

# **SHIRES HEALTH CARE COMPLAINTS PROCEDURE**

- Issued 2000 – Reviewed April 2004 – Reviewed April 2009  
(Next Review April 2011)

## **MAIN POINTS**

1. The aim of the procedure is to offer a forum of discussion between the practice and the complainant. This should be offered promptly.
2. In doing so, many misunderstandings may be settled without recourse to lengthy adversarial process, which may be distressing and even harmful to both parties.
3. Complaints provide a learning opportunity for the practice which may change the way that the service is provided.
4. The in-house procedure is not a formal judicial procedure. Its purpose is to investigate and explain.
5. The procedure has no disciplinary function other than within the practice itself.
6. The patients are informed about the procedure through a poster at the reception and in the waiting room.
7. The initial contact with the complainant will include details as to how the process works, explanation of confidentiality, and their right to gain access to the independent Health Ombudsman.

## **MAKING THE COMPLAINT**

This can be done through any member of staff, and must be passed immediately to the practice manager. The patient can either speak directly to the practice manager or put their complaint in writing.

## **CONFIDENTIALITY**

Medical confidentiality must be preserved. This means that permission must be obtained before a patient's medical case is discussed with a representative. If a patient is unable to represent himself by virtue of severe illness or any other relevant incapacity, special arrangements may need to be made.

## **TIME**

Acknowledgement of the receipt of a complaint will take place within three days, either verbally or in writing... This will indicate the intention to investigate the matter. Normally, investigation and reply should take place within two weeks, unless an involved person is away. In this instance, the complainant will be informed of the reason for delay.

## **OUTCOME**

The complainant will be made aware of their right to take the complaint to the Health Ombudsman if the matter is not satisfactorily resolved by discussion. There may be instances where the partners do not think it is appropriate to use the in-house procedure and may request the advice of the Health Ombudsman at the outset.

## **TYPES OF COMPLAINT**

Complaints come in two main categories:

1. Complaints about administration, or matters concerning administrative staff.
2. Complaints about medical care, or medical or nursing staff.

### **Complaints about administration:**

*Verbal* complaints of an administrative nature may be dealt with solely by the practice manager. One of the partners responsible for the procedure should be informed by the manager about the complaint. The outcome must be recorded, and if the complainant wishes, the matter should be taken up by a responsible partner.

An account of the complaint should be filed in the complaints book.

Any correspondence entered into about a complaint should be shown to one of the responsible partners.

Correspondence should be filed.

An account of whether any action was taken should be recorded.

*Written* complaints of an administrative nature will be dealt with usually by the practice manager. There will be an immediate acknowledgement, indicating intention to investigate.

A copy of the complaint will be shown to the partners and discussed at the practice meeting. The complainant may be invited to meet the practice manager and/or a partner to discuss the complaint.

A letter of reply on behalf of the practice will be approved by the partners.

Copies of correspondence must be filed.

If the complaint leads to a change in work practices, the complainant should be told.

### **Complaints about medical care:**

1. If the complaint concerns a nurse or other person employed by us, a copy of the complaint will be given to the nominated G.P. for complaints. A nominated G.P. will reply to the complainant when the matter has been fully investigated and discussed both with the employee involved and between the partners. It may be appropriate to arrange for the complainant to meet representatives of the practice. If the matter is considered disciplinary, that process will be separate.
2. If the complaint is about attached staff, not in our direct employment, it will be passed to the relevant team leader. A copy of the complaint will be retained. We would request a brief report of the outcome which would be filed.
3. If the complaint is about a doctor, the practice manager will show a copy first to the doctor concerned. A copy will be given then to all G.P.'s. A letter of acknowledgement will go to the complainant in the usual manner indicating the intention to deal with the matter within

two working weeks. The complaint will be discussed by the partners at the earliest opportunity. It is hoped that the response should be individually tailored to the circumstances, and therefore there should be a place for a swift personal response if this seems the right thing to do. It may be appropriate for the concerned partner to make informal immediate contact with the complainant, and if he is willing to do this, the partners will request an account of the meeting and the outcome. This will be followed up by a questionnaire to the complainant to ensure the matter has been adequately dealt with. Mostly, the partner nominated for complaints will handle the matter and initiate investigation. The involved partner(s) may need time to consult a defence organisation. A meeting between the complainant and members of the practice may be set up, or it may be possible to reply simply after internal investigation. If so, the reply will be seen, before sending, by the concerned partner, and if possible, all other partners. It may be useful to involve a Health Ombudsman lay mediator, at the in-house level, to facilitate the discussion, if the parties wish.

### **PALS (Patient Advice and Liaison Service)**

PALS were set up by the PCT in April 2002 and perform 3 critical roles.

1. Helping to resolve concerns quickly and efficiently.
2. Providing information to patients to help make contact with the NHS and other care services as easy as possible.
3. Acting as the visible contact point to enable patients and the public to access the complaints procedure and the system of patient and public involvement easily.

If a patient has a complaint about other service providers within the NHS (ie. Hospitals, ambulance service etc.) PALS will be able to advise patients on the best course of action. The telephone number for PALS is 01246 514100. Address: Gosforth Valley Medical Centre, Gorsey Brigg, Dronfield Woodhouse, Derbys, S18 8UE.

Please note, if you remain dissatisfied with our response to your concerns, you have the right to ask the Health Ombudsman to review your case. This should be done within two months of receipt of your response from the practice. The Health Ombudsman by calling the complaints helpline on: 0345 015 4033 (Mon-Fri 8.30am to 5.30pm) [www.ombudsman.org.uk](http://www.ombudsman.org.uk), emailing [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk), faxing: 0300 061 4000 or writing to: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, LONDON, SW1P 4QP . (complaints regarding attached staff, ie health visitors, district nurses should be passed to the PCT. Tel: 01773 525073, midwives complaints should be passed to the employing hospitals PALS department.