

COMPLAINTS MANAGEMENT POLICY

(GP-PAT1 consists of 9 pages plus attachments of:
Verbal complaint report Form (Complain.doc/02/00) is double-sided
Written Complaints Log and Tracking Record (Complog.doc/10/98) is double-sided
Independent External Adjudication protocol of 4 pages)

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Date of Approval	01 February 2008	Reviewed as required

Authorised Distribution:

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1. BACKGROUND

Following publication of the Wilson Review committee report on NHS Complaints in May 1994, the Government's revised policy for a new NHS complaints procedure "Acting on Complaints" was published in March 1995. The subsequent legislation came into effect on 1 April 1996. See references on page 9.

Whilst the legislation does not relate specifically to complaints raised with the independent sector, there is nonetheless a strong argument for having a robust complaints management system in place. With effect from 1 June 2000 it is a mandatory condition of membership of the IHA to have a complaints management system in place.

For the purpose of this policy a complaint can be defined as "any expression of dissatisfaction".

Each hospital is therefore committed to ensuring that all complainants receive a positive response to their complaint and the **policy** places an emphasis on resolving complaints as reasonably and quickly as possible. The policy applies to complaints against admitting clinicians and other independent practitioners as well as those against the Hospital in accordance with the principles of the clinical quality framework developed by the Academy of Medical Royal Colleges Private Practice Forum.

The Complaints Management Policy will be based on the following key principles:-

- Ease of access for complainants
- Simple procedures, which are easy to understand and to use
- Provision of effective responses which address all of the points raised within established time limits
- A full and impartial investigation, which is fair to both complainants and staff
- The maintenance of confidentiality
- The provision of information in order that services may be improved

2. VERBAL COMPLAINTS

- 2.1 If a complaint is made verbally to **any** member of staff, the person to whom the complaint is first made should attempt to deal with it.
- 2.2 Where a member of staff is unable to resolve a complaint, unable to investigate the complaint adequately or feels unable to give the assurance that the complainant requires, the member of staff must refer the complainant to his/her direct line manager.
- 2.3 If the line manager feels the complaint is sufficiently serious, difficult to resolve, needs more independent investigation or if the line manager is unable

to **immediately** resolve the issues to the complainants satisfaction then the line manager must decide on the most appropriate cause of action which may include:-

- (i) Commencing an immediate investigation and responding within a specified time as discussed and agreed with the complainant in writing, by telephone or at a subsequent meeting
 - (ii) Invite the complainant to put their complaint in writing to the Practice Manager (the complaint will then be dealt with as Written Complaints – Section 3)
- 2.4 Verbal complaints received by the switchboard operator will be in the first instance be referred to the Practice Manager.
- 2.5 If a member of staff receives a complaint by telephone, they should in the first instance take the complainants name, telephone number, brief details of the complaint (give the caller reassurance that their call will be returned) prior to following the other steps in this procedure.
- 2.6 If any complainant wishes to make their initial complaint to someone who has not been involved in their care they should be referred in the first instance to the Practice Manager
- 2.7 Upon receipt of a verbal complaint a verbal complainant record sheet must be initiated and when complete forwarded to the Practice Manager's office (Appendix 1 – Verbal Complaint Report Form ref. Complain.doc).

3. WRITTEN COMPLAINTS

All written complaints will receive a response in writing from the Practice Manager. All written complaints must therefore be referred for registration under the clinics written complaints procedure. (The same procedure may also be followed for Verbal Complaints as described in Section 2).

- 3.1 When a complaint is received it should be acknowledged on the day of receipt (all complaints **must** be acknowledged within two days of receipt).
- 3.2 Upon receipt the letter of complaint must be taken immediately to the Practice Manager in order that the complaint be logged centrally.
- 3.3 Once logged a complaint log and tracking sheet will be attached and the complaint passed to the investigating officer (Practice Manager). (Appendix 2 – ref complog.doc)
- 3.4 If the complainant is lodging a complaint about the clinical care or treatment of somebody other than him/herself, permission **must** be sought from that

other person for the release of confidential information. Permission should be obtained in writing by the Practice Manager using the standard proforma shown on Page 7.

- 3.5 It is the responsibility of the Practice Manager to ensure that each complaint is thoroughly investigated.
- 3.6 Where the Practice Manager delegates aspects of the investigation to other staff, it remains the responsibility of the former to see that appropriate action is taken promptly and for ensuring that timescales are met.
- 3.7 Ideally, the complainant should be invited to meet with an appropriate member of staff i.e. Practice Manager to allow them the opportunity to discuss their concerns and the outcome of any investigation.
- 3.8 Where a complaint relates in any way to the exercise of clinical judgement, diagnosis or treatment, these elements of the complaint must be referred **immediately** to the Consultant under who care the patient is. The Consultant will be asked where appropriate for permission to incorporate their comments into the final response.
- 3.9 Where a complaint raises issues, which span more than one department, the complaint will be allocated to the department, which bears the majority of the criticism. The Practice Manager will liaise with his/her colleagues prior to drafting a response.
- 3.10 Where a complaint is received by the Practice Manager, the complaint will be acknowledged on the day of receipt, logged at the clinics and a tracking sheet attached to the complaint and forwarded to the relevant hospital for comment.

