

The Family Practice Group



11. Complaints and Staff Concerns

Document Classification: Policy		Document No: 11
Issue No: 01		Date Issued 27.6.09
Policy signed off by		Christian Lyons
Pages: 1 3	Author C. Lyons	Next Review Date Due: 3.4.2024
Revisions:		ENSURE APPENDIX 82 - LIST OF POLICIES REVIEW DATE IS UP TO DATE AND UPLOADED ON TO THE WEBSITE.
Date:	Reviewed by:	
		Reason for Changes:-
31.08.2013	MS	Reviewed

10.9.2014 31/8/2016	MS RHK	Reviewed Reviewed
02/03/2018	CL	Updated complaints policy in line with the requirements from North Croydon Enhances Access Service Hub
30/8/2018	RHK	Reviewed
18/6/2019	RHK	Reviewed
27.10.2020	RHK	Reviewed
27/11/2021	NS	Reviewed
3.4.2023	RHK	Reviewed and updated
11/7/2023	RHK	Updated with ways to complain 11.1.6

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11.1 COMPLAINTS PROCEDURE

11.1.1 Introduction

Brigstock Family Practice aims to ensure that all the services it provides are of the highest quality. Good patient care is at the heart of the organisation's ethos and this will never be intentionally compromised.

Complaints are an invaluable tool in ensuring quality of care provision and are an integral part of governance procedures. The organisation's philosophy is to welcome any complaint, comment or suggestion for improvement as a positive tool supporting continuing self improvement.

Such a philosophy is a foundation of the Practice governance process. The organisation is committed to resolving complaints in as timely, helpful and informal a way as possible. It guarantees that patients' treatment or future care will not be affected by a complaint they may have previously made.

As an employer Brigstock Family Practice places great emphasis on ensuring that people are treated with dignity and respect. Extra care will be taken to ensure that the most vulnerable of patients are reassured that their concerns are listened to and acted upon. Fairness, kindness, impartiality and, above all, speedy resolution will underpin all procedures.

11.1.2 Roles

The majority of complaints can be dealt with immediately by staff. Training and support is provided for staff to help them fulfil their responsibilities in this area.

Whatever the outcome, the relevant member of staff is responsible for ensuring that a complaints reporting form is completed and sent to the Director of Patient Engagement within twenty four hours of the incident.

The Manager is responsible for the operation of the complaints policy on a day to day basis and is the point of contact for members of the public, contractors and staff seeking assistance with complaints.

11.1.3 Staff who are the Subject of a Complaint

Brigstock Family Practice, as an employer, will support staffs who are involved in the complaints procedure.

The complaints procedure's priority is to provide an opportunity to investigate fully and resolve a complaint as quickly as is reasonably possible. The aim is to address the complainant's concerns whilst also being fair to staff.

Staffs who are asked to provide information and/or written statements in order to respond to a complaint are entitled to seek support from their Manager, professional organisation etc., providing this does not radically affect laid down time limits.

Doctors whose Practice judgement is being questioned are advised to seek appropriate professional support. Again, laid down time limits must be adhered to where possible.

In any event, the Manager must be informed immediately if time limits are likely to be breached.

11.1.4 Training

Training is an integral part of running a successful complaints system.

Ownership of the complaints policy, a good understanding of procedures and confidence in the system are the basis upon which this policy will be successfully implemented.

Relevant staff will receive basic complaints training on an annual basis. See Human Resources Policy: Section 8.10 Training Policy.

11.1.5 Right to Complaint & Time Limits

The right to complain extends to all patients, former patients, anyone who has the patient's consent, i.e., MPs, patient's forum, carers, family members and friends.

In the case of a deceased patient, anyone has the right to complain.

Complainants must register a complaint within six months of the date of the incident.

Alternatively, a complaint may be lodged within six months of the date of discovering a problem so long as this is within twelve months of the incident date.

Copies of the complaints procedure are available to Patients upon request.

11.1.6 Ways to make a complaint

There are two ways a person/ patient can make a complaint:

They can complain to the healthcare provider: a GP surgery.

They can complain to the commissioner of the service: this is the organisation that paid for the service or care they received.

If a person/ patient wants to make a complaint about primary care services to the commissioner they should contact South West London Integrated Care Board instead of NHS England.

This can be done by: Telephone: 0800 026 6082

E-mail: contactus@swlondon.nhs.uk

In writing: NHS South West London ICB, 120 the Broadway, Wimbledon London SW19 1RH

11.1.7 _____ Annual Report

An annual report on complaints activity will be compiled and presented to the Partners of the company

11.1.8 _____ Care Quality Commission

Complainants have a right to approach the CQC if they are dissatisfied with the way in which their complaint was dealt with. To assist those clients who wish to pursue this avenue, details of the CQC's address and contact details are provided on the Practice's patient guide.

11.1.9 _____ Learning from Complaints

At the conclusion of every complaint, a review of the complaint will take place.

