



**Eynsham Medical Group**  
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## Complaints and Comments Policy

This Policy and Procedure complies with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, introduced on 1<sup>st</sup> April 2009 across health and social care.

This policy should be read in conjunction with the Duty of Candour & Being Open Policy.

### Policy

- The Practice will take all reasonable steps to ensure that it's staff are aware of and comply with this Procedure.
- The Practice Manager is the nominated Complaints Manager, and is responsible for managing the procedures for handling and considering complaints in accordance with the Policy and Procedure.
- The Practice has nominated the Lead Partner for Complaints as its Responsible Person, to be responsible for ensuring compliance with the Policy and Procedure, and in particular ensuring that action is taken if necessary in the light of the outcome of a complaint.
- The Complaints Manager and Responsible Person will work together to ensure complaints are handled in accordance with the Policy & Procedure.
- The Practice will take all reasonable steps to ensure that patients are aware of:
  - The Complaints and Comments Procedure
  - The roles of the Practice and the Health Service Ombudsman with regard to patient complaints.  
**N.B. ALL escalations must be directed to the Health Service Ombudsman (so when a patient is dissatisfied with the Practice response to their complaint, they must escalate their complaint to the Health Service Ombudsman, not the CCG).**
  - Their right to assistance with any complaint from the Patient Advice and Liaison Service (PALS); The Independent Complaints Advocacy Service (ICAS); Citizens Advice Bureau, NHS Direct and the Care Quality Commission
- The Practice Complaints and Comments Patient Information Leaflet, the Practice Patient Information Leaflet / Booklet and the Practice Website will be the prime information sources for implementing this Policy and will be kept up to date and be made freely available to all Patients.
- Patients will be encouraged to complain in writing where possible.
- All complaints will be treated in the strictest confidence.
- Patients who make a complaint will not be discriminated against or be subject to any negative effect on their care, treatment or support.
- Where a complaint investigation requires access to the patient's medical records and involves disclosure of this information to a person outside the Practice, the Complaints Manager will inform the patient or person acting on their behalf.
- The Practice will maintain a complete record of all complaints and copies of all related correspondence. These records will be kept separately from patients' medical records.
- A complaint will only be considered as such if it is made directly to the practice or via one of the recognised channels such as NHSE complaints.

- A complaint left on a public electronic platform will not be responded to unless it is brought to the attention of the PM by the moderator of that platform, for instance Health Watch. In this instance a response will be given by the PM on the platform along with a request that the complainant contact the PM directly.
- Staff must not respond to comments left on electronic media such as face book.

## **Procedure**

### **Complaint initiated on Practice Premises**

- In the event that a Practice staff member notices that a patient appears to be distressed / upset on the Practice Premises as a result of being dissatisfied with the service provided to them, the staff member should immediately contact the Practice Manager who will attempt to identify and resolve the problem personally at that time.
- In the event of a Practice staff member being advised that a patient wishes to make a complaint, the patient should be passed a copy of the current Practice Complaints and Comments Patient Information Leaflet.
- The patient should be asked if they intend to complete the form in this leaflet there and then, or do they intend to complete it later.
- If they intend to complete it there and then, the Practice staff member should ask if they require assistance in completing it – if so assistance should be provided as required.
- Whichever option is chosen, the patient will be assured that their complaint will be acknowledged within 3 working days from receipt of the form.

### **Receipt and acknowledgement of complaints**

The Practice may receive the following complaints:

- A complaint made directly by the patient or former patient, who is receiving or has received treatment at the Practice;
- A complaint made on behalf of a patient or former patient (with his/her consent), who is receiving or has received treatment at the Practice;
- 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 into 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.
- Where the patient is incapable of making a complaint, by a representative who has an interest in his/her welfare.
- All complaints, whether written or verbal will be recorded by the Practice Manager in the dedicated complaints record.
- All written complaints will be acknowledged in writing within 3 working days of receipt.
- If the Practice identifies that the complaint will involve an additional provider it will agree with that provider which organisation will take the lead in responding and communicating with the complainant.

### **Periods of time within which complaints can be made**

- The periods of time within which a complaint can be made is normally:
  - 12 months from the date on which the event / incident which is the subject of the complaint occurred; or
  - 12 months from the date on which the event / incident which is the subject of the complaint comes to the complainant's notice.

## Initial action upon receipt of a complaint

- Put call through to PM or DPM if possible.
- If not, take a message with a number and pass message to D/PM or DPM to get back to patient.
- Please make sure PM and DPM know about the message by speaking to them and alerting them to the fact the message is there.
- If a written complaint pass letter to PM/DPM as soon as possible.
- Give the complaint/comment form to the patient if they present at the surgery.
- PM or DPM to acknowledge the complaint and or speak to the person concerned as soon as possible.
- If it is an admin complaint D/PM to apologise, discuss and state they will take it to a significant event meeting if appropriate. Ask if patient wishes to make a formal complaint.
- If it is a clinical complaint or involves a clinician D/PM speak to clinician and complaints lead partner asking them to contact patient as soon as possible. Apologise, discuss and state will take to a significant event meeting if appropriate. Ask if patient wishes to make a formal complaint.
- If no formal complaint D/PM to acknowledge the communication in writing, reasons for the call and fact it is going to a SE meeting if appropriate. Enclose a comments and complaints leaflet. D/PM to liaise with any team leaders necessary to take learning points back to the teams.
- If it is to be a formal complaint, inform complaints lead and a formal investigation will take place.

## Investigation and response

- Complaints should be resolved within a “relevant period” i.e. 2 months from the day on which the complaint was received.
- At any time during the “relevant period”, the Practice Complaints Manager or Responsible Person has the discretion to liaise with the complainant to extend this time frame to a mutually agreeable date, provided it is still possible to carry out a full and proper investigation of the complaint effectively and fairly.  
When an extension to the 2 months time frame is being considered, it is essential that the Complaints Manager or Responsible Person takes into account that either party may not be able to remember accurately the essential details of the event/incident and also the feasibility of being able to obtain other essential evidence specific to the time of the event.
- The Practice will investigate the complaint speedily and efficiently and, as far as reasonably practicable, keep the complainant informed of the progress of the investigation.
- Any clinician involved named in the complaint will be informed of the complaint and advised to seek advice from their indemnifier if necessary. This includes clinicians no longer employed by the practice.
- After the investigation is completed, the Practice will compile a written report which incorporates:
  - A summary of each element of the complaint.
  - Details of policies or guidelines followed.
  - A summary of the investigation.
  - Details of key issues or facts identified by an investigation.
  - Conclusions of the investigation: was there an error, omission or shortfall by your organisation? Did this disadvantage the complainant, and if so, how?
  - What needs to be done to put things right.
  - An apology, if one is needed.

- An explanation of what happens next (e.g. what will be done, who will do it, and when).
- Offer a meeting with members of the practice team if this would help to resolve the matter.
- Information on what the person complaining should do if they are still unhappy and wish to escalate the complaint, including full contact information on the Health Service Ombudsman.
- The Practice will send the complainant a response within the 6 months “relevant period”, signed by the Practice Responsible Person. The response will incorporate:
  - The written report;
  - Confirmation as to whether the Practice is satisfied that any necessary action has been taken or is proposed to be taken;
  - A statement of the complainant’s right to take their complaint to the Parliamentary and Health Service Ombudsman.
  - A statement to the effect that the Practice will assume the complainant is satisfied with the response to his/her complaint and does not wish to pursue the matter further if the Practice has heard nothing from the complainant within 3 months of the date of the written response.
- If the Practice does not send the complainant a response within the 6 month “relevant period”, it will:
  - Notify the complainant in writing accordingly and explain the reason why; and.
  - Send the complainant in writing a response as soon as reasonably practicable after the 6 month “relevant period”.
- In the event that the complaint has been incorrectly sent to the Practice, the Practice will advise the patient of this fact within 3 working days from its initial receipt and ask them if they want it to be forwarded to the correct organisation. If it is sent on, the Practice will advise the patient of the correct organisation’s full contact and address details.

### **Handling Unreasonable Complaints**

- In situations where the person making the complaint can become aggressive or unreasonable, the Practice will instigate the appropriate actions from the list below and will advise the complainant accordingly:
  - Ensure contact is being overseen by an appropriate senior member of staff who will act as the single point of contact and make it clear to the complainant that other members of staff will be unable to help them.
  - Ask that they make contact in only one way, appropriate to their needs (e.g. in writing).
  - Place a time limit on any contact.
  - Restrict the number of calls or meetings during a specified period.
  - Ensure that a witness will be involved in each contact
  - Refuse to register repeated complaints about the same issue.
  - Do not respond to correspondence regarding a matter that has already been closed, only acknowledge it.
  - Explain that you do not respond to correspondence that is abusive.
  - Make contact through a third person such as a specialist advocate.
  - Ask the complainant to agree how they will behave when dealing with your service in the future.
  - Return any irrelevant documentation and remind them that it will not be returned again.
  - When using any of these approaches to manage contact with unreasonable or aggressive people, provide an explanation of what is occurring and why.
  - Maintain a detailed record of each contact during the ongoing relationship.

### **Complaints Register**

To ensure the Practice monitors, handles and reviews complaints in a logical and timely manner, and to keep an audit trail of steps taken and decisions reached, the Practice records all complaints received on a dedicated complaints register.

### **Annual Review of Complaints**

- In line with National Guidance, the Practice will supply the following information to the CCG:
  - The number of complaints received;
  - The issues that these complaints raised;
  - Whether complaints have been upheld;
  - The number of cases referred to the Ombudsman.

### **Reporting a Summary of Complaints to the Care Quality Commission**

The Practice will adhere to the Care Quality Commission's requirement of producing a summary of complaints at a time and in a format set out by the CQC and then send the summary within the time frame specified.