

Patient Complaints

2015

Information for the patient or the patients representative.

INTRODUCTION

Complaints represent an important form of feedback about the service that we as a team provide. Sometimes we might be complimented on our service. Sometimes we may receive general observations about what we do. When things don't meet people's expectations from time to time we may receive complaints.

All this feedback is potentially very valuable to us. If we listen to what the recipients of our service say, it gives us the opportunity to improve by doing more of the things they like and fewer of the things they don't. Sometimes we might be able to improve our way of working by taking up the suggestions of someone who has been through the process.

For individual patients who are unhappy about the service they received, ignoring the cause of their dissatisfaction will not make it go away. It will merely leave them with a negative lasting impression of our service. By encouraging patients to tell us when they are dissatisfied it gives us an opportunity to rectify the problem and instead, leave them with a positive lasting impression.

Code Of Practice For Patient Complaints

In this practice we take complaints very seriously indeed and try to ensure that all patients are pleased with their experience of our service. When patients complain, they are dealt with courteously and promptly so that the matter is resolved as quickly as possible.

Our aim is to react to complaints in the way in which we would want our complaint about a service to be handled. We learn from every mistake that we make and we respond to patients' concerns in a caring and sensitive way.

The person responsible for dealing with any complaint about the service, which we provide, is our Patient Services Manager Paula Stones. Complaints will be acknowledged no later than 2 working days in compliance with the Local Authority Social Services and NHS Complaints Regulations 2009.

If a patient complains on the telephone or at the reception desk, we will listen to his or her complaint and offer to refer him or her to the Patient Services Manager as soon as possible. In PS absence Kate Carr will deal with complaints.

If the Patient Services Manager is not available at the time, then the patient will be told when s/he will be able to talk to him/her and arrangements will be made for this to happen. The member of staff will take brief details of the complaint and pass them on. If we cannot arrange this within a reasonable period or if the patient does not wish to wait to discuss the matter, arrangements will be made for another named person to deal with it.

If the patient complains in writing the letter will be passed on immediately to the Patient Services Manager.

We will acknowledge the patient's complaint in writing as soon as possible, normally within two working days. We will seek to investigate the complaint within ten working days of the acknowledgement to give an explanation of the circumstances which led to the complaint. If the patient does not wish to meet us, then we will attempt to talk to him/her on the telephone. If we are unable to investigate the complaint within three working days we will notify the patient, again in writing, giving reasons for the delay and a likely period within which the investigation will be completed.

We observe strict rules of confidentiality. If someone is complaining on your behalf we will require written authority from you that they can act on your behalf.

We will confirm the decision about the complaint in writing to the patient immediately after completing our investigation.

Proper and comprehensive records are kept of any complaint received.

If patients are not satisfied with the result of our procedure then a complaint may be made to:

Kate Carr Business Manager 203 School Road Sheffield S10 1GN

2.2 Complaining To The Health Authority – NHS Patients

As we have said, our practice based complaints system complies with national guidelines.

Our experience is that this is by far the best and simplest method of solving complaints. However, if you feel unable to raise your complaint with us, or remain dissatisfied with our investigation, then you may raise the matter formally with the Health Authority. Their details are as follows: -

The Parliamentary and Health Service Ombudsman
 Millbank Tower
 Millbank
 London
 SW1P 4QP
 Tel: 0345 0154033
 Website: www.ombudsman.org.uk
 You may also approach PALS for help or advice;
 The Patient Advice and Liaison Service (PALS):

Patient Advisory Liaison team
 tel: 0800 085 7539
 email: pals.manager@sheffieldpct.nhs.uk

Complaints team
 NHS Sheffield
 722 Prince of Wales Road
 Sheffield
 S9 4EU

tel: 0114 3051093 or 305 1094
 email: complaints@sheffieldpct.nhs.uk

Care Quality Commission (CQC)
 Finsbury Tower
 103–105 Bunhill Row
 London
 EC1Y 8TG
 CQC National Customer Service Centre
 Citygate
 Gallowgate
 Newcastle upon Tyne
 NE1 4PA
 Telephone: 03000 616161
 Fax: 03000 616171

THE COMPLAINTS PROCEDURE

Form of Complaint

Complaints may come verbally (in person or on the telephone) or in writing.

Verbal Complaint (Visit or Telephone)

The team member should listen to the complaint and consider the nature of the complaint, i.e. whether they should handle the complaint themselves or refer it directly to Patient Services Manager for immediate attention.

If the Patient Services Manager is unavailable, details of where and when the patient can be contacted later (ideally the same day) should be taken and the patient informed that their complaint (or comment) has been noted, will be passed on, and s/he will be contacted within two days.

Written Complaint

This should be acknowledged by the Patient Services Manager within two days by letter enclosing our Code of Practice for complaints. A telephone call should also be made in order to listen to the problem and to ask relevant questions. Detailed notes must be taken.

The Patient Services Manager should indicate when the full response will be despatched. This should normally be ten working days after the date of acknowledgement.

There are three broad types of complaint.

Type (i) – Clinical

These are complaints relating to the treatment provided or the clinical care given. This may involve pain, discomfort, appearance, manner of delivery, treatment failure, clarity of explanation, expectations, attitude of the clinical team.

Type (ii) – Service

Broadly these are all other complaints not involving clinical matters (as described above). This might therefore include things like waiting times, facilities, attitude of “front-of-house” team, telephones, access to the practice, décor, appointment management, and billing.

Type (iii) – Mixed

Sometimes a patient may be dissatisfied about a number of things. Some may be clinical and some may be service related. Alternatively a single complaint may have components that are clinical and components that are service related.

To ensure that nothing is missed these cases are treated as “mixed” complaints and will be dealt with as a hybrid of types (i) and (ii).

The reason for defining complaints in this way is so that they can be dealt with most appropriately. Clinical complaints (and the clinical components of mixed complaints) need to be handled in a different way to service related complaints.

Assessing the Complaint

The Patient Services Manager should review the complaint for content. If possible they should categorise the complaint as Type (i), (ii) or (iii). Where the case is still ambiguous, the case should be allocated as a Type (iii) complaint.

Handling the Complaint

Type (i)

Doctors and nurses are autonomous professionals who have responsibilities for the treatment and service they provide. They are responsible for their own acts and omissions and for any consequences that flow from these acts and omissions. By law they must carry professional indemnity insurance in their own right to cover for any such consequences.

Most significantly, where the complaint is of a clinical nature, only the relevant clinician is in a position to answer questions about “...what he was thinking of ...” or what “..... she said...”. Similarly only the clinician can comment on how the procedure was executed and how his/her philosophy compares with that of another clinician.

All of this leads to the position whereby when the complaint falls into Type (i), the clinician should be involved as early as possible.

The process is as follows:

Notify doctor/nurse of the complaint

Give the date of intended response to patient

Suggest they may want to contact indemnity organisation

Advise the patient of the intended response date.

Log and track the handling of the complaint to ensure that timescales are met

When the doctor/nurse response is received, convey this to the patient.

The Patient Services Manager role when dealing with clinical complaints is principally to ensure that the patient's concerns are responded to promptly and completely.

Type (ii)

For complaints relating to any aspect of the provision of service to the patient, the Practice Complaints Co-ordinator should take ownership of the complaint.

Consequently, the Patient Services Manager should undertake to investigate the complaint personally and to come back to the patient within a reasonable timeframe with a response, an explanation and a plan of action.

What is "reasonable" will depend very much on the nature of the complaint. Generally speaking the faster the resolution the better. Hence if the complaint can be dealt with there and then it should be.

Where matters are more serious or complicated, an investigation may be required and the Practice Complaints Co-ordinator should undertake to give the patient a full explanation within ten working days.

Type (iii)

For mixed complaints, the clinical and service elements should be clearly identified. Where possible, the elements should be investigated separately, but the final response to the patient should be a single letter covering all aspects of the complaint.

The relevant GP should be asked to compose the appropriate responses to the clinical component of the complaint. The Patient Services Manager should proceed as in to deal with the service elements of the complaint. It is the Patient Services Manager's responsibility to ensure that no aspect of the complaint remains un-responded to.

Meetings with Patients

Sometimes a face-to-face meeting with a patient can go a long way to resolving the complaint. It gives them the opportunity to direct their concerns to the person or persons involved. It also provides the chance for those concerns to be responded to directly and, where appropriate, personal apologies to be made.

Wherever possible, the patient should be offered the opportunity to meet with the individuals involved in an effort to achieve resolution.

After the meeting, the discussion should be confirmed in writing and included in the letter outlining the findings of the investigations.

Conducting the Meeting

At the meeting the complainant should be asked what it is they want to achieve (if for any reason the complainant is not the patient then they should have an appropriate letter of authority to act on behalf of the patient and be sure not to breach patient confidentiality).

For complaints where the practice has been at fault and the standard of service provided has not been of an acceptable standard then:-

Patient Services Manager should give an apology and an explanation as to what went wrong. Where necessary, reasonable redress may be offered as a gesture to underline the apology.

For complaints where the practice has NOT been at fault then:-

Patient Services Manager should explain the reasons for reaching this view to the patient. If the patient remains dissatisfied after receiving our explanation, they should be referred to Kate Carr

Record Keeping

Full and proper records should be kept throughout the whole complaints procedure including:-

- Date of complaint and the manner it was made eg. Letter/telephone/personal visit
- Name of person complaining (if not the complainant)
- Details of the complaint
- Findings of the investigation
- Notes of any meetings and telephone conversations
- Correspondence between the patient and the practice
- A record of the agreed outcome and action (if any) taken by the practice

These notes should be made while the telephone call or meeting is fresh in mind.

Criteria for Closing the Complaints Procedure

The procedure ends when the complainant is satisfied with the explanation and/or the action taken.

If the patient remains dissatisfied then they will be informed that they may raise the matter with the health authority or the third party provider as appropriate.

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

SIGNED.....Print name.....(Continue overleaf if necessary)

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date:

Complaint Received: