

Prospect Surgery

Complaints Procedure

1. Purpose

- 1.1 This protocol sets out the approach of Prospect Surgery to the handling of complaints.
- 1.2 This protocol is relevant to all partners and staff at the surgery, including non-clinical staff. Individuals training and visitors/observers on the premises must also adhere to this.

2. Importance of having a complaints procedure

- 2.1 In spite of the efforts of all staff it is likely that a complaint will be made by a patient at some point. To reduce the anxiety and apprehension for both patients and staff it is crucial to have a procedure for handling complaints.
- 2.2 This protocol will help to ensure:-
 - 2.2.1 That the details of the complaint, and the desired outcome, have been properly understood
 - 2.2.2 Advice and advocacy support is available to those who wish or need such support
 - 2.2.3 What is required to resolve the complaint, and the likely timescale, is explained.
 - 2.2.4 The results of complaints are used to identify learning and improvement opportunities

3. How complaints can be made

- 3.1 Complaints may be received in writing or verbally. Where a patient is unable to communicate a complaint by either of these means, the local Healthwatch may be able to help may be able to assist. Healthwatch can be contacted as follows:-
 - **Website** www.healthwatchmiddlesbrough.co.uk
 - **Telephone** 0800 118 1691
 - **Email** healthwatchesouthtees@pcp.uk.net
 - **Address** Healthwatch Middlesbrough, Pioneering Care Centre, Carers Way, Newton Aycliffe DL5 4SF.

4. Persons who can complain

- 4.1 Complaints can be made by patients, former patients, someone who is affected, or likely to be affected, by the action, omission or decision of individuals working at the practice, or by a representative of a patient who is incapable of making the complaint themselves.
- 4.2 When a complaint is made on behalf of a child, there must be reasonable grounds for the complaint being made by the representative rather than the child and the complaint must be being made in the best interests of the child. If this is not the case, then written notification of the decision not to investigate the complaint must be sent to the representative.

5. Time limit for making a complaint

- 5.1 Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale it is at the discretion of the practice as to whether to investigate the matter.

6. Persons responsible for handling complaints

6.1 Responsible Person

The Responsible Person is the Senior Partner. He is responsible for the supervision of the complaints procedure and for making sure that action is taken in light of the outcome of any investigation.

6.2 Complaints Manager

The Practice Manager is responsible for the handling and investigation of complaints. The Reception Supervisor will co-ordinate and deputise, as appropriate.

7. Initial handling of complaints

7.1 When a patient wishes to make a verbal complaint the Practice Manager will offer to meet the complainant to make an assessment of the complaint. The complainant will be asked if they would like to be accompanied at this meeting.

7.2 The complaint should be resolved at this meeting if possible. If the complaint is resolved it will be recorded in quality assurance log for that year and the implicated staff member is to be told about the details of the complaint.

7.3 If the complaint cannot be resolved, or the patient does not wish to meet with the Practice Manager, the patient will be invited to make a written complaint. If necessary the Practice Manager will write down the complaint on their behalf verbatim. The written complaint will be recorded in the quality assurance log.

7.4 The Practice Manager will acknowledge a written complaint in writing within 3 working days, stating the anticipated date by which the complainant can expect a full response.

8. Investigation of complaint

8.1 The Practice Manager will discuss the complaint with the implicated member of staff to establish their recollection of events.

8.2 If the complaint is against the Practice Manager, the complaint will be referred to one of the GP Partners.

8.3 The complainant will be invited to a meeting to discuss the complaint with the Practice Manager and asked if they would like to be accompanied at this meeting. If appropriate and with prior consent from the complainant the staff member complained about can be present at that meeting. Notes of the meeting will be taken.

8.4 The timescale to respond (maximum of 6 months) will be agreed with the complainant at that meeting and documented in the qa

8.5 The full response to the complainant will be signed by the responsible person, and will include:

- an explanation of how the complaint was considered;
- the conclusions reached in relation to the complaint and any remedial action that will be needed;
- confirmation as to whether the practice is satisfied that any action has been taken or will be taken.

