

# Lister House Surgery

## Complaints Policy

### Document Details

<b>Classification:</b>	Quality
<b>Author and Role:</b>	Cath Anderson (former practice manager)
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### *Document Control*

#### **A. Confidentiality Notice**

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If you are updating this document on the shared drive, please do so at C81072\A\_Z Policies and Protocols only. It is your responsibility to check for any versions associated with compulsory Blue stream training, the Lister House Website or on You-manage or MS Teams. If updates are required in these areas please inform the Quality Team. Clinical tools bookmarks

#### **B. EQUALITY STATEMENT**

Lister House aim to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all.

This document has been designed to ensure that no-one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out their function, Lister House surgery must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which Lister House are responsible, including policy development, review and implementation.

## C. DUE REGARD

This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

If staff or patients wish to raise concerns. Please see-

S:\C81072\Policies and Protocols\ A\_Z Policies and Protocols \HR Policies\**Whistleblowing Policy**

S:\C81072\Policies and Protocols\ A\_Z Policies and Protocols \HR Policies\**Grievance Policy**

S:\C81072\Policies and Protocols\ A\_Z Policies and Protocols \Quality Policies\Complaints associated documents\**Complaints policy**

## C. Document Revision and Approval History

For revision/approval history prior to 1 March 2016, please refer to Appendix E.

Version	Date	Created/Reviewed by:	Next Review date:	Comments
1.0	01/03/2016	Janine Miller Kate Sutcliffe Rachel Boldison	01/03/2017	Full review/update Amalgamation of two Practice documents Updates to ref. documents & hyperlinks; complaints handling flowchart; complaints form & consent form; patient leaflet
1.1	17/08/2016	Kate Sutcliffe	01/03/2017	Update to flowchart (detailed process when receiving a complaint), complaints administrator details included.
1.2	01/12/2016	Kate Sutcliffe	01/06/2017	Ref. to Dr Moss & Partners removed inc. pt. leaflet
1.3	24/02/2017	Kate Sutcliffe	01/06/2017	Complaints Mgr updated to J Miller/flow chart updated
1.4	22/08/2018	Jessica West	22/08/2019	Complaints Mgr updated to J Patton, complaints administrator updated to J West. Updated flow chart. Updated J Patton's role. Included

				Vexatious and Habitual complaints policy.
1.5	22/08/2019	Jessica West	22/08/2020	No change.
1.6	19/04/2021	Jo Gregson	19/4/2022	

## Complaints Procedure

### INTRODUCTION

What is presented as a complaint may often be an expression of concern or uncertainty about services, or a result of a lack of information. These concerns can generally be resolved through discussion at a local level, rather than developing into a more formal complaint.

Our in-house complaints procedure is something which all staff have a part to play in. Very often, “front-line” staff will be the first point of contact when a patient wishes to complain, and how this contact is managed can make all the difference between the concern being quickly resolved, or escalating into a formal complaint. Most complaints are made verbally, and what is required is a positive acknowledgement that the concerns will be taken seriously, together with an apology or explanation as appropriate.

We aim to use genuine complaints in a positive way, as a valuable source of information which can lead to improvements in the quality of service offered by the Practice, and help us review our systems and procedures, making changes as necessary.

This Policy and Procedure complies with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, introduced on 1<sup>st</sup> April 2009 across health and social care.

### POLICY

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

- The complaints procedure – there is a copy in each Reception area and it is covered on the website at [www.listerhousesurgery.co.uk](http://www.listerhousesurgery.co.uk);
- The patients right to complain directly to NHS England as well as their right to escalate their complaint to the Health Service Ombudsman should they not be satisfied with the way their complaint has been dealt with by either the provider or commissioner;
- Their right to assistance with any complaint from POhWER the patient advocacy service within Derbyshire.

[Complaints Patient Information Leaflet](#)

The principal method of achieving this is the Complaints Patient Information Poster, the Practice Leaflet and website incorporation, which will be kept up to date and made freely available to all Patients.

- Patients will be encouraged to complain in writing where possible;
- All complaints will be treated in the strictest confidence;
- Patients who make a complaint will not be discriminated against or be subject to any negative effect on their care, treatment or support.

