

Practice-based Complaints Procedures



Guidance for General Practices

NHS
Executive

Forword

Dear Colleague

As you know, a new NHS complaints procedure is to be introduced from 1 April 1996. This booklet explains how the new procedure will work and outlines those arrangements which will need to be put in place in your practice.

All patients must have access to a practice-based complaints procedure and it is important to ensure that their complaints are dealt with effectively and speedily.

We feel sure that the new procedure – which replaces the statutory service committee procedures – will be less stressful and less threatening than the service committee system, for both patients and doctors alike. It has been designed to ensure that complaints are dealt with fairly openly and speedily. It also brings about a clear separation between the investigation of patients' complaints and any subsequent disciplinary action which may be initiated by a health authority.

Please read this booklet carefully, retain it for future reference and ensure that all members of your practice staff are familiar with the new arrangements.

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Appendices A-K are specimen documents which practices may find helpful; they are referred to in the text by their initial letter.

1. Introduction

- 1.1 This booklet contains **information** about the new NHS complaints procedure which begins on 1 April 1996. All practices will need to set up their own practice-based procedures for dealing with patients' complaints by that date. This booklet also contains a **guide** setting out one model for a practice-based complaints procedure, and resource leaflets and suggested forms which may be photocopied.
- 1.2 You may have your own complaints system already in place. If you haven't, or you would like to revise your existing procedure, we hope this guide will help. The procedure you devise will need to take account of the national criteria for practice-based procedures set out in Section 3.1 (the illustrative model in this booklet conforms to these criteria). Apart from that, the advice and the model set out in this guide are not intended to be prescriptive. You will of course want to devise a procedure which works for your practice.
- 1.3 Much material has been produced about practice-based procedures, most of it very good but some now a little out of date. If you are using, or are planning to use, some of this older material, you should ensure that it fits the new procedure.

2. The New Complaints Procedure

Comments and complaints

- 2.1 One useful definition of a complaint is ‘an expression of dissatisfaction that required response’. Patients may not always use the word ‘complaint’. They may offer a comment or suggestion which can be extremely helpful but it is important to recognise those ‘comments’ which are really complaints and need to be handled as such.

It may also be helpful to be alert to situations that might develop into a complaint and to take steps to clear up problems or misunderstandings as soon as possible after they occur. Appendix (D) provides a model form for reporting situations where a member of staff may sense a feeling of patient dissatisfaction, although a complaint is not actually made. Dealing with these problems as they arise, **before** they result in a complaint, may avoid the need for embarking on a full complaint investigation.

Why introduce new complaints systems?

- 2.2 There has been widespread dissatisfaction – among practitioners and patients alike – with the current system for handling complaints. The Government therefore asked a committee chaired by Professor Alan Wilson of Leeds University to look at all NHS complaints systems. The goal was to make the systems **more accessible, speedier** and, above all, **fairer to everyone**. The Government’s acceptance of the recommendations made in the Wilson Committee report will result in the same systems for dealing with complaints being in place across the whole of the NHS. For family health service practitioners, the new procedures will, from 1 April 1996 **replace** the formal handling of complaints using the statutory (service committee) system. From that date, complaints handling will be separated from disciplinary procedures.

The new complaints procedures – what they mean for practices

- 2.2 The aim of the new system is to try to resolve most complaints at practice level. This will also provide opportunities for improving services. Practice-based complaints systems should consider complaints about **any** aspect of the service provided by anyone working in the practice (and not be restricted to matters relating to the terms of the service). Practice-based procedures will be part of the ‘**Local Resolution**’ mechanisms for settling complaints in the NHS. Health authorities may contribute to the Local Resolution process, too, through, for example, the provision of conciliation services.

Health authority action

- 2.3 If a complaint cannot be resolved using the practice-based procedure, the person complaining should be told that he or she may ask the **health authority** to look into the matter further. Health authority procedures are described in Sections 6.3 and 7.

