

Complaints Policy and Procedure

Policy Statement

Widdrington Surgery is committed to providing a high quality, patient-focused service. Complaints and comments from patients are taken very seriously, as we want every patient to feel satisfied with the services we provide. Widdrington Surgery has a procedure for dealing with complaints, to ensure that every complaint is handled fairly and transparently. When handling complaints, Widdrington Surgery is committed to being fair to staff while seeking to resolve complaints promptly.

Essential Standards Compliance (Until April 2015)

Widdrington Surgery complies with current NHS complaints procedures and with Outcome 17 of *Guidance about Compliance: Essential Standards of Quality and Safety*, published by the Care Quality Commission, which describes the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as they relate to complaints.

The outcome requires providers to have in place an effective system for identifying, receiving, handling and responding appropriately to complaints.

Fundamental Standards Compliance (from April 2015)

From April 2015, subject to Parliamentary approval, the draft Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 will apply, replacing the Essential Standards.

Widdrington Surgery understands that, with regard to arrangements for complaints handling, Regulation 16 requires Widdrington Surgery to have an effective complaints procedure in place and for any complaint received to be investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation.

Procedure

All complaints will be dealt with by Widdrington Surgery in the first instance. If a complainant is dissatisfied with the response they receive, they then have the right to take their complaint to the Ombudsman for independent review.

Complaints will be accepted from:

Any patient

Any person acting on behalf of a patient with the patient's consent

Any person acting on behalf of a patient where consent is not required

Complaints may be made:

Verbally in person face to face

Verbally over the telephone

By e-mail

By letter

Complaints should ideally be made within twelve months of the event that gave rise to the complaint, or within twelve months of the complainant becoming aware of it. Where a person could not reasonably have complained within this timescale, Widdrington Surgery will consider the complaint anyway.

Issues raised that do not constitute Complaints

It is accepted that people may want to raise issues or matters with the Practice that do not constitute a complaint. These issues may be matters that contain important points from which lessons may be learnt.

It is also accepted that people may raise issues which concern them but they do not wish to make a formal complaint.

The Practice recognises that it is important that this information and that the potential for learning from it is not lost. Suggestions for making improvements in the future are always actively sought by the Practice. In order to record such information the Practice has implemented a Patient Feedback Log.

This log **must** be updated with any such information that is received by any member of staff whether verbal or in writing. Each matter recorded **must** be discussed at the Practice weekly Management Meeting and then taken to the monthly Clinical Governance Meeting so that any lessons learnt from it may be implemented at the earliest opportunity.

When a person raises an issue verbally at the Surgery or by telephone to the Surgery the **First Person** receiving the matter should respond positively to the person and resolve the issue there and then if possible. An explanation of the Patient Feedback Log may be given as a solution to the raised issue

If resolved, the **First Person** will take sufficient details of the issue for accurate recording on the log. The details **must** be recorded on the log and the issue **must** be discussed at the next the Practice weekly Management Meeting and then taken to the monthly Clinical Governance Meeting.

If the First Person is unable to resolve the issue there and then they should explain that they will now report the matter to the Head Receptionist.

If the person is reporting face to face then they may be asked to take a seat while the First Person speaks with the Head Receptionist who will then come to see the person in timely fashion.

If the matter has been made by telephone then the person may be told that the First Person will now report to the Head Receptionist who will ring them back in a timely fashion

The Head Receptionist will try to resolve the matter there and then if possible.

If the issue is resolved by the Head Receptionist then an explanation of the Patient Feedback Log will be given to the person and sufficient details taken for accurate recording on the log. The details **must** be recorded on the log and the issue **must** be discussed at the next. The Practice Weekly Management Meeting and then taken to the monthly Clinical Governance Meeting

The Patient Suggestion procedure is not a substitute for the Complaints procedure but is to be considered a 'safety net' for matters which fall outside a formal complaint or Significant Event so that valuable information is not lost.

If the First Person and Head Receptionist are unable to resolve the issue and the person wishes to make a formal complaint then a **Statement of Complaint** form will be completed by the Head Receptionist.

The Statement of Complaint Form (Appendix 1) will include a summary of the complaint which should be completed accurately. Read the summary out to the complainant and ask them to sign this as a true and accurate summary of their complaint.

Explain to the Complainant that the matter will now be dealt with by the Practice Manger and that he/she will contact the complainant within **three working days**.

The Statement of Complaint Form will be given to the Practice Manager that day.

Where a person raises an issue to the surgery in writing and it is felt that this issue may be resolved by use of the Patient Feedback Log system then the Head Receptionist will contact the person by telephone on the day the correspondence is received to acknowledge receipt of it. The Head Receptionist may resolve the matter there and explain the Patient Feedback Log procedure. If this is the case then the Patient Feedback Log must be completed accurately and the issue must be raised at the next Practice meeting.

If the Head Receptionist is unable to resolve the issue then he/she will explain to the Complainant that the matter will now be dealt with by the Practice Manger and that he/she will contact the complainant within **three working days**.

Where service users might lack the confidence or the capacity to make a complaint, staff should provide whatever help they require or help them to contact the appropriate advocacy services:

ADAPT (North East)

Burn Lane

Hexham

Northumberland

NE46 3HN

T: 01434 600 599

F: 01434 405 251

E: generaloffice@adapt-tyndale.org.uk

W: <http://www.adapt-ne.org.uk/northumberland-independent-advocacy-service/>

This service applied for those who may have a learning disability / autism etc.

If the person does want to use the complaints procedure, the team member should:

Explain the procedure to the Complainant.

Take a note of the details of the complaint on a 'Statement of Complaint' Form as above.

Check that the person wishes to make the complaint verbally or whether they wish to put it in writing (if they have not already done so).

Pass the details of the complaint to the Practice Manager together with the Statement of Complaint form that working day.

The Practice Manager is the nominated Complaints manager for Widdrington Surgery. All Complaints should be directed to the Practice Manager in the first instance.

The Practice Manager will record the Complaint on the Complaints Log that working day.

The Complaint must be added to the agendas for the weekly Management Meeting with the Partners, and the Monthly Clinical Governance Meeting.

The Practice Manager must acknowledge the Complaint within **three working days of receipt**. This acknowledgement will include the offer of a discussion to agree the investigation process.

When a person complains on behalf of a patient, before proceeding to investigate the complaint, the Practice Manager will:

Verify the person's identity

Verify that the person has the patient's written consent.

The Practice Manager will investigate the complaint. He or she will:

Speak with staff involved

Review any systems and processes involved

Discuss with the partners the appropriate response to the complaint

Discuss with the partners any changes required to working practices or systems

Discuss the response with involved staff before contacting the complainant.

Following agreement of the appropriate response, the Practice Manager will write to the complainant to explain the outcome of the investigation. If the complainant is not happy with the response, the Practice Manager will advise them how to take their complaint to the next stage.

The Practice Manager will keep a full record of all complaints, responses, actions taken and meetings held as a result of complaints. This will be stored on the Shared Drive.

It may be that a Complaint also falls under the guise of a Significant Event. If this is the case then this file will also be updated by the Practice Manager. A hyperlink to the Significant Event document will be placed on the Complaints Register.

The Practice Manager will discuss the Practice response to complaints at the Monthly Clinical Governance Meeting.

The Compliance Officer will audit the register of complaints for ALL LIVE complaints on a weekly basis to ensure that the policy is being adhered to and to identify trends. If non-compliance is identified this should be reported to a GP partner. This analysis will be presented at Clinical Governance Meetings for review

The Practice Manager will be responsible for leading on actions for Practice development as a result of complaints and matters that do not constitute complaints.

ALL documentation regarding Complaints will be kept for 10 years,

Under no circumstances will any documentation regarding a complaint be attached to a patient file.

STATEMENT OF COMPLAINT FORM

Patient		Person Making Complaint	
Name:		Name:	
Address:		Address:	
Telephone No:		Telephone No:	
Ethnicity of Patient:			
Gender:			
Any relevant disabilities or religious beliefs			
Date of Birth:			
AREA OF COMPLAINT:			
Organisation	Widdrington Surgery	Name of staff involved (if known)	
Date of Incident if known			

Summary of complaint:-

Desired Outcome:-

I certify that this is a true and accurate account of the verbal complaint I raised with:

Name

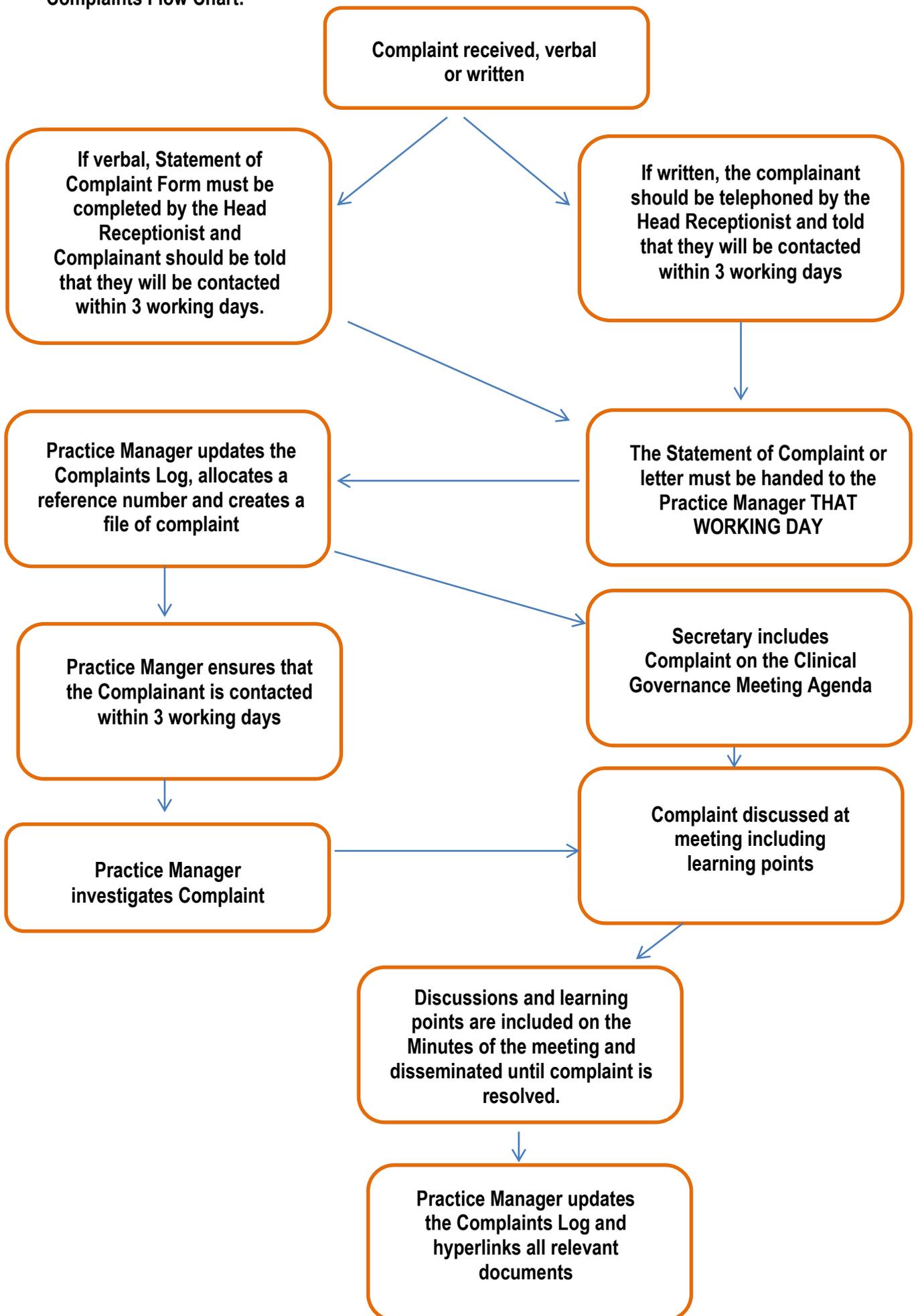
Role.....

Signed Dated

For completion by Widdrington Surgery staff only

Date received	
Name of staff member who took complaint	
Signature of staff member	

Complaints Flow Chart:



Widdrington Surgery Complaints Investigation plan

Complaint reference number:			
Patient name including title			
Ethnicity of patient:			
Gender:			
Any relevant disabilities or religious beliefs	Disabilities		Religious Beliefs
Complainants name including title			
Date complaint received			
Date acknowledged & investigation plan agreed	Acknowledged		Investigation plan agreed
Consent required / date received	Yes	No	Date Received
Joint organisation complaint - person co-ordinating complaint			
Person investigating complaint			
Holding letter / update due			
Response due			

Brief overview of concerns / issues raised:
1) 2) 3) 4) 5)
Desired outcome
1) 2) 3) 4) 5)