

## Complaints Policy

### INTRODUCTION

Cunliffe Medical Centre defines a complaint as: “An expression of dissatisfaction by a patient requiring a response.”

The Practice treats all complaints from patients as high priority matters for action, including patient suggestions and constructive criticisms as a means of improving our services to our patients

This complaints policy outlines the process by which complaints / criticisms and suggestions will be handled when raised by or on behalf of patients.

It is important that patients are encouraged to comment directly about the standards and quality of the services provided by the Practice.

The primary function of the policy is to ensure that procedures are in place to address the concerns of patients, to include:-

- Giving an explanation

- Giving an apology (where necessary or appropriate)

- Assurance that the matter has been looked into and action has been taken to prevent the same thing happening again

The secondary function is to ensure that information, findings and recommendations are fed back to all Practice staff to help improve the quality of service we offer to patients.

**This policy is in line with and modelled on NHS Central Lancashire’s Complaints Policy as an example of best practice.**

Cunliffe Medical Centre staff are committed to ensuring that no one is inhibited or disadvantaged when making complaints and that there is confidence that these will be given proper and speedy consideration. No-one making a complaint will be discriminated against in any way, or be refused Practice services that they should otherwise receive. In dealing with complaints involving members of staff, the Practice will adopt a supportive approach and will not seek to blame individual staff members involved in complaints unless negligence, malpractice or other misconduct is proven.

### 1.1. Scope

This policy applies to all complaints received by the Practice. Complaints can be received by any member of the Practice staff who are aware, through Practice training, of the actions they need to take if they are in receipt of a complaint.

### 1.2 Principles

The primary objective of this policy is to provide the fullest opportunity for investigation and resolution of a patient complaint quickly, aiming to satisfy the complainant that his/her concerns have been addressed, whilst being fair to staff and the complainant alike. Once a complaint has been made, the complainant has the right to have his/her concerns investigated and a written explanation given by the Practice Principal.

## 2. COMPLAINTS POLICY

The Practice is responsible for investigating and responding to complaints relating to services provided by its employees.

The Complaints Policy is concerned only with resolving complaints and not with disciplinary matters involving Practice staff. The purpose of the Complaints Policy is not to apportion blame, it is to investigate

complaints to the possible satisfaction of the complainant, whilst being scrupulously fair to staff, and to learn lessons for improvements in Practice service delivery.

## **2.2 Roles and Responsibilities**

### **Practice Principal ( Dr S. E. Shackleton)**

The Practice Principal will see all formal complaints as and when they arise, and will review and sign all written responses to formal complaints.

### **Practice Manager ( Mrs C. Pitts)**

The Practice Manager will ensure that all complaints are responded to in a timely manner, and supervise the appropriate investigation.

### **All Practice Staff**

All Practice Staff will deal sensitively and promptly with formal and informal complaints, even those which do not apply directly to their area of work. They will make a genuine attempt to resolve the problem whenever possible, passing on complaints promptly to the Practice Manager when this is not possible.

## **3. IMPLEMENTATION**

### **3.1 Process for raising concerns**

Patients are encouraged to raise any concerns in the first instance with either the doctor or reception staff

### **3.3 Monitoring Compliance**

Compliance with the Practice complaints policy will be monitored by means of a Quarterly report prepared by the Practice Manager. Training needs will be identified on an ongoing basis.

## **General Information**

### **3.4 Who may complain?**

A patient/client or any person who is affected by or likely to be affected by the action, omission or decision of the Practice may make a complaint. If the person is unable to act for himself or herself, the complaint will be accepted from a relative, friend or other organisation or other individual suitable to represent them.

Where a member of staff believes a complaint is warranted but the patient or his or her advocate does not wish to complain and wishes to withdraw a complaint then the staff member has a duty to pursue the matter.

### **3.5 Criteria for identifying complaints**

A matter should be considered to be a complaint when:

- The person raising the matter has expressly stated that they want to make a complaint.
- A staff member considers that serious issues have been brought to his/her attention and need investigation / clarification.

### **3.6 Time Limits for making a complaint**

A complaint should be made as soon as possible after the action giving rise to it. The time limit for making a complaint is within six months of the event giving rise to it, except that if a complainant was not immediately aware that there was cause to complain, the complaint should be made within six months of becoming aware of the cause for complaint.