Key issues will be identified and, if required, an action plan will be formulated, possible training needs addressed and milestones for improvement in the relevant service area identified.

The organisation will use all complaints as tools to seek improvement in the services that it provides.

11.1.10 _____ Stages of the Complaints Procedure

11.1.11 _____ Front Line: Local Resolution

Brigstock Family Practice aims to resolve, where possible, as many complaints as it can at the front line. The majority of complaints can be solved by front line staff dealing with the matter on the spot. This approach is encouraged. However, a degree of care must be taken to ensure that complaints of a 'serious' nature are not "swept under the carpet" by utilising this method. For this reason in order to monitor the levels of satisfaction and lead to service improvement, the seriousness of all complaints should be assessed.

By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. A three-step process to gauge the impact of complaints on the people involved is used by the organisation to gauge the potential risks to the organisation and the response required.

It is useful to categorise a complaint when you first receive it, and then review that category based on the results of any investigation. It is also important to remember that a complaint can have a very different effect on an organisation compared with an individual. This is especially important if someone is vulnerable for any reason, such as poor health, communication difficulties or recent bereavement.

The following process can help you assess the seriousness of an issue and take the relevant action.

11.1.12 Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. OR Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. OR Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

11.1.13 Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

11.1.14 Step 3: Categorise the risk

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Seriousness	Likelihood of Recurrence				
	Rare	Unlikely	Possible	Likely	Almost Certain
low	Low	Low	Low	Moderate	Moderate
	Low	Moderate	Moderate	High	High
Medium	Low	Moderate	High	High	Extreme
	Moderate	Moderate	High	High	Extreme
High	Moderate	High	High	Extreme	Extreme
	Moderate	High	Extreme	Extreme	Extreme

11.1.15 _____ Written/Referred Complaints: Local Resolution

If a written complaint, or complaint referred from the 'front line' is received, the statutory obligation is to respond fully within 20 working days.

Upon receipt of the complaint the Manager must ascertain quickly if the matter complained of is of a 'serious' nature. Such complaints may fall out of the standard complaints procedure and be dealt with in a different manner.

Occasionally, some complaints may lead to disciplinary action. This can be suggested at any point but this is a management issue and must be kept separate from the complaints investigatory process.

11.1.16 _____ Initial Acknowledgement

The Manager will decide who from the team needs to be involved in responding to the complaint.

A letter acknowledging the complaint will be sent to the complainant within 2-3 working days. This letter will outline Brigstock Family Practice intention to address the issue(s) and reply within 10 days.

Where further investigations or outside professional advice is required, this will be requested as soon as possible. If it is not possible to conclude investigations within the 10 days then the patient will be updated with progress and possible new time scales. BFP will endeavour to conclude all extensive investigations and resolved the complaint within one month.

A full investigation should take place with written notes and a log of the progress being made.

It may be that outside sources will need to be contacted and if that is the case then a patient consent form will need to be signed to make such a request.

11.1.17 _____ Formal Response

A written formal response will be made which will begin by apologising if the patient has had a less than satisfactory experience, stating Family Practice Group's commitment to improving care and services and that it welcomes opportunities to address shortfalls.

Next there will be a restating of the patients complaint and a summary of the issues as understood from the complaint. Each issue will then be responded to. Where errors have occurred, these will be explained fully along with a statement describing what will be done to put these right, or prevent repetition. A commitment will be made to improve practice as appropriate.

The letter will offer the complainant the chance to make a written response and the opportunity to meet with the Manager to discuss the issues by appointment. The letter will also include a statement of the right to escalate the complaint, together with the relevant contact detail.

Where a complaint relates to services provided on behalf of the Extended Access for North Croydon the letter to the complainant will direct them to Croydon GP Collaborative as the first line of escalation.

11.1.18_____Review Meeting

The same philosophy will govern the meeting as the formal response. Most people require simply an apology and an assurance that the situation will not reoccur.

The aim will be resolution through communication, negotiation and compromise.

If the issues cannot be resolved or the patient insists on taking the issue further then information will be given to help them in this process e.g. the Practice's complaints procedure.

A letter will be sent to the patient detailing the meeting and outcomes.

11.1.19_____Team Review

Complaints are seen by the Practice as an opportunity to learn how to improve the service offered. As such, regular review of all complaints to identify trends, training and development needs or procedural improvements is a vital element of the process, and will involve all members of the team.

Staff can be supported in this process by not attributing blame and being objective by planning actions to prevent re-occurrence, imparting knowledge and skills.

Any progress may then be communicated to patients as applicable to demonstrate commitment to improving care.

11.1.20 Improving Services

It is the Practice's policy to constantly monitor and review its Services and Patient Feedback. In addition to the review policy detailed in the Complaints Procedure, Patient Feedback Questionnaires and FFTs are issued at the end of each visit to monitor both staff performance and the Practice's performance as a whole. These are reviewed in weekly traction meetings and the quarterly Governance meetings.