

High Oak Surgery

Complaints Policy

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Lead Author(s)

Name	Position within the Practice
Sandra Jones	Practice Manager

Change History

Version	Date	Comments

Document complies with
the Equality Act 2010

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Introduction

This procedure sets out the Practice's approach to the handling of complaints and is intended as a guide for all staff including clinicians. There is a patient leaflet available for patients advising them how to complain (please refer to Practice Complaints leaflet).

Procedure

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

- The complaints procedure
- The role of the Primary Care Trust and other bodies in the relation to complaints about the service we are contracted to provide; and
- Their right to assistance with any complaint from independent advocacy services
- Ensure that the complaints procedure is accessible to all patients

Receiving 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.

Where the complaint relates to a child this may be registered on their behalf by:

- Either parent or in the absence of both parents, the guardian or other adult who has care of the child
- 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

Where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare

Periods for Making a Complaint

The period for making a complaint is:

- Six months from the date on which the event which is the subject of the complaint occurred; or
- Six months from the date on which the event which is the subject of the complaint comes to the complainant's notice (provided that the complaint is made no later than 12 months after the date of the event).
- Where a complaint is made outside these time limits the practice will in line with GMC guidance, investigate in a prompt and fair manner, offering a response to the claim

Complaints Handling

Complaints received by the practice will be dealt with by the Practice Manager, Sandra Jones or by Deputy Practice Manager Emma Drew or Tina Clarke will be responsible for the effective management of the complaints procedure and for ensuring that action is taken in the light of the outcome of any investigation.

Complaints relating to clinical areas will be dealt with by a partner and the doctor whom the complaint is against.

Action upon Receipt of a Complaint

Complaints may be received either verbally or in writing and must be forwarded to Sandra Jones, Emma Drew or Tina Clarke who will then:

- Acknowledge in writing within the period of three working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable
- A complaints procedure action sheet will be completed with details of the complaint
- Ensure the complaint is properly investigated and details recorded with statements if appropriate
- Within the period of 10 working days beginning with the day on which the complaint was received Sandra Jones, Emma Drew or Tina Clarke will provide a written statement of the investigation and its conclusions. Where this time limit is not possible as soon as is reasonably practicable.

Independent Review

Complainants will be advised what they should do if they are not happy with the practice response. This involves an independent conciliation and review process.

- a. The complainant has the right to meet with the person they are complaining about in order to help with the resolution of the concerns
- b. The complainant should be offered a conciliator to facilitate discussions
- c. The complainant should be given the details of the Independent Complaints Advocacy Service whose role is to support complainants
- d. The complainant must be informed that they have a right to ask for an independent review through the Parliamentary and Health Service Ombudsman if they are unhappy with matters following completion of the local resolution procedure.

The contact details of the Ombudsman are:

Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
Email: phso.enquiries@ombudsman.org.uk

Tel: 0345 015 4033 Fax: 0300 061 4000

Review and Audit of Complaints

Complaints received by the practice will be reviewed to ensure that learning points are shared with the whole practice team.

- Complaints received will be reviewed at the monthly staff/clinical meetings(dependent on type of complaint), to ensure any actions required are put into practice
- A full review of complaints will be carried out annually to identify any trends of additional actions or learning points.

Confidentiality

All complaints will be treated in the strictest of confidence. Where the investigation of the complaint requires consideration of the patient's medical records by a person other than a practice team member, the patient will be advised and their consent sought.

The practice will keep a record of all complaints and copies of correspondence relating to complaints, but such records will be kept separate from the patients' medical record.

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COMPLAINTS PROCEDURE

COMPLAINT FORM

Complainant's Details

Name: _____

Address: _____

Contact Telephone No: _____

Patient's Details (if different from above)

Date of Birth _____

Name _____

Address _____

Full details of complaint

Date _____ Time _____

Place _____

Identify member(s) of practice _____

Full description of events (i.e. the facts and surrounding circumstances giving rise to your complaint). Please continue on a separate sheet of paper if necessary.

Complainant's signature _____ Date _____

Where the complainant is not the patient

I _____ hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about me which I provided to them.

