

**MARINE AVENUE MEDICAL CENTRE
QUALITY SYSTEM PROCEDURE**

PATIENT COMPLAINTS AND CONCERNS

INTRODUCTION

The Patient Complaints and Concerns Procedure address two major issues within the practice. First, it provides a means for ensuring that where mistakes have been made the appropriate action is taken and the error is corrected. Second, and just as important, complaints and expressions of concern from patients help the practice to identify target areas for improvement in our protocols and procedures, and in the ways that we interact with others.

It is usual obvious when a person has a complaint or concern about our service even if they do not use the actual word complaint during your conversation with them. If you feel that a patient wishes to make a complaint – regardless of whether you feel that it justified or not – you should offer to arrange for them to speak to the complaints administrator or, if they prefer, with the GP responsible for our complaints procedure.

The complaints administrator is Tony Hockey.

The Overseeing Partner (GP responsible for the complaints procedure) is Dr Critchlow.

INITIAL CONTACT

A person may approach any member of the practice team with a concern or a complaint. Even if the first contact is only a brief one, it may be difficult to handle. Stay calm and do not get into a discussion about the complaint – offer to get the Practice Manager or a GP to speak to the patient, and give them a Complaints Leaflet. Do not attempting to investigate the complaint further unless it is a simple matter that can be resolved straight away.

FIRST INTERVIEW

The complaints administrator or a GP will undertake a first interview. This may be some time after the incident if the complaint has been made in writing and an appointment has had to be made after receipt of the letter.

The following checklist may seem self-evident since you would naturally approach all patient contacts sensitively. However, it is worth remembering 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.

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, our standard interview record form should always be used. You should also complete a practice complaint form where appropriate, in the presence of, and signed by, the person complaining. It would be helpful to provide a copy of this for the person complaining. Alternatively, the person may prefer to submit a written complaint. In either case it is appropriate to give the person complaining assistance in writing the complaint if assistance is requested.

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

Always 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, 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.

Explain to the complainant about:

- 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.

ACKNOWLEDGEMENT

All complaints should be acknowledged within two working days, either using our standard letter or by telephone. Details of all telephone conversations should be noted at the time in the appropriate complaints record.

INVESTIGATION

Investigation of the complaint may include establishing the facts by talking to practitioners or staff involved and, if you wish, completing action/summary and interview sheets held within the Complaints Procedure folder on the computer system.

SEEKING FURTHER ADVICE

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

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.

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.

Our standard written response form includes:

- 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 a partner or, if he or she is not available, the patient's own GP. It would be helpful to adopt as conciliatory and sympathetic a tone as possible. If delays occur, all parties involved should be informed of progress.

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.

USING COMPLAINTS TO IMPROVE SERVICES

Complaints will be reviewed at partner meetings as the need arises and not less than once a year. Every complaint received will be discussed; training needs will be identified and corrective planned for practice processes and procedures as appropriate.

AUDIT

The complaints procedure will be audited and reviewed annually. Where appropriate records of complaint will be used as the basis for 'Significant Event' auditing.

CONFIDENTIALITY

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.