Where appropriate the complainant will be advised they will receive a reply from Wimbledon Clinics. In cases which merit a response from the Practice Manager, Wimbledon Clinics will be requested to draft a detailed response to the complaint. A copy of the letter will be filed.

4. WRITTEN RESPONSE

- 4.1 A response must be sent within 21 working days from the date of receipt of the complaint. In cases where it is not possible to respond within this time an appropriate letter of explanation will be sent to the complainant by the Practice Manager. In the case of a financial nature, the response will be signed by the Accountant.

- 4.2 Every response, which deals with clinical issues, must be approved for clinical accuracy by the Consultant concerned before referral for signature. The approval is to be registered as part of the written record of the investigation.
- 4.3 Where appropriate all response letters should contain an invitation for the complainant to discuss the matter further if they wish.
- 4.4 Where in a response reference is made to action having been taken either as a direct consequence of the complaint or for any other reason, demonstrable evidence that this action has been taken must be submitted when the response is passed for signature.

Specifically:-

- (i) Where a new policy has been developed to address a situation a copy of that policy will be required.
 - (ii) Where an existing policy has been revised or amended, copies of both new and former policies must be provided.
 - (iii) Where remedial action is said to have been taken e.g. a practice stopped or modified or where new procedures have been introduced, a detailed account of such measures should be submitted.
 - (iv) Where the response states that action will be taken, the information regarding that action must be sent to the Practice Manager.
- 4.5 In the absence of the Practice Manager, formal written responses will be signed by a Partner and, in the case of financial complaints, by the Accountant.
 - 4.6 The response will be aimed at reassuring the complainant that the complaint has been fully and fairly investigated. It must include an apology where appropriate only if medical malpractice is **not** involved and an explanation of any action which will be taken to prevent a recurrence. It will include an invitation for the complainant to contact a named individual if they have any remaining concerns or if they wish to meet with appropriate members of staff to discuss the matter further.

5. INTERNAL APPEAL

- 5.1 If the complainant has any remaining concerns after receiving the response, these will be immediately investigated and a second response letter sent from the Practice Manager.

5.2 The preferred outcome is the local resolution of complaints. However, if a complainant remains dissatisfied after the clinics' response, he/she may be directed to the Practice Manager.

5.3 The Practice Manager may involve other clinical staff when considering the complaint and initial hospital response. This will include undertaking a rapid review of the correspondence and the handling of the complaint at clinic level.

This may include other professional technical advice from internal and external sources to better understand the problem.

5.4 The Practice Manager (or designated deputy) should then within the policy standards for responses, either confirm the decisions and actions taken by the Practice Manager or offer to implement an alternative resolution (which includes upholding the original complaint). In the event that the Practice Manager (or deputy) confirms the decision taken, he/she must offer the complainant the right to refer the matter to Independent External Adjudication within a reasonable timescale.

5.5 A simple flow chart is included on Page 8 for reference.

6. INDEPENDENT EXTERNAL ADJUDICATION

6.1 The IHA's independent external adjudication process is intended for use by complainants who are not satisfied with the results of the clinic's internal process. This process is therefore only available once the internal process is exhausted.

6.2 Appendix 3 sets out the details of the Independent External Adjudication process.

7. COMPENSATION

7.1 The majority of complainants are seeking an understanding, an apology and prompt resolution of their complaint together with action to avoid recurrence.

7.2 In some cases, those involving inconvenience, personal annoyance, disappointment or hurt feelings an appropriate response may be compensation.

This may extend from a modest reduction in a bill (no more than 10%), though to an ex-gratia payment up to a maximum level as agreed with the Practice Manager/Partner.

If the complainant indicates their intent to engage in litigation, then a compensation payment is not appropriate.

- 7.3 Payment of an ex-gratia payment should only be made if the complainant accepts this in full and final settlement of any claims arising. The complainant's agreement to such arrangements must be received in writing.

8. DATA COLLECTION

- 8.1 The Practice Manager must keep a detailed/comprehensive written record of the investigations of all complaints, which charts every specific action taken, on which date and by whom. Such documentation **must** be kept separately from the patient's clinical notes and recorded on the complaints log form (complog.doc).
- 8.2 In order to meet the requirements of clinical audit, the Practice Manager will, on a monthly basis, prepare statistical data relating to the nature and volume of complaints received. This monthly report will only be disseminated//discussed at the Partners' meetings.

9. POSSIBLE NEGLIGENCE CLAIMS

- 9.1 The normal complaints' procedure will be conducted unless the complainant explicitly indicates an intention to take legal action in respect of the complaint and such notification is received via a solicitor's letter. In such cases, no admission of liability must be made to the complainant or their representatives.
- 9.2 If a complainant's initial communication is received via a solicitor's letter, advice will be sought from the named individual indemnity advisor. In such cases, follow the guidelines set out in policy ref. GP-PAT2 (Responding to Requests for Medical Records arising from possible Medical Malpractice claim).

Dear.....

Concern has been expressed by about the care/treatment you have received whilst a patient under the care of Wimbledon Clinics.