Changes to the Terms of Service

- 2.4 The terms of service of all family health service practitioners will be amended to reflect the new procedures. All practitioners will be required to:

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1. have in place practice-based systems for handling complaints. These systems must comply with national criteria (see 3.1);
2. co-operate with health authority complaints procedures, including Independent Review (see paragraphs 7.1 to 7.4), if a complaint proceeds beyond the practice-based system.

Transitional arrangements

2.6 Please remember that complaints made on or before 31 March 1996 will be dealt with under the service committee system. This means that the service committee procedures (including appeal procedures) will run alongside the new procedures for as long as it takes complaints made on or before 31 March 1996 to complete these processes.

2.7 There will be transitional arrangements for handling complaints made on or after 1 April 1996 about events which took place before that date. They will operate as follows:

- complaints relating to events which occurred on or after 1 January 1996 will be investigated using the new procedure;
- complaints relating to events which occurred **before** 1 January 1996 will be investigated **only** where the complainant can show that he or she had good cause for not making the complaint within the appropriate period under the service committee procedures.

Where a practice decides **not** to investigate a complaint in these circumstances, the person complaining will be able to ask the health authority to investigate. Health authorities will have discretion to refuse an investigation where they believe there were no exceptional circumstances which prevented the complaint from being made earlier.

3. National Criteria for Practice-based Procedures

- 3.1 Your practice-based complaints procedure will need to comply with nationally-agreed criteria. These criteria include:
- **practice-based procedures should be practice owned. The procedure will be managed entirely by the practice – the health authority would become involved only if your procedure did not seem to meet the agreed criteria or if the practice or the person complaining asked them to assist in handling a complaint. Everyone working in the practice should understand how the system works and have a sense of ownership of the procedure;**
 - **one person should be nominated to administer the procedure, though how this is done will be for the practice to decide;**
 - **practices must give the procedure publicity and make written information available to anyone who asks for it. This should set out how and to whom a complaint should be lodged and include information about gaining access to health authority complaints procedures;**
 - **complaints should normally be acknowledged within 2 working days;**
 - **an explanation should normally be provided within 10 working days.**
- 3.2 The detailed procedure you devise should fit your practice. It should be workable in terms of the resources you have and be user-friendly for both patients and practice alike. Flexibility is the keynote here – we hope you will build the basic criteria into a system that really suits your practice.

The Criteria in Detail

3.3 Administration of a practice-based complaints procedure should be practice-owned.

Everyone in the practice needs to sign up to the spirit of your practice-based system – all doctors working in the practice and all staff employed by the practice. The right approach is crucial and the system will only work if the whole practice co-operates. No-one can be ‘above’ the complaints system. The practice team must all understand how the procedure works and that the resolution of a complaint at practice level is in everybody’s best interests. New members of the team should be told about the complaints procedure.

3.4 At the same time, the practice-based complaints procedure is essentially one run by the practice for practice patients. The health authority will provide support to practices on request but will otherwise only become involved if your procedure does not meet the agreed criteria or if you or the person complaining ask for help to reach a satisfactory outcome of a complaint. The records kept of complaints handling are confidential to the practice and health authorities will ask for information about numbers of complaints only in order that the progress of the new system can be monitored. If, however, a complainant remains dissatisfied and asks the health authority to investigate a complaint, the health authority will need to seek information from the practice about action taken during the practice investigation.

3.5 **One person should be nominated to administer the procedure**

This might be one of the partners, the practice manager or someone else given specific responsibility for handling complaints. There should also be an alternative or deputy nominated.

3.6 **Practices must give the procedure publicity and must give written information about the procedure to any enquirer**

It is vital that patients are aware of the existence of your practice procedure for dealing with their comments, complaints and suggestions. You should provide the following:

- waiting room poster – an example is at (C) ;
- written information about how to deal with complaints – an example of a leaflet is at (B).

The Department of Health will provide a waiting room poster and a leaflet about NHS complaints procedures in general, but you will need to prepare the written information for patients about your practice procedure.

