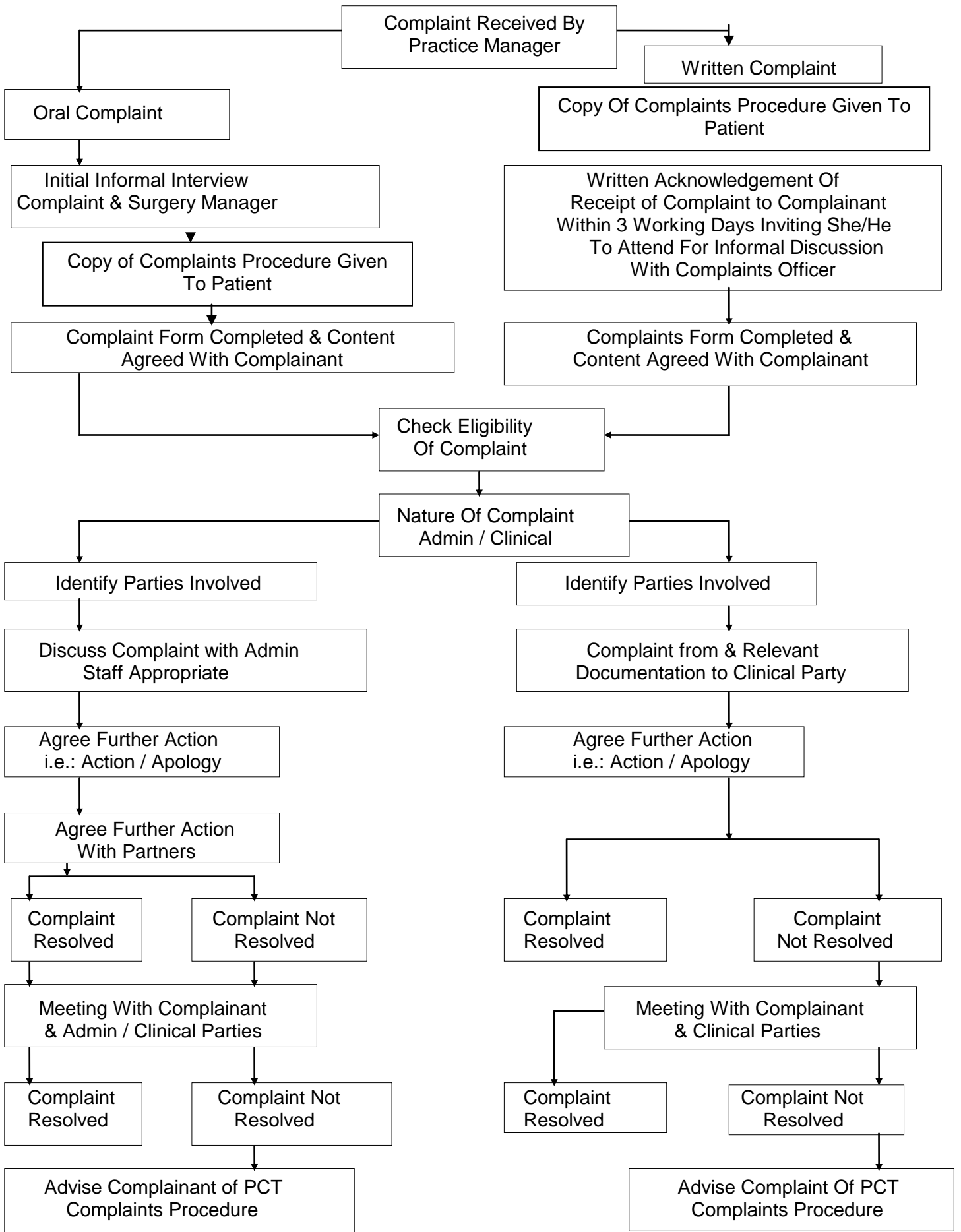
Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the Practice 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.

Resources:

Complaint Form
Complaints Procedure
Complaints Flow Chart
Complaints consent form (third party)

Moss Grove Surgery-Kingswinford Complaints Procedure



**Moss Grove Surgery-Kingswinford
Patient Complaint Form**

Name of Person Making the Complaint: _____

Address: _____

Contact Telephone Number: _____

Patient Name: _____

Address: _____

Contact Telephone Number: _____

Is Complaint: Verbal / Written _____

Date Of Complaint: _____ Time: _____

Complaint Taken By: _____

Nature Of Complaint: _____

Action Taken: _____

Any Further Action To Be Taken: _____

File: Yes / No _____

Signed: _____ Date: _____

Third Party Consent (If applicable)

Patient Name: _____ DOB: _____

Address: _____

I hereby give my consent to:

Name: _____

Address: _____

To deal with this complaint on my behalf as I am unable to deal with this myself due to:
_____ (please write in reason)

I consent to the above named person having access to any of my clinical information held within the practice with regards to this complaint as part of the complaints procedure.