The Quality Manager for the Practice is Jessica West

The lead GP Partner for complaints handling is Dr Brooks.

The Quality Support Officer Jo Gregson

## **PROCEDURE**

### **Receiving of 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, or:

(a) where the patient is a child:

- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;
- by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
- by a person duly authorised by a voluntary organisation by which the child is being accommodated.

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

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within three working days of receipt. If possible, patients should address their complaints in writing to the Complaints Manager (our receptionists can provide a form). Complaints should be as specific and concise as possible. If patients would prefer to text, email or discuss their complaints, then they should call the Complaints Manager or Complaints Administrator in the first instance. If patients are not sure about anything to do

with their complaint or need help in writing a letter, they may be assisted by POhWER – NHS Patient advocacy service – Derbyshire.

### **Period within which complaints can be made**

The period for making a complaint is normally:

(a) 12 months from the date on which the event which is the subject of the complaint occurred; or

(b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within six months. The practice will aim to respond within 10 working days for a response or an explanation of the reason for a delay.

The Quality Manager or lead GP has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Quality Manager or the GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, Clinical Guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

## **Action upon receipt of a complaint**

Complaints may be received either verbally or in writing and must be forwarded to the Quality Manager and Quality Support Officer, who must refer and follow the complaints flow chart, in brief:

- 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. Include an offer to discuss the matter in person. The discussion will include agreement with the patient as to how they wish the complaint to be handled;
- Advise the patient of potential timescales and the next steps;
- Where the complaint is made verbally a written record will be taken and a copy will be provided to the complainant;
- Ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Quality Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent;
- Where the complaint has been sent to the incorrect organisation, advise the patient within three working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;
- Provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. This will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

## **Unreasonable Complaints**

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, the practice can refer to the Vexatious or Habitual Complaints Policy. Some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient;
- Contact will be limited to one method only (e.g. in writing);
- Place a time limit on each contact;
- The number of contacts in a time period will be restricted;

- A witness will be present for all contacts;
- Repeated complaints about the same issue will be refused;
- Only acknowledge correspondence regarding a closed matter, not respond to it;
- Set behaviour standards;
- Return irrelevant documentation;
- Keep detailed records.

## **Final Response**

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

## **Annual Review of Complaints**

The practice reviews complaints annually, identifying any learning issues or changes to procedures which have arisen. This is available on the Senior Team Folder of the shared network drive.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points / changes to procedure/policies or care
- Methods of complaints management

## **Confidentiality**

## All complaints must be treated in the strictest confidence

Where the investigation of the complaint requires consideration of the patient's medical records, the Quality Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the Practice or an employee of the Practice.

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

## References

### 2009 NHS and Social Care Complaint Regulations

PHSO leaflet – How we can help you

POhWER leaflet – NHS Complaints Advocacy



2009 NHS and Social  
Care Complaint Regul



PHSO  
How\_we\_can\_help\_y



POhWER leaflet -  
Notts & Derbyshire (r

## RESOURCES:

Annex A- SOP-Handling of complaints

Annex A - [Complaints form inc third party consent form](#)

Annex B - [Patient Leaflet - Comments, Suggestions, Complaints](#)