3.7 **Practices should ensure it is clear how to lodge a complaint and to whom**

The information you give to patients must make it clear how your system works:

- To whom patients should speak;
- what will happen after they have made their initial contact;
- who will contact them, either with an explanation or to set up a meeting;
- how long it will take;
- possible outcomes of the procedure.

The information made available to patients should also include details of how to access health authority complaints procedures.

4. Setting Up the Procedure

This section provides a model for setting up the practice based procedure. It is intended to be a good practice guide, and the only parts of this section which are mandatory are those which relate directly to the criteria set out in 3.1. If you need help at any stage in setting up or running your procedure, you may like to approach your health authority complaints manager.

The practice procedure and your team

- 4.1 Involve the whole practice team in developing a procedure to suit the circumstances of your practice. You may find it helpful to set aside some time for the whole practice to meet to discuss the proposed procedure. Ensure that everyone is familiar with the procedure and is aware that patients may raise any complaint relating to the practice. Ensure, too, that everyone (including attached staff) is able to give information about your complaints procedure to any patient who enquires. All complaints should be taken seriously. Emphasise that it is in everyone's interest that the practice works to try to resolve the complaint promptly.
- 4.2 Once the practice has developed a procedure, you may like to prepare a written guide for staff. This will set out clearly how the procedure operates, and should be made available to all team members (for example, as in the model guidance for staff at (A)). The practice should also have a system to ensure that complaints which should be dealt with outside the practice (for example, complaints about the Health Visitor or District Nurse) are re-directed, and an appropriate explanation provided to the person complaining.

Who will administer the procedure?

- 4.3 One person, for example, a doctor, the practice manager or a senior member of staff, should be given responsibility for receiving complaints, taking all necessary action to investigate and then putting together a response. That person must have the time to do the job. A deputy should be chosen to cover periods of holidays/sickness or in case a complaint is made against the appointed person. In addition, if the administrator is not a doctor, a nominated GP from within the practice should take a special interest in the operation of the procedure and take ultimate responsibility for it.

Preparation of standard documents

- 4.4 You will probably like to prepare standard letters, record sheets, and so on, in advance – you may wish to use or adapt those provided at Appendices (D-K) to this booklet.

Records

- 4.4 It is important for the practice that records are kept of complaints, investigations and outcomes. This will enable you to review your system and consider whether you are using complaints to improve quality of services, and you may need to refer to them if a complaint is not resolved at practice level. Unlike medical records, records of complaints handling are for practice use only. Although health authorities will need to ask for information about action taken by the practice if they are asked to investigate a complaint, they will not call in the practice's own records of complaints handling.
- 4.5 Copies should be kept of all correspondence and notes relating to the complaint made at the time of telephone conversations and meetings, together with any relevant complaint, action summary and interview forms (E, H and J) and should be provided for the person complaining, where this is requested. The records should be kept in a separate complaints file – not the patient's medical records.

5. The Procedure in Detail

This section contains further information about a model procedure. Again, the intent is to set out helpful suggestions for your practice to consider. The only parts of this Section which are mandatory are those relating directly to the criteria set out in 3.1.

Dealing with a complaint

Initial contact

5.1 A person may approach any member of the practice team with a comment or complaint. Even if the first contact is only a brief one, it may be difficult to handle. The following checklist may seem self-evident since you would naturally approach all patient contacts sensitively. It is worth remembering, though, the need to:

- help the person feel relaxed – smile, introduce yourself and use his/her name;
- keep calm yourself;
- offer a calm, private environment in which to discuss the problem;
- listen carefully and understand the person's perspective – empathise;
- establish the facts and ensure that you really understand what is being complained about;
- take time to consider responses – do not offer any explanation until the problem has been looked into but at the same time make sure action is prompt. Do not reply to a letter or make a telephone call in an angry frame of mind.

5.2 The team member who handles the initial contact (if not the practice complaints administrator) should give a copy of the practice complaints leaflet to the person complaining and refer him or her to the practice complaints administrator immediately, not attempting to investigate the complaint further unless it is a simple matter that can be resolved straight away. A suitable time and place should be arranged with the person complaining for a meeting with the practice complaints administrator.

5.3 You may wish to make a detailed note of what the person complaining has to say and your response, preferably at the time or very soon afterwards – this could be done on a standard interview form (like the one set out at (J)).

The interview

5.4 The designated administrator of the practice complaints system should see or telephone the person complaining immediately if possible, or by appointment, and always in private. Occasionally an offer of a visit to the person's home to discuss the problem may be very helpful. Sufficient time should be set aside to hear the person's concerns fully. If it is appropriate, do not be afraid to express regret for the circumstances which prompted the complaint and for the distress caused. This is not the same as agreeing the patient's perception of the events that led to the complaint, or admitting liability for what has happened, but it may be all that is necessary to resolve the problem.

You will want to keep detailed notes of this interview and may wish to use a standard interview form (J). You may like to complete a practice complaint form where appropriate, in the presence of, and signed by, the person complaining (E). It would be helpful to provide a copy of this for the person complaining. Alternatively, the person may prefer to submit a written complaint.

5.5 The practice complaints administrator should give information about the practice complaints procedure to the person complaining. This will include, where appropriate:

- how the complaint will be dealt with;
- the purpose of the procedure;
- the anticipated timetable;
- the rules of confidentiality
 - making sure, where the person complaining is not the patient, that he/she has obtained written consent from the patient for the complaint to be dealt with on his or her behalf (E, second side), unless (because of the patient's incapacity) it is not possible to obtain consent;
 - reassuring the patient that, even within the practice, only those who need to know will be told about the complaint;
- the availability of help from the local community health council;
- possible outcomes of the procedure so that the person complaining may have realistic expectations;
- the availability of conciliation services through the health authority;
- how to pursue a complaint with the health authority if the person complaining is not satisfied with the practice-based investigation;
- the time limits for making complaints.

Leaflet

5.6 These details should also be covered in a complaints information leaflet (B). This should be given to the person complaining at the first opportunity.

Acknowledgement

5.7 Everyone who makes a complaint should be sent a note of acknowledgement within two working days (model letters are contained at (F) and (G)).

Investigation

5.8 Investigation of the complaint may include establishing the facts by talking to practitioners or staff involved and, if you wish, completing action/summary (H) and interview (J) sheets.

Seeking further advice

5.9 If appropriate, you may wish to seek advice from the practitioner's defence organisation, the secretary of the Local Medical Committee or the health authority's complaints manager.

Communications/Response

5.10 The complaints administrator should discuss his or her 'findings' with the overseeing partner in order to decide upon the response – for example, a written explanation or the offer of a meeting.

5.11 If the matter has been a straightforward one, the person complaining should be sent a written response within 10 working days of his or her original contact with the practice. If it would be more appropriate, you may wish to invite the person complaining to meet the complaints administrator and the team member involved in order to try to resolve the situation. If you or the person complaining consider that independent conciliation or help from the health authority may be useful, you should approach the health authority complaints manager.

5.12 The written response will normally include:

- a summary of the complaint;
- an explanation of the practice's view of the events;
- an apology, where appropriate;
- the outcome of any meeting;
- details of what has been done to prevent a recurrence of the incident, where appropriate;
- information about health authority procedures and details of what can happen next, including an offer of further consideration/action by the practice where this is appropriate and the person complaining would find it helpful.

You may wish to consider who in the practice should sign the letter – it may be appropriate for this to be the senior partner or, if he or she is not available, the patient's own GP. It would be helpful to adopt a conciliatory and sympathetic tone as possible. If delays occur, all parties involved should be informed of progress.

5.13 After investigation, you may find that the practice member or members acted reasonably in the circumstances, the practice procedures were adequate and there appears to have been no breakdown of those procedures. If so, it is important to make this clear to the person complaining while at the same time acknowledging the person's feeling and giving as much explanation as possible. In any event, the person who has complained should be given information about health authority procedures and details of what can happen next.

Further action – using complaints to improve services

5.14 You may wish to consider how the practice can make the most positive use of complaints. Regular review meetings would provide opportunities to discuss complaints received, consider identified training needs and check that practice processes had been improved where necessary.

Audit

5.15 The complaints procedure itself should be audited and reviewed periodically. You may like to use some complaints as the basis for 'Significant Event' auditing – looking at things which went wrong, and considering how this may be prevented in future.

5.16 Should you wish to follow up patients who have complained after the practice procedure has been completed, a suggested questionnaire is included at (K).

6. Helpful Hints

Time limits for making complaints

6.1 Your practice complaints information leaflet should make clear to those who wish to complain that it is in their own interest to do so as soon as possible. It would be most helpful for the practice if this were within a matter of days, or at most weeks, after the event they wish to complain about. It will of course be for practices to decide whether they are able to investigate a complaint when it is made a long time after the event but practices are asked to be flexible with regard to late complaints. Remember that a patient who is refused a practice complaints investigation may simply ask the health authority to investigate. Health authorities will also encourage anyone complaining to them to do so as soon as possible after an event and they will normally expect complaints to be made:

- within 6 months of the date of the incident that caused the problem or;
- within 6 months of the date of discovering the problem, provided that is within 12 months of the incident.

Health authorities will also be asked to be flexible when considering complaints made outside the time limits.

What about those who need help in making a complaint?

6.2 For those whose first language is not English, a list of interpreters should be available from your health authority if you need one. If you require leaflets or notices to be translated into a different language, the health authority may also be able to help with this.

Your practice team will be aware of other patients with special needs who may need help, should they wish to make a complaint. You may wish to make special arrangements for these groups.

The community health council may also be able to help with either of the above.

What if someone does not wish to complain directly to the practice?

6.3 There will inevitably be people who do not feel able to complain directly to the practice. They should be given the name and telephone number of the appropriate contact at the health authority and a contact at the community health council, together with details of the time limits for making complaints (set out in Section 6.1). The practice complaints information leaflet should also include this information (see B). You may then be contacted by the health authority officer responsible for dealing with complaints who may act as intermediary between your practice and the person complaining, and may offer conciliation services where they are appropriate.

Small and single-handed practices

6.4 The operation of a practice complaints procedure may not be as easy in a small practice – patients may be reluctant to complain to those directly involved in their care and practice resources may be stretched in handling complaints. If you belong to this category, you may like to consider making available to your patients one of the following options for handling complaints:

- grouping together with a neighbouring practice or group of practices;
- offering the services of the health authority's lay conciliator;
- asking the LMC for a member who might help;
- establishing a group of patients of the practice who might be able to operate the complaints system (for example, members of a patient participation group).

The complaints manager at your health authority will also be able to help and advise you.

Confidentiality issues will need to be considered especially carefully and appropriate assurances given to patients if people outside your practice, or a practice patient group, assist with handling complaints. In particular, patients' express consent will need to be obtained before confidential information is given to third parties other than the HA.

Complaints about purchasing decisions by GP Fundholders

6.5 These complaints will be dealt with by the practice-based procedure, in the same way as any other complaint. The procedure is not intended to deal with complaints about the **merits** of a decision taken by the GP fundholder where the fundholder has acted properly and within his or her legal responsibilities. If required, the patient should receive an explanation of the GP's purchasing policy.

Complaints about GPs working in community hospitals or providing services not included in General Medical Services

6.6 These complaints should not be dealt with by means of the practice-based procedure but, rather, through the procedure of the trust or authority with whom the GP has a contract for the service provided. GPs working in community hospitals are advised to ensure that they have a contract with the hospital and that the establishment has a complaints procedure.

Team Support

6.7 It is most important that any member of the team who is complained about receives support from the person nominated to administer the practice procedure. Ensure that person is made aware of the complaint at as early a stage as possible but think carefully about timing – it would not be helpful to be told of a complaint immediately before a stressful surgery session. Make sure that support continues to be available. Above all, keep the person concerned in touch with what is happening at all stages.

Confidentiality

- 6.8 Both the person who complains and the team member who is complained about should receive assurance that, even within the practice, only those who need to know will learn of the complaint. Equally, patients should be assured that personal information about them will not be shared with anyone outside the practice unless they have given express permission for this to happen.

Resourcing the new procedures

- 6.9 Running a complaints procedure properly will require practice staff time. Health Authorities will be asked to consider favourably reasonable bids for funding for extra staff time for complaints procedures. You may like to keep a note of the time your practice spends in order to be able to make a bid.

Principles of a practice-based procedure

- 6.10 When you have devised your procedure, you may wish to test it against the following principles. An in-house complaints procedure should be:
- simple and responsive;
 - accessible and well publicised;
 - confidential;
 - understood by all practice staff so that they can advise patients on how to use it;
 - speedy yet thorough.

HELP

- 6.11 Further advice is available locally from your health authority and your LMC. Advice about auditing the complaints received may be available from the Medical Audit Advisory Group (or its successor). If your practice needs further help, you could contact one of the professional organisations or your medical defence society. Help for patients is available from the local community health council.

7. Health Authority Procedures ... And Beyond

Health Authority Procedures

7.1 Health authority procedures will be known as '**Independent Review**'. In all health authorities there will be a senior member of staff responsible for managing complaints. He or she will work closely with a **Convenor**, a non-executive director of the health authority who will have responsibility for looking at complaints and deciding whether to agree to a request for an Independent Review of the complaint. Health authority action will be flexible and will **not**, as with the service committee procedures, need to follow strict procedures. The Convenor will have several options in deciding what to do and may:

- refer the complaint back to the practice for further action under Local Resolution if it appears that the practice-based procedure has not been exhausted, **or** arrange conciliation where it appears this might be helpful. All health authorities have been asked to ensure that conciliation services are available to both parties to a complaint, on much the same basis as the current informal complaints procedure;
- set up an Independent Review panel to investigate the complaint;
- take no further action where it is clear that everything that could be done has been done;
- advise the person complaining of his or her right to approach the Ombudsman.

7.2 In deciding whether to set up an Independent Review panel, the Convenor will be assisted by an **independent lay Chairperson** nominated by the Secretary of State for Health from a list held by the Regional Office of the NHS Executive. Clinical advice will be available to Convenors from **general medical practitioners nominated by LCMs** and based outside the health authority's area.

7.3 If it is decided to establish one, the Independent Review panel will be composed of three members, as follows:

- an **independent lay Chairperson**, taken from the Regional Office list. (This will not necessarily be the same Chairperson who assisted the convenor in deciding whether to set up the panel);
- the **Convenor**; and
- another **independent lay member**, again nominated by the Secretary of State for Health from the Regional Office list.

Where the complaint is a clinical complaint, **two independent clinical assessors** (nominated by LLCMs) will be appointed to advise and make a report to the panel. Regional Offices will hold lists of clinical assessors.

- 7.4 Independent Review panels will **not** be anything like the old service committees. They will have no disciplinary function. They will not be obliged to engage in lengthy evidence-gathering, nor will they be obliged to conduct formal hearings. The panel will have flexibility to look at each complaint in the way which best suits the individual circumstances, the aim being to resolve the complaint as constructively as possible. The panel will report to the person complaining and the practice and may make comments about service improvements. It will send a copy of its report to the health authority but will not make recommendations about disciplinary action. It will be for the health authority to decide if any further action is appropriate.
- 7.5 **Most importantly, under the new system complaints and disciplinary procedures will be *separate*** (there is more about disciplinary procedures in paragraph 7.9). As a result of the separation of disciplinary action from complaints as an opportunity for identifying areas for service improvement. Greater freedom for practices in resolving complaints also should result in greater satisfaction for patients and the practice team.

The Ombudsman

- 7.6 Most complaints should be resolved either through the practice-based procedure or Independent Review. However, if a complainant remains dissatisfied after the Independent Review, or had been denied an Independent Review, he or she will be able to go to the Health Service Commissioner (Ombudsman). In relation to family health services, the Ombudsman has until now only been able to consider complaints about the way in which a complaint has been handled. From 1 April 1996, subject to approval by Parliament, he or she will have new powers and access to professional advice that will enable him/her to consider clinical matters as well.
- 7.7 However, the Ombudsman will not automatically investigate all complaints received. As at present, the Ombudsman will consider complaints before deciding which need to be investigated further.

More detailed guidance about NHS complaints procedures

- 7.8 Detailed guidance about the operation of the new complaints procedures has been sent to health authorities. If you wish to see a copy, your health authority should be able to supply one.

What about disciplinary matters?

- 7.9 As noted above, a major feature of the new procedures is the separation of complaints and disciplinary procedures – there will be no direct connection between complaints procedures and disciplinary action. But it **is** possible that some complaints will reveal information about serious matters which indicate a possible need for disciplinary investigation. Where it proves necessary, disciplinary action will continue to be linked to the terms of service and will therefore apply only to medical practitioners who are included in a health authority list. If there appears to be a need for a disciplinary investigation, your health authority will consider whether informal action might be helpful **before** invoking disciplinary procedures. For example, the health authority might suggest to the doctor that he or she undergoes training in a specific area or finds help to improve practice procedures.
- 7.10 If your health authority decides there is no alternative to a formal disciplinary investigation, members of a disciplinary panel appointed by another health authority will be asked to investigate. The investigating panel will hold a hearing, decide whether there has been a breach of the terms of service and report back to the original health authority who will then fix a penalty, if appropriate.
- 7.11 After the disciplinary panel has considered a case the health authority may decide that, rather than imposing a financial penalty, they would prefer to work with the practitioner to help him or her overcome any problems. Such help may include, for example, suggestions for further training or support for improving premises, where this was the problem. But if the health authority feels a penalty is needed, they will only be able to impose those which are currently available – a withholding from remuneration with, where appropriate, a warning to comply more closely in future with the terms of service.

Appeals

- 7.12 Because it is the health authority with which a GP has a contract which brings the action in a disciplinary case, that health authority has no right of appeal against the decision of a disciplinary panel. The practitioner, however, will be able to appeal against a disciplinary panel's decision **and** against any penalty imposed by his or her own health authority, to the Family Health Services Appeal Special Health Authority.

Practice complaints procedure

If you have a complaint or concern about the service you have received from the doctors or any of the staff working in this practice, please let us know. We operate a practice complaints procedure as part of a NHS system for dealing with complaints. Our complaints system meets national criteria.

How to complain

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know **as soon as possible** - ideally, within a matter of days or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- within 6 months of the incident that caused the problem; or
- within 6 months of discovering that you have a problem, provided this is within 12 months of the incident.

Complaints should be addressed to [NAME] or any of the doctors. Alternatively, you may ask for an appointment with [NAME] in order to discuss your concerns. He/she will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint.

What we shall do

We shall acknowledge your complaint within two working days and aim to have looked into your complaint within ten working days of the date when you raised it with us. We shall then be in a position to offer you an explanation, or a meeting with the people involved. When we look into your complaint, we shall aim to:

- find out what happened and what went wrong
- make it possible for you to discuss the problem with those concerned, if you would like this;
- make sure you receive an apology, where this is appropriate;
- identify what we can do to make sure the problem doesn't happen again.

Complaining on behalf of someone else

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have their permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

Complaining to the health authority

We hope that, if you have a problem, you will use our practice complaints procedure. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. But this does not affect your right to approach the local health authority, if you feel you cannot raise your complaint with us **or** you are dissatisfied with the result of our investigation. You should contact the health authority complaints manager [NAME, ADDRESS, TELEPHONE NO.] for further advice.

You may also like to contact the community health council for help – their ADDRESS and TELEPHONE NO. are as follows.

Specimen Advert for Noticeboard

APPENDIX C

[Name of Practice]

WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS, OUR SYSTEM MEETS NATIONAL CRITERIA.

OUR PRACTICE MANAGER/SENIOR RECEPTIONIST [NAME] WILL GIVE YOU FURTHER INFORMATION. OUR PRACTICE COMPLAINTS LEAFLET GIVES DETAILS OF THE PROCEDURE AND IS AVAILABLE FROM RECEPTION.

OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR.

HELP US TO HELP YOU.

Problem Report

APPENDIX D

Please send report marked
PERSONAL IN CONFIDENCE

TO:

Practice Complaints Administrator

or

Overseeing Partner

FROM:

Signed _____ **Date** _____

Name of person experiencing problem: _____

Address: _____

_____ Tel _____

Name of person reporting problem: _____
(if different from above)

Address: _____

_____ Tel: _____

PROBLEM REPORTED:

(continue overleaf if required)

Date problem arose: _____ Date reported to practice: _____

How was the situation left: _____

Action: _____

Outcome: _____

Complaint Form

APPENDIX E

Complainant's details

Name: _____

Address: _____

Patient's details (where different from above)

Name: _____

Address: _____

Date of Birth: _____ Usual Practitioner: _____

Details of complaint (including date(s) of events and persons involved)

Complainant's signature: _____ Date: _____

Where the complainant is not the patient:

I _____ authorise the complainant set out overleaf to be on my behalf by [NAME] and I agree that the practice may disclose to (name) only in so far as it is necessary to answer the complaint) confidential information about me which I provided to them.

Patient's signature: _____ Date: _____

Name and address: _____

Acknowledgement Letter I

APPENDIX F

Reference

Date

Dear (complainant's name)

Thank you for (bringing to our attention the problem you have experienced/your letter of [date]).

I am sorry that you are not happy with the service provided by the practice. I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response as soon as I am able. Please do contact me again in the meantime if I can help you.

Yours sincerely,

Complaints Administrator

Acknowledgement Letter II

APPENDIX G

Reference

Date

Dear (complainant's name)

Thank you for (bringing to our attention the problem you have experienced/you letter of [date]).

I am sorry to learn that you have encountered some difficulty when you saw [name] on [date] and I am looking into the points you have made. Unfortunately, [the person concerned] is away from the practice at the moment but one [s]he returns, I shall follow up your complaint as a matter of urgency and come back to you with a full response as soon as I am able. Please do contact me again in the meantime if I can help you.

Yours sincerely,

Complaints Administrator

<p>Complainant:</p> <p>_____</p> <p>Patient (if different):</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Patient's GP:</p> <p>_____</p> <p>GP(s)/staff member(s) involved:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

Date complaint received: _____ telephone/in person/letter

Date acknowledge: _____

Brief details of complaint:

Meeting held [date]: _____

Letter of explanation sent [date]: _____

Brief details of response:

Investigation completed within 10 working days?: Yes/No

Reason why, if not:

Interview Sheet

APPENDIX j

Date:

Name of person interviewed:

Address:

Name of interviewer:

Comments:

Content agreed with person interviewed.

Signed _____ (Interviewee)

Questionnaire

APPENDIX K

Dear

It is now a month since we had our last contact with you about the complaint you made on [date]. We are keen to monitor the complaints procedure and should be grateful if you would complete and return the questionnaire on the reverse of this letter.

Yours sincerely

(Reverse of letter)

Practice Complaints Procedure

	very easy	easy	not very easy	difficult
1. Once you had decided to make a complaint, how easy was it to find out how to go about it?	_____	_____	_____	_____
2. How did we handle your complaint in terms of:				
listening to you	_____			

dealing with it promptly	_____			

the final response	_____			

Do you have any other comments?

Thank you.

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