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# **Complaints Policy**

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**Probus GP Practice**



Complaints Policy

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**Purpose and definitions**

The purpose of this policy is to provide guidance for staff and assurance to patients that Probus Surgery and Probus Surgical Centre is committed to continually providing high quality healthcare for all patients and supporting the staff who provide this care. The aim of the policy is to provide all staff with an outline of how we handle complaints.

All patients regardless of age, gender, ethnic background, culture, cognitive function, or sexual orientation have the right to have their privacy and dignity respected.

**Scope**

This policy applies to all employees of Probus Surgery and Probus Surgical Centre, contractors, seconded staff, placements, and agency staff.

**Roles, rights, and responsibilities****All staff**

All staff have a responsibility to understand the practice complaints process and policy.

All staff should understand who is best placed to handle any complaint, likely to be the practice manager or senior member of the team.

**Practice manager/designated person**

To update the policy, ensure that it is aligned with national guidelines, distribute appropriately, and ensure that staff are trained at induction and at regular intervals so that they are aware of the principles of handling complaints and the content of the practice policy.

The practice manager is the person who will handle the receipt, communication to complainant, the recording of the detail, investigation, and distribution of any finding from the complaint.

The practice manager will also escalate where appropriate and put in place any learning and areas for mitigation or avoidance of any future complaints of a similar nature.

### **Principles of this policy**

This policy adheres to local and national guidance and policy including the Parliamentary and Health Care Ombudsman principles of Good complaint handling and the NHS Complaints process.

A complaint can be made by:

- Any person who receives or has received services provided by the organisation or a person acting on their behalf, provided consent has been received.
- Any person who is affected or likely to be affected by the action, omission, or decision of the organisation that is the subject of the complaint.

If it is felt that the person making the complaint on behalf of another person is not doing so in the best interests of the other person, the complaint must not be considered under the regulations and written notification must be given to the representative stating the reason for the decision.

In handling the complaint, we expect that the person making the complaint is entitled to:

- Have their complaint acknowledged and properly investigated.
- Be kept informed of progress and informed when there is an outcome.
- Be treated fairly, politely, and with respect throughout the process.
- Have confidence that their care and treatment will not be affected as a result of making a complaint.
- Have the opportunity to discuss the complaint with a manager.
- Expect appropriate action to be taken following the complaint.

According to the Parliamentary and Health Care Ombudsman the principles of Good complaint handling as are follows:

- Getting it right.
- Being customer focused.
- Being open and accountable.
- Acting fairly and proportionately.
- Putting things right.
- Seeking continuous improvement.

In practice this means that we will ensure that our process:

1. Is timely (first response will be within 2 working days) and includes frequent updates for the complainant, likely weekly or when significant updates are made in the process.
2. Includes local resolution meetings sensitively handled between complainant and relevant practice staff, when appropriate.
3. Is documented, followed up, and actions taken where appropriate.
4. Is submitted as KO41A reports to [NHS Digital](#).
5. Is communicated to the complainant and an explanation of what impact this will have on changes at the practice given.

### **Time limit to make a complaint**

A complaint should be made as soon as possible after an event and not more than 12 months after the date the matter complained about occurred, or the date that the patient/client was aware of the event. The time limit can be extended if there were good grounds for not making the complaint earlier and it is still possible to investigate the complaint fairly and effectively.

**Confidentiality**

All complaints will be treated in the strictest confidence.

**Duty of candour**

As a practice we understand our responsibilities relating to the statutory duty of candour.

As such the registered person will notify the relevant person as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred.

This will be done in person by one or more representatives of the registered person (usually a GP and a practice manager).

As part of this we will provide an account, which will be accurate and will contain all the facts the registered person knows about the incident as at the date of the notification.

We will also advise the relevant person what further enquiries into the incident we believe to be appropriate to fully comply with our responsibilities under the duty of candour.

This will include an apology and will be recorded in a written record that will be kept securely by the registered person.

**Distribution**

Employees will be made aware of this policy via TeamNet.

Patients will be made aware of this policy using patient leaflets and on the practice website.

**Training**

All staff will be given training on handling complaints at induction and annually thereafter.

Any training requirements will be identified within an individual's Personal Development Reviews. Training is available in the Training module within TeamNet.

**Equality and diversity impact assessment**

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

### **Access to medical records**

Where the investigation of the complaint requires consideration of the patient's medical records, the complaints officer must inform the patient or person acting on their 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 will 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.

A consent form should be sent if the person making the complaint is not the patient and there is a need to disclose confidential information within the response.

### **Monitoring and reporting**

Monitoring and reporting in relation to this policy are the responsibility of the practice manager.

The following sources will be used to provide evidence of any issues raised:

- PALS.
- Complaints.
- Significant and learning events.

Any incidents relating to complaints will be monitored via incident reporting.



### Summary of NHS legal and mandatory documentation

NHS England. Complaints policy <https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf>

Department of Health and Social Care. NHS complaints guidance

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service>

### Versions

Document review history

Version number	Author/reviewer	Summary of amendments	Issue date
1.0	Clarity Informatics	Policy written	7.5.2020
2.0	Spencer Casey	Reviewed	04/08/2021
3.0			
4.0			
5.0			
6.0			
7.0			

### Bibliography

Department of Health and Social Care. NHS complaints guidance

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/how-do-i-give-feedback-or-make-a-complaint-about-an-nhs-service>

NHS Improvement. Asking for advice or raising concerns with us. NHS staff or NHS foundation trust governors <https://improvement.nhs.uk/contact-us/asking-advice-raising-complaints-and-concerns/#h2-nhs-staff-or-nhs-foundation-trust-governors>

NHS England. Complaints policy <https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf>

NHS England. How to complain about the NHS <https://www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/>

NHS England. Assurance of good complaints handling for primary care: a toolkit for commissioners <https://www.england.nhs.uk/publication/assurance-of-good-complaints-handling-for-primary-care-a-toolkit-for-commissioners/>

NHS Digital. Data on written complaints in the NHS 2017-18 <https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs/2017-18>

Parliamentary and Health Service Ombudsman. Principles of good complaint handling <https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling>