



A. Confidentiality Notice

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Dr Abbas, Dr Takla or Dr Malik

Classification:	Approved
Author and Role:	Jade Fuller
Organisation:	Favell Plus Surgery
Document Reference:	FP11
Current Version Number:	V2
Current Document Approved By:	Dr Abbas & Dr Takla
Date Approved:	24.01.2024

[illegible]



Complaints and Concerns Policy

Introduction

This policy outlines procedures and responsibilities within Favell Plus Surgery for handling any concerns, issues or complaints that may arise.

Purpose And Objectives

The purpose of this Policy is to ensure that the rights and commitments set out in the NHS Constitution relating to complaints or concerns are correctly managed.

The rights and commitments set out in the NHS Constitution are:

- The right to have any complaint made about NHS services dealt with efficiently and to have it properly investigated.
- The right to know the outcome of any investigation into a complaint.
- The right to take a complaint to the independent Health Service Ombudsman if the complainant is not satisfied with the way their complaint has been dealt with by us.
- The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
- When mistakes happen they shall be acknowledged; an apology made; an explanation given of what went wrong and the problem rectified quickly and effectively.
- The commitment to ensure to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services.

This policy serves to indicate how issues concerning patient concerns or complaints should be managed within Favell Plus Surgery.

Duties And Responsibilities

The Practice Manager holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints. [He/she] will lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.

The Practice Manager will act as the designated lead for the 'Patient Experience Team' at the practice. He/she is:

- Responsible for managing the procedures for handling and considering complaints.
- ensuring that action is taken if necessary, in the light of the outcome of a complaint or investigation.
- responsible for the effective management of the complaint's procedure.



Complaints and Concerns Policy

Principles

The Practice Manager will:

- Publicise for patients how any complaint can be made, and also how any concerns or issues can be raised.
- The Practice Manager together with the Patient Experience Team will aim to resolve any concerns or issues without recourse to the need to make use of the formal complaints policy whenever possible.
- Deal efficiently with complaints and investigate them appropriately.
- Write to the complainant on completion of any investigation explaining how it has been resolved, what appropriate action has been taken, and (for NHS funded patients) reminding them of their right to take the matter to the Health Services Ombudsman if they are still unhappy.
- Assist the complainant in following the complaints procedure or provide advice on where they may obtain such assistance.

The Patient Experience Team 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. Complaints may also be made:

- 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; or
- By a person duly authorised by a voluntary organisation by which the child is being accommodated
- Where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

If the complaint involves another organisation as well, the Practice Manager will endeavour to ensure that the complainant should be sent a single, co-ordinated response. The organisation which has the most serious complaint or large number of issues about it would normally take the lead.

NHS Funded Care

Where a patient receiving care via Favell Plus Surgery is an NHS funded patient then they can expect to receive the same approach to handling their complaints as a patient would receive within the NHS as a whole.

The Practice Manager will therefore pay close attention to current complaints systems and guidance in force for the NHS, and modify its own policies accordingly should this prove necessary to accommodate any changes in NHS complaints arrangements.

Complaints and Concerns Policy

Procedures

Period within which complaints can be made

People wishing to make a complaint must do so within the time periods stipulated for handling NHS complaints i.e. within 12 months of the event or of the complainant knowing they had cause to complain.

Complaints Action Plan

A complaint must be acknowledged within 3 working days after it is received. The acknowledgement will include an offer to discuss the handling of the complaint and a timeframe in line with the regulations.

Oral complaints (not resolved within 24 hours) must be written up and shared with complainant to agree the content. Once the patient has confirmed the content of the complaint, this should be investigated. Please see *Investigation and Responses to Complaints* header for the investigation process.

If an issue raised orally can be resolved to the complainant's satisfaction not later than the next working day (24 hours), it is not required to be dealt with as a complaint.

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help the Practice Manager respond appropriately. It also gives the person who is complaining more confidence that the Practice Manager is taking their concerns seriously.

Having a clear understanding of the complaints process is also crucial in helping managers decide on the best response.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- address the concerns raised as quickly as possible
- stay in regular contact with whoever has complained to update them on progress
- follow closely any agreements made – and, if for any reason this is not possible, then explain why.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant. The response must be signed by Practice Manager [and/or GP Partner] and include:

- an explanation of how the complaint has been considered;
- the conclusions reached in relation to the complaint, including any remedial action to be taken
- (for NHS funded cases) details of the complainant's right to take their complaint to the Health Service Ombudsman



Complaints and Concerns Policy

Audit

The operation and effectiveness of this policy will be incorporated into the Practice Manager's ongoing audit programme.

As required, anonymised summaries of complaints received from patients receiving NHS funded care will be provided to relevant commissioner(s) as required by relevant contractual agreements.

Annual Review of Complaints

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme.

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.
- Methods of complaints management.
- Any changes to procedure, policies or care which have resulted.

Policy

The practice will undertake a regular assessment of the quality of service provided to patients and will maintain a system of routine day-to-day monitoring and recording / review of procedures, incidents, complaints and processes to ensure that the highest level of service is consistently delivered to service users.

Where an incident, event, or other indication occurs that the service provision is below the required standard this will be promptly identified, recorded, investigated, discussed, resolved, and be subject to a post-incident review.

RESPONSIBILITIES

Aspect	Overall responsibility
Complaints Clinical Lead for the Practice	Each GP responsible for own patient
Complaints Non-Clinical Lead for the Practice	Practice Manager



Complaints and Concerns Policy

Complaints Manager	Practice Manager
Trainer in complaint handling	Practice Manager

Annual Review of Complaints

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme.

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.
- Methods of complaints management.
- Any changes to procedure, policies or care which have resulted.

Confidentiality

All complaints must be treated in the strictest confidence.

- Staff are encouraged to report incidents using the Significant Event reporting procedure.
- Reported events will be documented by each person directly involved with the event, and reported to the practice manager who will carry out an initial review.
- Where the Practice Manager considers that there may be regulatory or other significant reporting issues involved he / she may terminate the normal review process (below) and seek advice from external sources or GP partners as appropriate. At this point the matter will become confidential and controlled subject to management discretion.
- Where the event reported is regarded as a “normal” event involving genuine error or learning issues the matter will be discussed at an appropriate meeting of clinicians, with the following key objectives:
 - Encourage any staff members directly involved to present the item.
 - Encourage an honest and open discussion without a consideration of fault.
 - Identify the nature and cause of the incident.
 - Identify any actions required immediately to rectify the situation and to prevent a similar recurrence.