There is discretion to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is possible to investigate the facts of the case. This discretion lies with the Practice Principal

### 3.7 Litigation

In the event of a complainant's initial communication being via a solicitor's letter, the inference should not necessarily be that the complainant has decided to seek redress through the courts. However, if the complainant explicitly indicates in writing an intention to take legal action in respect of the complaint, the matter will cease to be handled under the CMC complaints procedure.

### 3.8 Openness in the NHS

Where part of a complaint about services is that information has been refused (and provided the Practice Principal has been given the opportunity first to review the circumstances), complainants should be advised of their right to pursue this aspect separately with the Ombudsman without waiting for the outcome of investigations into the rest of the complaint. At all times in the procedure, the complainant will be advised of the availability of the Independent Complaints & Advocacy Service (ICAS) to assist them in the pursuit of their complaint.

## Appendix

### PROCEDURE

All complaints whether oral or written, will receive a positive and full response with the aim of satisfying complainants that their concerns have been listened to, providing an explanation, an apology when appropriate, and information about actions taken as a result of the complaint.

If it becomes apparent during the course of an investigation that there may be a disciplinary issue, this will be referred to the Practice Principal, for separate investigation and action.

The Organisation will normally only investigate complaints that are made within 6 months of the event or made within 6 months of the complainant realising that they have something to complain about. These time limits can be waived if there are good reasons why the complainant could not complain sooner.

Any complaint received by any employee of Cunliffe Medical Centre which warrants further investigation:

- an investigation under the disciplinary procedure

- one of the professional regulatory bodies

- an independent inquiry into the serious incident under Section 84 of the National Health Service Act 1977

- an investigation of a criminal offence

**Please note – the staff member in receipt of the complaint should at once pass the relevant information to the Practice Manager.**

Communications regarding complaints are to be kept completely separate from patients' records.

Concerns cannot be investigated under the Complaints Procedure where legal action against the Practice is being proposed by the complainant.

It is important to recognise complaints which are able to be resolved immediately, and those requiring more detailed investigation. It is essential that these more complex matters be reported to the Practice Manager immediately.

## Independent Review

Complainants who are dissatisfied with the response given by the Practice have the right to request an Independent Review of the complaint by the Healthcare Commission. The request may be made either orally or in writing and must be made within six months from the completion of the complaints process in the Practice.

## Complaints about services provided by the Practice

### Verbal Complaints

A complainant may go through the process of making a verbal formal complaint and, if not satisfied, a written formal complaint to the Practice before progressing to a further stage in the complaint procedure.

It may be appropriate for the entire process to be conducted verbally in which case every effort should be made to resolve the matter immediately. The recipient of the verbal complaint should seek to understand the nature of the complaint and where he/she feels unable to give the assurances that the complainant is looking for, then the complaint should be referred to the **Practice Manager**, or in the PM's absence the **Practice Principal** for advice. Complainants should be encouraged to speak openly and freely about their concerns and should be reassured that whatever they say will be treated with appropriate discretion and sensitivity.

All verbal complaints should be briefly recorded in writing on the appropriate form which is available in the Practice reception and submitted to the **Practice Manager** so information may be collated for monitoring purposes.

### Written Complaints

The **Practice Principal** is responsible for responding in writing to all written complaints but may delegate this authority to **Practice Manager**.

A written complaint must be acknowledged within two working days of receipt and the appropriate action taken as follows:

- i. The complaint will be co-ordinated by the Practice Manager on behalf of the Practice Principal after an investigation.
- ii. A draft response based on the outcome of the investigation will be discussed by the PM and PP before finalising the response.
- iii. The letter of response will be forwarded within 10 working days of receipt of the letter of complaint.
- iv. In cases where the complaint cannot be responded to within 10 days, a holding letter will be sent to the complainant outlining reasons for the delay.

The letter of response will:

- Be polite, sympathetic and non-bureaucratic in tone
- Address all the points the complainant has raised
- Summarise its conclusions and demonstrate, if appropriate, alterations to
- Procedures, policy or systems.

