



Berkshire Primary Care Ltd
Complaints Procedure

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For assurance that the most up to date policy is being used, staff should refer to the version held on the intranet

INTRODUCTION

This procedure sets out the Berkshire Primary Care Ltd's (BPC) approach to the handling of complaints and is intended as an internal guide which should be made readily available to all staff.

From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This procedure complies with this approach.

POLICY

BPC will take reasonable steps to ensure that patients are aware of:

- the complaints procedure
- the role of the CCG, NHS England and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the CCG, NHS England and to escalate to the Ombudsman
- their right to assistance with any complaint from independent advocacy services

The principal method of achieving this is the Complaints Patient Information Leaflet [1], the Company's Leaflet and BPC's website.

The Complaints Manager for BPC is Helen Snowden

The lead GP for complaints handling is Dr Prash Patel

PROCEDURE

Receiving of complaints

In the event of a complaint of any kind, details of the complaint should be passed directly to Berkshire Primary Care, for the attention of Helen Snowden. BPC may receive a complaint from a staff member, associated staff or complaints may be made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment by BPC, or:

(a) 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;

- by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 3 working days of receipt. Patients and staff members will be encouraged to complain in writing where possible.

PERIOD WITHIN WHICH COMPLAINTS CAN BE MADE

The period for making a complaint is normally:

(a) 12 months from the date on which the event which is the subject of the complaint occurred; or

(b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 6 months. The practice standard will be 10 days for a response.

The Complaints Manager or lead GP has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Complaints Manager or the GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, Clinical Guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager (or the lead GP if the Complaints Manager is unavailable), who must:

- acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Include an offer to discuss the matter in person, at a time convenient to the complainant. Advise the patient of potential timescales, the manner in which the complaint will be handled, and the next steps;
- Where a complaint is made orally, the complaints manager will make a written record of the complaint and provide a copy of the written record to the complainant.

- Ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Complaints Manager will liaise with his/her counterpart to agree responsibilities and ensure that one coordinated response is sent;
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;
- Provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. This will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

Review of Complaints

Complaints received by BPC will be reviewed to ensure that learning points are shared with the whole team:

- Complaints received during the month will be reviewed monthly at operational meetings.
- All complaints will be treated as a significant event and any learning cascaded to relevant parties
- A full review of all complaints will be carried out annually to identify any trends or additional actions/learning points.

Confidentiality

All complaints must be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on his/her 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 must 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.