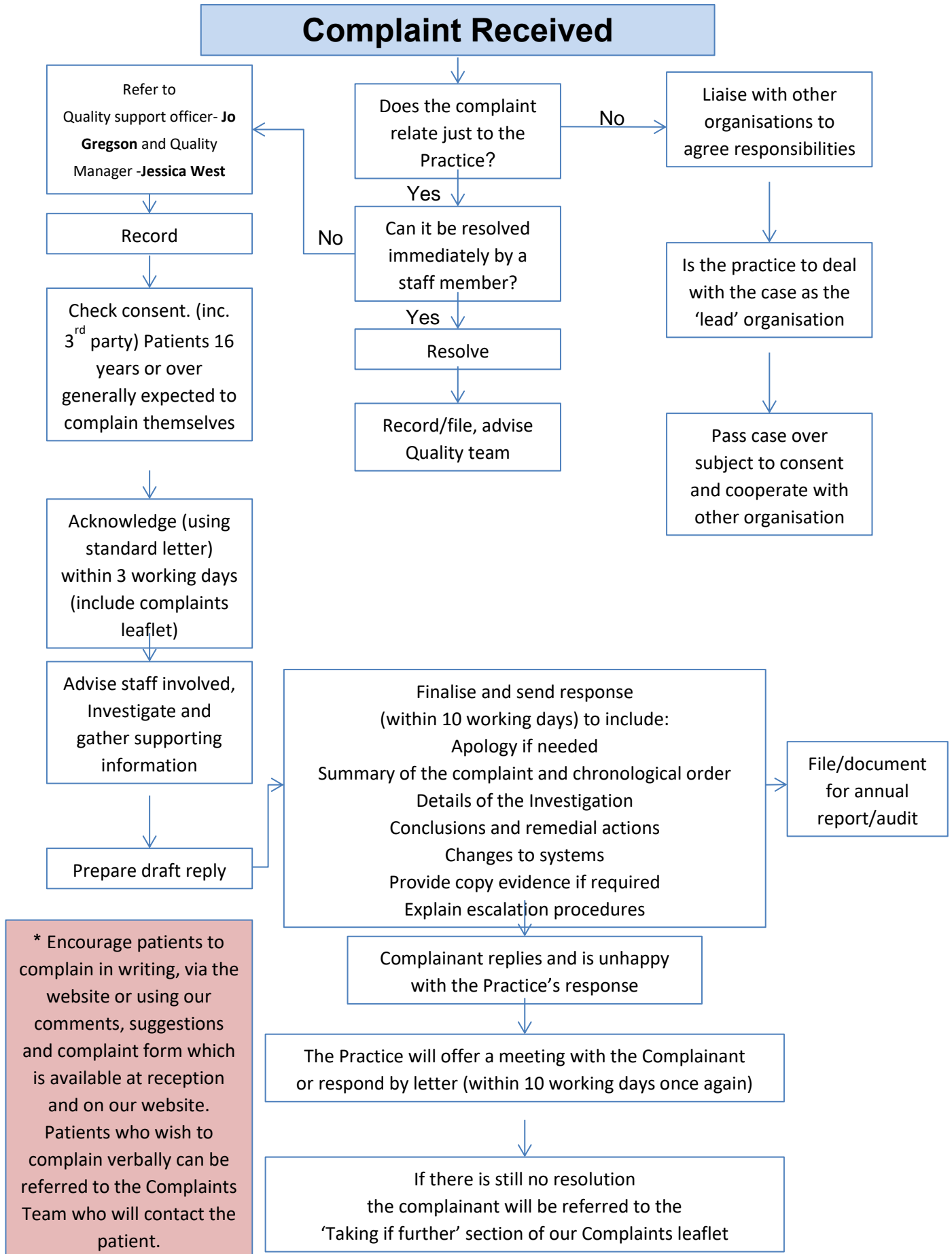
Annex C - [Poster - Comments, Suggestions, Complaints](#)

Annex D - [Complaints Handling Flowchart](#)

Annex E – [Vexatious or Habitual Complaints Policy](#)



## Annex D - Complaints Handling Flowchart



## Appendix E

### Document Revision and Approval History

#### Lister House Surgery & Oakwood Medical Centre

Version	Date	Created/ Reviewed By:	Next Review Date:	Comments:
1.0	01/01/2007	Cath Anderson	01/01/2009	First Issue
1.0	01/01/2009	Rachel Boldison	01/02/2011	No changes
1.0	01/02/2011	Rachel Boldison	01/02/2013	No changes
1.1	01/10/2015	Rachel Boldison	01/03/2016	PCTs etc. replaced with CCGs and ref. made to NHS Eng.

#### Meadowfield's Practice

Version	Date	Created/ Reviewed By:	Next Review Date:	Comments:
1.0	01/12/2012	JEM	01/02/2013	First Issue
2.0	01/02/2013	JEM	01/09/2013	Removed PALs
3.0	01/09/2013	JEM	01/11/2013	General review and update of internal handling
4.0	01/11/2013	JEM	01/08/2015	Flow chart updated
5.0	01/08/2015	JD	01/03/2016	Flow chart with new complaints service