- Be approved and signed by the Practice Principal
- iv. Details of the complaint will be recorded in the Complaints Register to include:
- Complainant and patient details
  - Relevant dates, times etc.
  - Type of complaint
  - Summary of the issues raised
  - The service complained against
  - Any action taken and date of action
  - Date acknowledged and response due date

### **Conclusion of resolution attempt at Practice level**

Should the complainant remain dissatisfied the Practice's attempts at resolution are completed. The complainant will be informed of their right to make a request for an Independent Review either verbally or in writing to the Healthcare Commission.

The complainant will be reminded of the support available from the **Independent Complaints & Advocacy Service (ICAS)**.

### **Health Service Ombudsman**

Where a complainant is dissatisfied with the outcome of a complaint at the Healthcare Commission level, and within detailed limitations, there may be recourse to the Health Service Ombudsman.

### **Process for monitoring compliance**

#### **Monitoring - Equality & Diversity**

The policy seeks to promote equality amongst all patients, service users and their representatives who wish to progress a formal complaint about health care services by placing the patient at the centre of the Practice's systems.

The Practice aims to ensure that access to the complaints arrangements is designed to be inclusive to all groups and that specialist, high quality support is available as necessary. The policy seeks to ensure equality of access, irrespective of age, disability, race, religion, belief, gender or sexual orientation.

### **Quarterly Report**

The **Practice Manager** will submit to the **Practice Principal** a quarterly report giving an analysis of complaints received and action taken. This procedure will be reviewed on an annual basis.

### **Dissemination of Lessons Learned**

Regular practice staff meetings will be the forum for discussion of complaints and matters arising from them.

### **Complaints Service Evaluation**

A patient questionnaire relating to the management of the complaint will be sent to the complainant on completion of local resolution

### **Monitoring of Ethnicity**

The practice will record the ethnicity of patient complaints in accordance with standing procedures.

### **Staff Training**

All staff are aware of the complaints procedure and ongoing training ensures that staff attitudes are positive and do not deter legitimate complaints. Staff are also clear about the local resolution process and what sorts of issues they will be able to resolve.



To contact the doctor  
and other practice services call  
**01257 267127**

41 Cunliffe Street, Chorley PR7 2BA.  
Fax: on 01257 234 665  
Email: drshackleton@nhs.net

**VERBAL COMPLAINTS FORM (PATIENT)**

**Private & Confidential**

Date:

.....  
Name of Staff Member handling complaint in first instance:

.....  
Telephone Contact:

**Details**

Name of Complainant:

.....  
Address:

.....  
.....

Telephone Contact:  
.....

Patient/Relative/Carer/Other (please delete as applicable)

**Details of complaint:**

.....  
.....  
.....  
.....  
.....

Signed (Complainant):  
.....

Date:  
.....

## INVESTIGATION REPORT CHECKLIST

Practice report to contain:

1. Complainant
  - Mr/Mrs (Title)
  - Name (Block Capitals)
  - Age/DOB
  - Occupation (if appropriate)
  - Address
  - Telephone Number
2. Complaint/Allegation
3. How Made (verbal/written)
4. Persons Subject of Complaint (staff involved)
5. Investigator's Report (a synopsis of each witness statement is required)
6. Conclusions –
7. Recommendations

**This information is collected for monitoring purposes. In order to improve services and ensure that complainants are not discriminated against the following additional information should be requested**

- **Disability**
- **Gender**
- **Race**
- **Religion/Beliefs**
- **Sexual Orientation**

**This is not compulsory and is at the discretion of the complainant.**



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**COMPLAINT INVESTIGATION DOCUMENTATION**

Complaint Reference Number:

Statement of .....

Name.....

Location or address.....

.....

Designation.....

This statement (consisting of ( ) pages, each signed by me) is true to the best of my knowledge and belief.

Dated the ..... Day of ..... 20 .....

Statement taken by (signature).....

**The person making this statement should initial at the end of each page and should also initial any alterations.**

**COMPLAINTS SERVICE EVALUATION**

**Patient Questionnaire**

**(Please tick appropriate box)**

**Management of Complaint.**

1. How did you tell us about your complaint?

Telephone

Email

Fax

Visit

2. How helpful did you find the Practice staff involved?

Very helpful

Fairly

Not really

Not at all

3. Did you feel comfortable discussing your concerns with the Practice staff?

Fairly

Not really

Not at all

4. Did you feel the Practice staff listened to and understood your concerns?

Yes

No

If no, please explain.....

.....

.....

.....

.....

Thank you for your help in completing this form