SUNDRIVE MEDICAL CENTRE

Practice Information Leaflet
Complaints Policy

Date implemented: / / Planned review date: / /

We know that we can make mistakes or fail to meet expectations. Patients/families and carers will sometimes express dissatisfaction with the service/ care provided at our practice.

It is our practice policy to do our best to resolve complaints as quickly as possible. Each member of staff has a duty to listen to our patients' concerns. Learning from comments, suggestions, and complaints helps us to improve the care we provide.

We want to continuously improve the quality of our patients' experience of their care and treatment, and will implement changes in response to shortcomings where at all possible and in a timely manner.

Apology

It is the policy of this practice to offer an apology when we have failed to meet our commitments to patients.

Managing complaints

Our practice team will take all complaints seriously and will handle them appropriately, sensitively, and in confidence. We believe in resolving complaints at the earliest possible opportunity.

Our practice team will treat feedback, both positive and negative, with courtesy respect and efficiency. We expect patients to show courtesy to our staff when making a complaint.

The Practice has appointed a person responsible for handling complaints appropriately, known as the "Complaints Lead".
Our Complaints Lead is

Anonymous Complaints

In the interest of fairness, we cannot investigate anonymous complaints.

Principles

The principles underpinning our policy are outlined below.

Fairness and Equity

The investigation of complaints will be fair and transparent, and patients should not fear recrimination for raising an issue of concern to them. A consistent and standardised approach will be adopted for the management of all complaints.

Respect

We will treat patients and families with respect and dignity as we also expect to be treated by patients and their families.

Accessibility

We will publicise our policy and make it accessible to patients and their families. We will pay special attention to the needs of people with special requirements e.g. older people, children, people with physical and sensory disability, literacy issues and disadvantaged groups.

Effectiveness and Efficiency

We will try to resolve all complaints effectively and within clearly stated timeframes without compromising your care.

Impartiality

We will deal with all complaints in an impartial manner. People who make a complaint will have the opportunity to be heard and complaints will be investigated without prejudice to either the person who complains, the doctor or member of staff.

Confidentiality

We will treat all information obtained through the course of complaint management in a confidential manner and meet the requirements of Data Protection legislation.

Consent

We will ensure that consent to access patient-confidential information is obtained from the person who is making the complaint and/or the person on whose behalf the complaint is made.

Accountability

Procedures will be transparent to the person who complains during the process of all complaint investigation. Recommendations arising from any investigation will be implemented where resources allow. Recommendations relating to Patient Safety will be given priority and an appropriate action plan will be implemented in a timely manner. Complaints will be recorded, and action plans will be monitored ensuring learning from complaints. The rights of the person making the complaint will be protected.

Right of Appeal

Patients will be informed of the available appeals processes and other avenues to pursue their complaint if they are dissatisfied with the local investigation.

Practice Complaints Procedure

This procedural document is an internal document which will be available to all practice staff.

Review date

This procedural document will be reviewed annually.

Background

- Complaints, whether clinical or non-clinical, can be made about the practice by dissatisfied patients, relatives, carers or by organisations representing patients' interests. Many complaints are made as a result of a misunderstanding or a breakdown in communication and they are usually made regarding issues such as performance of staff, medical teams, services, treatment or facilities provided by the practice.
- If patients wish to pay a compliment, register a concern or make a complaint, they should find it easy to do so. It is practice policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better care.
- The practice believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, patient dissatisfaction and possible litigation. The practice believes that most complaints, if dealt with early, openly and honestly, can be resolved between the person who complains and the practice.
- This procedure is intended to ensure that complaints are dealt with properly and that all complaints or comments by patients and users are taken seriously. The procedure is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. Staff members are referred to the Employee Handbook for details of the practice's disciplinary policy.

Aim

Our aim is to ensure that our complaints procedure is properly and effectively implemented and that patients feel confident that their complaints are listened to and acted upon promptly and fairly.

We aim to ensure that:

a. Patients, carers, service users and the public are aware of how to complain and that the practice provides easy to use opportunities for them to register their complaints.

b. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and patients.

c. A named person will be responsible for the administration of the procedure.

d. Every written complaint is acknowledged within five working days.

e. Investigations into written complaints are responded to within 10 working days or a longer, reasonable period of time following negotiation with the person who complains.

f. Practice staff listen carefully to the complaint and if appropriate acknowledge the failure and apologise or express regret at the upset caused, in keeping with principles of Open Disclosure and the procedures set out in the Civil Liability (Amendment) Act 2017 and the Civil Liability (Open Disclosure) (Prescribed Statements) Regulations 2018.

g. All complaints learning is recorded in writing by the practice.

Personnel

The Practice will appoint a person responsible for ensuring that complaints are handled appropriately, known as the "Complaints Lead".

The Complaints Lead should be reasonably available to practice staff and patients to handle complaints. To avoid delays, it may be necessary to appoint a deputy to act when the Complaints Lead is not available (for example during leave). The Complaints Lead should not be related to any member of practice staff. In the event of a complaint involving the Complaints Lead, another member of staff may/should manage the complaint.

The Complaints Lead is

Administrative guidelines

If a patient wants to make a complaint, the practice will facilitate them by:

a. Providing information on how to complain or raise concerns via the practice information leaflet and/or on the practice website and/or on a poster and/or social media pages and/or in the waiting area.

b. Providing a copy of the complaint's procedure to new patients on registration.

c. Providing information on a patient's right to submit a complaint directly to the relevant authorities.

Staff will be informed of the details of any complaint made against them. They will be involved in an investigation of the complaint and will have the opportunity to answer the issues raised and will be kept informed of the progress of the complaint and its outcome by the complaints lead.

A record of all complaints will be maintained by the practice. When recording details of a complaint, staff members should keep a record to indicate all contacts and action taken and include statements made by staff and extracts from medical records when appropriate. The record should include:

d. The name and address of the person making the complaint.

e. The date(s) of the event(s) and the date when the complaint was made.

f. Details of the investigation and the outcome.

In keeping with the general principles of confidentiality which apply to the processing of clinical and patient information, complaint related information and documentation should only be accessible by the minimum number of staff members who are involved in resolving the complaint.

Complaints records will be saved in accordance with the relevant retention periods outlined by the HSE.

Training

It is vital for the success of the in-house complaints procedure that all staff are aware of the practice procedure and of their role within it. Sensitive handling of a complaint at its earliest stage may prevent a small concern from escalating.

All practice staff will receive appropriate training in communicating with patients and the public, and managing complaints. Complaints policy training will be included in induction training for all new staff and in-house training sessions on handling complaints will be conducted periodically, and all relevant staff should attend.

The Complaints Lead is responsible for organising and coordinating training.

Audit/review

Where appropriate, complaints received by the Practice will be anonymised and reviewed at staff meetings. The meeting should be minuted to record including details of: the issues discussed, any actions assigned and the agreed deadlines for completion. Ideally the minutes should highlight the learning that will be / has been disseminated with the practice team (in relation to the complaints review). Where appropriate, consideration may be given to sharing the learning with other Practices/ your indemnifier for inclusion in risk management advice.

The Complaints Lead will complete an annual review of all complaints: reporting number, issues raised, management, resolution and learning outcomes. The review will also summarise any trends or additional actions/learning points identified as a result of complaints received.

Receiving complaints

The practice may receive a complaint:

- from a patient directly.
- from a nominated representative with consent of the patient involved.

In cases where a complaint is made on behalf of a patient lacking capacity or a deceased patient, advise should be sought from your medical defense organisation or indemnifier.

Period within which complaints can be made

The period for making a complaint is:

- 12 months from the date on which the event that is the subject of the complaint occurred, or 12 months from the date on which the event came to the notice of the person making the complaint.
- Where a complaint is submitted outside 12 months, the practice will still consider the complaint if the person making the complaint has good reasons for not having complained within the time limit, provided it is still possible to investigate the complaint effectively and fairly.

Action upon receipt of a complaint

Complaints can be oral, written or by email. Oral complaints, no matter how minor should be taken seriously.

It is very important to consider whether a complaint constitutes a potential claim that needs to be notified to insurers or indemnifiers. The notification requirement wording under the relevant policies should be consulted.

Preliminary steps regarding oral complaints

Front-line staff who receive an oral complaint should:

1. Seek some initial information so that the nature of the complaint can be determined.
2. Clarify what the desired outcome is for the person making the complaint.
3. If the complaint is minor, seek to solve the problem immediately and directly.
4. If the front-line staff member cannot resolve a minor complaint directly, s/he should contact the Complaints Lead who will try to resolve the matter within 5 working days.
5. If the complaint is not made by the patient but on the patient's behalf, then the patient's consent, preferably in writing, is needed before any private patient information can be disclosed.

6. If an oral complaint is satisfactorily resolved within 5 working days, make a record of the complaint and how it was resolved.
7. If a complaint is made orally and the complaints lead/practice manager cannot resolve it within 5 working days or where it concerns a patient safety incident as defined below, the practice must make a record of this and give a copy to the person who made the complaint and continue with steps below - Preliminary administrative steps regarding written complaints and Preliminary investigative steps regarding written complaints.

Preliminary administrative steps regarding written complaints

1. Acknowledge receipt of the complaint as quickly as possible and within 5 working days after receipt. The acknowledgement should confirm that the practice is looking into the matter and will revert as soon as possible, giving an estimated timeline for response.
2. Notify the Complaints Lead, who may choose to notify a senior GP.
3. The complaints lead should notify the staff member(s) against whom the complaint is made and consider the need to provide support to the staff member(s) concerned.
4. Decide whether the complaint is minor and can be resolved quickly (within 5 working days) and without the need for investigation under the formal procedure.
5. If the complaint is not made by the patient but on the patient's behalf, then the patient's consent, verbal or preferably in writing, is needed before any private patient information can be disclosed.

Preliminary investigative steps regarding written complaints

1. Initial review of complaint and files.
2. Review of relevant clinical, ethical and legal guidance and policy/procedures to ensure an understanding of the practice's obligations.
3. Risk assess the complaint quickly so as to identify the seriousness of the complaint and the likelihood of it happening again. This can be amended later but will help you to decide the best way to proceed.
4. Consider whether the complaint relates to a Patient Safety Incident i.e. one where harm was caused or a near miss event where harm could have been caused. If so, contact the indemnifier or insurer for the purposes of notification and advice.

Plan the investigation (Risk Assessment/Near Miss/ Complaints Plan Form)

Once the preliminary administrative and investigative steps are done and a view taken on the appropriate level and nature of investigation, record the investigation plan in writing. It may include, for example:

1. Detailed review of complaint and files.
2. Interviews with relevant staff.
3. Is any further information required from the person making the complaint?
4. Any other appropriate investigative steps which will vary according to the facts of the specific complaints.

In simple complaints, this investigation plan may be a brief summary of what is to be done (e.g. review the files and arrange to meet the person who made the complaint)

For more complex complaints, draw up a detailed plan, setting out what is to be done, what steps will be taken by whom and in what order etc.

Investigating complaints is not always a straightforward, linear process. This plan may need to be reviewed if circumstances change. The Complaints Lead may need to review progress and question information or evidence obtained or assumptions made earlier.

Plan the response

The response to the complaint should be provided within the timescale agreed with the person making the complaint. If, in exceptional circumstances, a response cannot be made within this timescale, e.g. a person who has information about the complaint is absent on leave, then the person who made the complaint will be contacted to agree a revised timescale. It is important to keep the person who made the complaint informed of delays.

- Is there any remedial action which can be taken now?
- Is it necessary to liaise with any other services/ authorities?
- Is professional or clinical advice needed? Or is this a matter that requires notification under your policy of indemnity of insurance.
- What is the appropriate level of response and should an Open Disclosure be made? If open disclosure is needed, the appropriate indemnifiers/insurers should be notified in advance where possible.
- Would advocacy, conciliation or other forms of resolution be appropriate?
- Is the response to be made in writing or given in person.

Summary of Complaints Procedure

1 When a complaint is received

- Record or log the complaint
- Inform the Practice Principal and the Complaints Lead
- Contact medical indemnifier/insurer, if appropriate
- If the person who made the complaint is not the patient, check if valid consent has been obtained

2 Acknowledge the complaint

- Contact the person who made the complaint as soon as possible or within 5 days to:
- Acknowledge complaint
- Listen carefully
- Clarify any parts of the complaint that are not clear, if necessary
- Identify preferred outcomes
- Agree timescale and review date
- Draw up the complaint plan for the person who made the complaint to agree

3 Investigate the complaint

- Perform risk assessment
- Draw up outcome action plan

4 Reply to the person making the complaint

- Reply to the complaint as agreed with person making the complaint e.g. in writing
- Offer meeting, if appropriate. Advise the patient that they can be accompanied by a friend, relative or patient advocate to any such meeting
- If it is to be an Open Disclosure Meeting, review the specific requirements (including paperwork requirements) for same to avail of the legal protections and ensure correct procedures are followed. Ensure the indemnifier or insurer is notified if required
- Check if the person who made the complaint is satisfied with the reply
- If not, consider if there anything further you can do

5 Complete the complaint

- If not, advise person who made the complaint that they can complain to the Medical Council among other options
- Send evaluation form to person who made the complaint

6 Learning from complaints

- Finalise action plan and share the learning anonymously
- Monitor implementation of action plan and sign off when actions taken
- Inform person who made the complaint when action plan completed

7 Appeal

- If the service user is not satisfied with the outcome of the internal review, any unresolved issues can be re-considered by the GP practice
- Alternative routes of complaint have been provided