8.6 If it is not possible to send the complainant a response in the agreed period the Practice Manager will write to the complainant explaining why and outlining a timescale within which the response will be sent.

8.7 If the complainant is dissatisfied with the handling of the complaint then they are to be advised to contact the Parliamentary and Health Service Ombudsman [PHSO]. They are open between 8.30am and 5.30pm Monday to Friday and be contacted as follows:-

- **Website** www.ombudsman.org.uk
- **Telephone** 0345 015 4033 [or **from a textphone** on 0300 061 4298 for patients who are deaf or have problems using a standard telephone]

- **Email** phso.enquiries@ombudsman.org.uk
- **Text** 'call back' with your name and mobile number to 07624 813 005 and we will call you back
- **Fax** 0300 061 4000
- **Address** Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP or Health Service Ombudsman, Citygate, Mosley Street, Manchester M2 3HQ

9. Recording complaints and investigations

A record must be kept in the quality assurance log of:

- each complaint received – verbal and written
- the subject matter of the complaint;
- the steps and decisions taken during an investigation;
- the outcome of each investigation;
- when the practice informed the complainant of the response period and any amendment to that period;
- whether a report of the outcome of the investigation was sent to the complainant within the response period or any amended period.

10. Review of complaints

10.1 Complaints received by the practice are to be reviewed at staff meetings to ensure that learning points are shared.

10.2 A review of all complaints will be conducted annually by the Practice Manager to identify any patterns that are to be reported to the Responsible Person.

10.3 The Practice Manager will notify the Responsible Person of any concerns about a complaint leading to non-compliance. The Responsible Person will identify ways for the practice to return to compliance.

10.4 A report on complaints is to be submitted to the CCG annually (year ending 31st March). This report is to:

- specify the number of complaints received;
- specify the number of complaints which it was decided were well-founded;
- specify the number of complaints which the practice has been informed have been referred to the Health Service Ombudsman;
- summarise the subject matter of complaints received;
- summarise any matters of general importance arising out of those complaints, or the way in which the complaints were handled;
- summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.

10.5 This report is to be available to any person on request.

11. Publicity

11.1 The practice's arrangements for dealing with complaints and how further information about these arrangements may be obtained by patients is to be publicised by the Practice Manager.

11.2 How to contact independent advocacy services and the right of patients to approach Primary Care Trusts with complaints is also to be publicised.

12. Unreasonable complainants

12.1 When faced by an unreasonable or aggressive complainant staff will take action in accordance with page 34 of the DH's *Listening, responding, improving: a guide to better customer care* guidance.

- Make sure contact is being overseen by a manager at an appropriate level in the organisation.
- Provide a single point of contact with an appropriate member of staff and make it clear to the complainant that other members of staff will be unable to help them.
- Ask that they contact you only in one way, appropriate to their needs (eg by phone).
- Place a time limit on any contact with the complainant.
- Restrict the number of calls or meetings you will have with them during a set period.
- Ensure that any contact involves a witness.
- Refuse to register repeated complaints about the same issue.
- Only acknowledge correspondence you receive about a matter that has already been closed.
- Explain that you do not respond to correspondence that is abusive.
- Make contact through a third person such as a specialist advocate.
- Ask the complainant to agree how they will behave when dealing with your service in the future.
- Return any irrelevant documentation and remind them that it will not be returned again.

12.2 When using any of these approaches to manage contact with unreasonable or aggressive people, it is important to explain what you are doing and why, and to keep a detailed record of the on-going relationship.

CONTROL SHEET

Date	Amendment made by	Amendment	Circulated to
1 November 2013	Sue Greaves	Page 2 – include contact details for local Healthwatch	Staff Folder
1 November 2013	Sue Greaves	Page 4 – include contact details for Parliamentary and Health Ombudsman	Staff Folder
11 April 2016	Jayne Henderson	Contact Details for local Healthwatch and Ombudsman checked and agreed as up to date	Staff folder
10 November 2021	Linda Ozelton	Contact Details for local Healthwatch and Ombudsman check and corrected	Staff folder