**WELBECK ROAD HEALTH CENTRE**

**COMPLAINTS POLICY**



**Authorised by: PARTNERS**

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**Introduction**

The purpose of the policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can 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 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 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 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 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?**

In the event of anyone not wishing to complain to the practice they should be directed to make their complaint to NHSE at:

By telephone: 03003 11 22 33

By email: england.contactus@nhs.net

By post: NHS England, PO Box 16738, Redditch, B97 9PT

In those cases where the complaint is made to NHS England, the practice will comply with all appropriate requests for information and co-operate fully in assisting them to investigate and respond to the complaint.

**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 any decision, act or omission of the practice.

A Representative may also be

* 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; 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 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 are 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 this decision was based must be advised to them in writing.

**Who is responsible at the practice for dealing with complaints?**

The practice "Complaints Lead" is 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. This person is a practice Partner (BMA Guidance and Primary Care contracts).

The practice "Complaints Managers" are Sarah Fillipich, Business Manager and Michelle Turner, Assistant Practice Manager, and they have been delegated 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 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.

**Please see ‘Complaint Flowchart’ for actions upon receipt of a complaint.**

**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 investigations will be recorded in a complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

**Annual Review of Complaints**

**The practice will produce an annual complaints report to be sent to the local Commissioning Body (NHSE) and 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**
* **Known referrals to the Ombudsman**
* **A summary of the issues giving rise to the complaints**
* **Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted**

**Care must be taken to ensure that the report does not inadvertently 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.

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 formal 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)
* 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 unless additional material is being brought forward
* Only acknowledge correspondence regarding a closed matter, not respond to it
* Set behaviour standards
* Return irrelevant documentation
* 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. Providing their factual account along with any factual account from the practice is the best way to proceed.