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| **Complaints Policy** |

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| **Purpose** | This policy sets out the approach of Trinity Surgery to the handling of complaints |
| **Responsibility of:** | All Partners and employees |
| **Applicable to:** | All Partners and employees |

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| **Revised by:** | Helen Clayton |
| **Revision Date:** | 14 June 2023 |
| **Review by:** | 14 June 2024 or as necessary |

This Policy will be reviewed annually or when any changes in the complaints procedure/policy from NHS England is requiredto ensure that it remains effective and relevant.

**Importance of having a complaints procedure**

In spite of the efforts of all Partners and 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.

**How complaints can be made**

Complaints may be received in writing or verbally. Where a patient is unable to communicate a complaint by either means on their own then arrangements will be made to facilitate the giving of the complaint.

**Persons who can complain**

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.

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.

**Time limit for making a complaint**

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.

**Persons responsible for handling complaints**

**Responsible Person**: The Responsible Person is a Partner responsible for the supervision of the complaints procedure and for making sure that action is taken in light of the outcome of any investigation (currently Dr S Gangadharan).

**Complaints Manager**: The Complaints Manager is responsible for the handling and investigation of complaints (currently Mrs Helen Clayton – Practice Manager with Ms Kate Wing – Assistant Practice Manager as designate).

**Initial handling of complaints**

1) When a patient wishes to make a verbal complaint then the Complaints Manager is to arrange to meet the complainant in private to make an assessment of the complaint. The complainant is to be asked whether they would like to be accompanied at this meeting.

2) The complaint should be resolved at this meeting if possible. If the complaint is resolved then it should be recorded in the complaints register and the implicated staff member is to be told about the details of the complaint.

3) If the complaint cannot be resolved the patient may wish to make a written complaint. If necessary the Complaints Manager is to write down the complaint on their behalf verbatim. The written complaint is to be recorded in the complaints register.

4) The Complaints Manager is to acknowledge a written complaint in writing within 3 working days, stating the anticipated date by which the complainant can expect a full response.

**Investigation of a complaint**

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.

The Complaints Manager is to discuss the complaint with the implicated member of staff to establish their recollection of events.

If the complaint is against the Complaints Manager, then the complaint is to be referred to the Responsible Person for investigation.

The complainant is to be invited to a meeting to discuss the complaint with the Complaints 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. Minutes should be taken.

The timescale to respond (maximum of 6 months) is to be agreed with the complainant at that meeting and documented in the complaints register.

**Final Response if in writing**

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Responsible Person or Complaints manager under delegated authority. The letter will be on headed notepaper and include:

* An apology if appropriate (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
* A clear statement of the issues, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate
* Where errors have occurred, these will be fully explained and will state what has been or will be done to put these right or prevent repetition. Clinical matters will be explained in accessible language
* A clear statement that the response is the final one and the practice is satisfied it has done all it can to resolve the matter at local level
* A statement of the right, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester M2 3HQ or visit the '[Making a complaint page](http://www.ombudsman.org.uk/make-a-complaint)' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form). Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday.
* Once the Ombudsman or one of their senior staff has considered the complaint and sent a response, their decision is final. Unless a complainant raises any new issues that they consider significant to the complaint, they will not send further replies (but will still acknowledge further correspondence).

If it is not possible to send the complainant a response in the agreed period it is necessary to write to the complainant explaining why. Then a response is to be sent to the complainant as soon as is reasonably practicable.

**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 via these details;

**By post to:**

**NHS England**
PO Box 16738
Redditch
B97 9PT

**By email to:** england.contactus@nhs.net

When making a complaint please state: ‘**For the attention of the complaints team**’ in the subject line.

**By telephone: 0300 311 22 33**

**Opening hours are:** 8am to 6pm Monday to Friday, except Wednesdays when they open at 9.30am.

**Recording complaints and investigations**

A record must be kept of:

* each complaint received;
* 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.

**Review of complaints**

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

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

The Complaints 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.

A report on complaints is to be submitted to the Central Commissioning Group 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.

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

**KO41b General Practice Written Complaints Data Collection**

KO41b General Practice Written Complaints Data Collection is to be completed annually by the Practice Manager

**PATIENT THIRD-PARTY CONSENT**

|  |  |
| --- | --- |
| Patient’s Name |  |
| Telephone Number |  |
| Address |  |
| Enquirer/Complainant Name |  |
| Complainant’s Telephone Number |  |
| Complainant’s Address |  |

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.**

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until…………………….. (insert date)

Signed: ………………………………………. (Patient only)

Date: …………………………………………..

**Complaint Received**

**Record**

**Refer to**

**Complaints**

**Manager**

**Resolve**

**Check consent. Patients 16**

**years or over generally**

**expected to complain**

**themselves**

**Does the complaint relate**

**just to the Practice?**

**Acknowledge within 3**

**working days**

**Can it be**

**resolved**

**immediately**

**by the staff?**

**Record and file, and**

**advise Complaints**

**Manager**

**Liaise with other**

**organisation to agree**

**responsibilities**

**Is the practice to deal**

**with the case as the**

**"lead" organisation?**

**Liaise with any other**

**organisation(s) to**

**formulate a joint**

**response**

**Pass case over**

**subject to consent**

**and cooperate with**

**other organisation**

**Confirm with the complainant the**

**procedure for resolution, and offer to**

**discuss with the complainant either**

**on the phone or at a meeting**

**Investigate**

**and gather**

**written**

**reports**

**Prepare draft reply and discuss at**

**practice / partners' meeting.**

**Document within minutes. Agree**

**with other organisations.**

**Finalise and send response with "organisational sign-off".**

**Include:**

**Apology if needed**

**Summary of the complaint and a chronology**

**Details of the investigations**

**Conclusions and remedial actions**

**Changes to systems**

**Provide copy evidence if required**

**Explain escalation procedures**

**File and**

**retain for**

**annual report**

**Yes**

**No**

**No**

**Yes**

**No**

**Yes**