Patient's signature _____ Date _____

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Continual/Vexatious Complaints Policy

Purpose of the Policy

This policy should be used to identify situations where the complainant might be considered to be continual or vexatious, and suggests ways of responding to these situations.

The policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS Complaints Procedure, i.e. through local resolution or conciliation.

The policy should only be implemented in exceptional circumstances and then only with the approval of both the Chief Executive and the Chair of the Trust.

Definition of a Continual/Vexatious Complainant

Complainants (and/or anyone acting on their behalf) may be deemed to be continual or vexatious complainants where previous or current contact with them shows that they meet TWO OR MORE of the following criteria:

Where the complainant:

- ❑ Is in frequent contact with the Complaints Department. They make contact every day, and in some cases, more frequently, either by telephone or by physically calling into the department.
- ❑ Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted.
- ❑ Changes the substance of a complaint or continually raises new issues, or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These might need to be addressed as separate complaints.)
- ❑ Challenges written documentation by claiming that the records have been altered. Refuses to accept contemporaneous notes, even though different people have made them.
- ❑ Receives a response from the organisation and immediately responds by either raising new concerns or presenting an old problem in a new way.
- ❑ Seeks an unrealistic outcome and intends to continue until that outcome is achieved. Examples could include wanting to have a member of staff dismissed.
- ❑ Tries to manipulate the complaint by:
 - ❑ complaining about the member of staff dealing with the complaint
 - ❑ dictating who they will and will not speak to, e.g. wanting to speak directly to the Chair of the Trust, or the Chief Executive
 - ❑ stating they wish to meet with a person, and then either refusing to arrange a date, or not turn up after the meeting has been arranged
 - ❑ making the same, or a slightly different, complaint to other people, e.g. the Press, the local Member of Parliament, the Health Secretary, etc.

If a complainant (patient, carer or visitor) threatens or uses actual physical violence towards staff at any time, personal contact with the complainant and/or their representatives will be discontinued. Thereafter, the complaint will only be pursued through written communication.

If the complainant that is displaying verbally abusive or threatening behaviour, or has caused actual harm and is currently a patient, a clinical decision will be made by the General Manager and a Consultant Psychiatrist as to whether their behaviour is attributed to the illness, and whether the complaint should be pursued. (All such incidences will be recorded on the Trust's Incident Reporting documentation.)

Handling Continual/Vexatious Complainants

The Chief Executive and the Chair of the Trust should agree that the complainant falls into the category of a continual/vexatious complainant. The decision should be recorded and the reason for the decision should also be noted.

To check that the complainant's concerns have been fully investigated and that the information has been forwarded, the complainant should be encouraged to request a review by the Healthcare Commission.

This would mean that the initial complaints handling process would be scrutinised by independent people and if, in their opinion, the aims of local resolution had been met, the request would be refused.

The complainant should be advised of their right to contact the Health Service Ombudsman in the normal way.

If the complainant is not prepared to request a review, or insists on raising the same issue again, they should be advised that as the Chief Executive has responded fully to the points raised, the matter is now closed. They will be advised of the following:

- ❑ No further correspondence will be entered into unless they have a new complaint
- ❑ Staff will no longer deal with the complainant over the telephone
- ❑ Complainants have the right to contact the Health Service Ombudsman if they remain dissatisfied.

If a complainant replies again, the next response will inform them that the letter they sent has been received and the contents noted. A copy of the letter answering the complaint will be enclosed with a statement to the effect that there is nothing further to add to that letter.

In extreme cases, where abusive behaviour continues, complainants may be informed that the Trust's Solicitors may have to become involved. As a last resort, an injunction may be sought but only following seeking legal advice and informing the Strategic Health Authority.

Withdrawing Continual or Vexatious Status

Once complainants have been identified as 'continual or vexatious' there needs to be a mechanism for withdrawing this status at a later date.

This decision will be made by the Chief Executive and the Chair of the Trust if the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal Complaints Procedure would appear appropriate.

References:

A Practical Guide to Complaints Handling

The Health Service Ombudsman in England, Scotland and Wales

Complaints Procedure – Health Boards – Section 5 – Continual and Vexatious Complainants