However, in order to respond to your concern it may be necessary to disclose personal information relating to your healthcare. The clinic has a duty to honour a patient's right to confidentiality where issues involving the release of personal information are concerned. It is therefore necessary for me to seek your authority to disclose to the above-name person such confidential information about your healthcare as may be appropriate to answer the concerns which have been raised.

Would you please indicate your agreement to disclosure by completing and signing the declaration at the foot of this page and returning it in the envelope provided.

Yours sincerely

Practice Manager

Enc.

✂.....

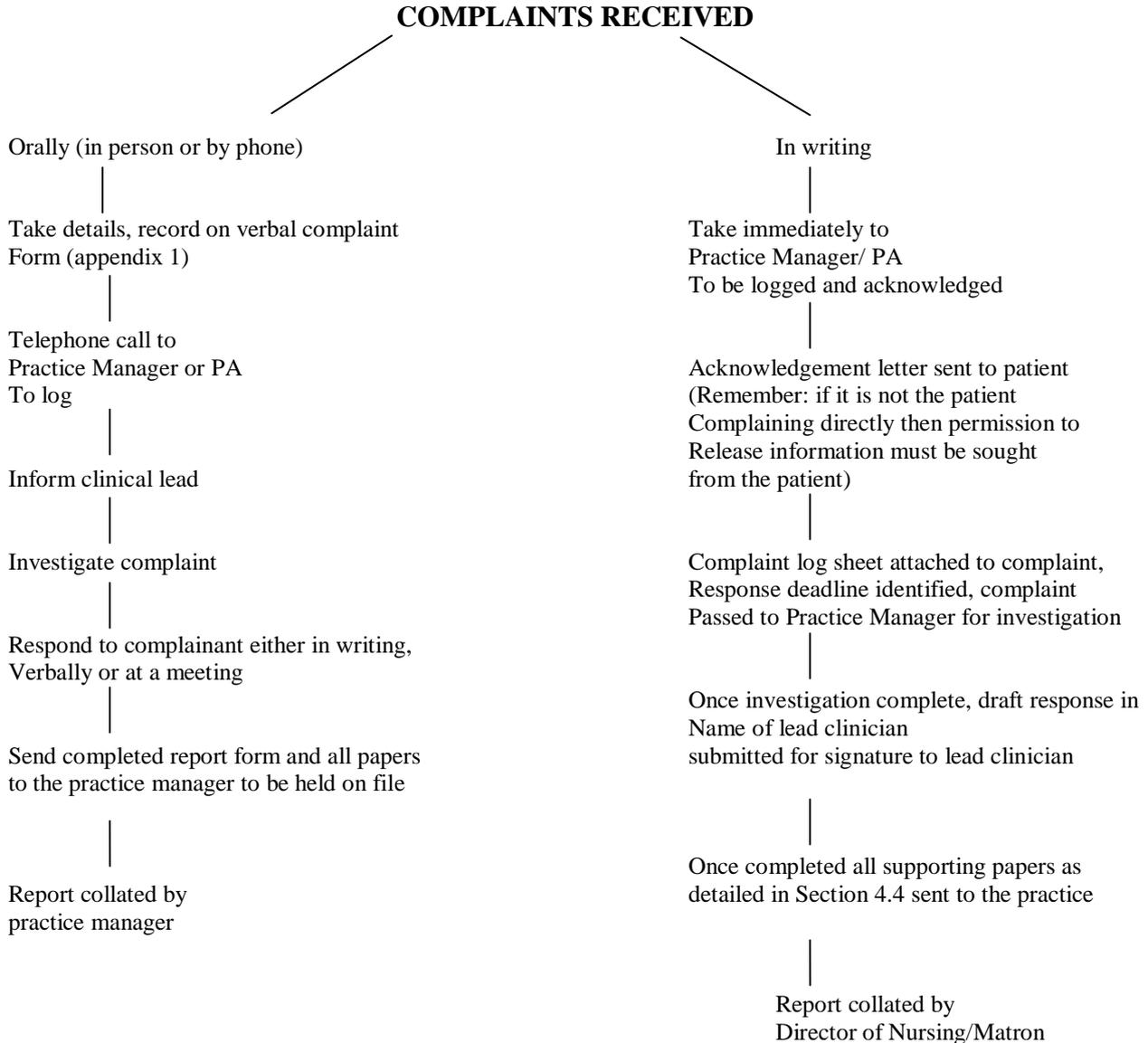
DECLARATION

I authorise the release of such personal information relating to my healthcare as may be necessary to enable Wimbledon Clinics to respond to concerns which have been expressed by about my care/treatment whilst a patient.

Signed.....

Name (block capitals).....

FLOW CHART – COMPLAINTS MANAGEMENT



REFERENCES

1. “Being Heard” The report of a review committee on NHS complaints procedures (May 1994)
2. “Acting on Complaints” Revised policy for NHS complaints procedure (March 1995)
3. Guidelines on Implementation of the NHS Complaints Procedure (March 1996)
4. Handling Patients’ Complaints. A Code of Practice for Members of the Independent Healthcare Association.