

Farnham Road Practice



Organisational Policy

Complaints Policy

1. Introduction

1.1. Context

This document outlines our commitment to dealing with complaints about the service provided by Farnham Road Medical Group across all its sites. (Farnham Road Surgery/ Weekes Drive Surgery / 242 Wexham Road Surgery / Avenue Medical Centre). It also provides information about how we manage, respond to and learn from complaints made about our service. It meets the requirements of the Local Authority Social Services and National Health Service Complaints [England] Regulations (2009).

The key issues taken into consideration when formulating this policy are that a complainant needs to:

- ✓ Know how to complain;
- ✓ Feel confident that their complaint will be dealt with seriously.
- ✓ Understand that their concerns will be investigated, and they will be informed of the findings of that investigation.
- ✓ Trust that Farnham Road Medical Group will learn from complaints, feedback and praise and apply those lessons whilst also learning from and sharing best practice

1.2. Definition of a Complaint/Concern

Definition of a complaint or concern:

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of Farnham Road Practice, either verbal or written, and whether justified or not, which requires a response.

1.3. Scope

This policy applies to the handling of complaints or concerns relating to facilities/services provided by Farnham Road Medical Group. This would include clinical care, as well as non-clinical services.

1.4. Complaints that cannot be dealt with under this policy

The following complaints will not be dealt with under this policy:

- A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day.
- A complaint arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000.

2. Who can make a Complaint

Farnham Road Medical Group endeavours to provide a high level of care at all times and hopes that whilst you are a patient at the surgery you will not have reason to complain. However, when required, it is necessary for you to know how to take your complaint forward. If you find it difficult to make a formal complaint on your own, you can ask someone else to help you or do this for you. This can be one of your family or friends.

1. A complaint may be made by the patient who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:
 - is a child; (an individual who has not attained the age of 18) In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child.
 - has died; In the case of a person who has died, the complainant must be the personal representative of the deceased, we may request evidence to substantiate the complainant's claim to have a right to the information.
2. Has given consent to a third party acting on their behalf; In the case of a third party pursuing a complaint on behalf of the patient affected we will request the following information: - Name and address of the person making the complaint; - Name and either date of birth or address of the affected person; and - Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf. This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.
3. Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs.
4. A carer (only where we have record of consent)
5. A key support worker (only where we have record of consent)

Please note we keep strictly to the rules of patient confidentiality. If you are not the patient but are complaining on their behalf, we must have consent from the patient stating they agree for you to do this. We also need to know from the patient to whom the response should be sent.

3. Time Scale for Complaints

Complaints should be made within **12 months** of the incident occurring or within 12 months of the date of discovering a problem that has arisen in respect of a particular incident.

4. How to Complain

A complaint can be made:

- Practice complaints form
- By email: frimleyicb.complaintsfrp@nhs.net
- By
The Farnham 301 Slough
Berkshire
SL2 1HD
Complaints
Road
Farnham
post:
Team
Surgery
Road
- By telephone: [01753 520917](tel:01753520917)

5. Complaints Handling

All complaints are acknowledged no later than ***three working days*** after the day the complaint is received.

We aim to respond fully to each complaint in a timely manner. Initially this will be up to 3 months (4 weeks in simpler complaints). Where this may require in depth investigation, we aim to keep the complainant informed of expected timeframes. In certain circumstances, we will offer the complainant an opportunity to have a meeting with the one of the Managers and if necessary/applicable the staff member who the complaint is about or clinical governance lead.

The complainant can expect that:

- They will be kept up to date with the progress of their complaint.
- They can expect to receive a reflective response with a view to find solutions, to find remedial actions or prevent future recurrence.
- They will be informed of any learning to be shared with the practice.

6. Referrals to the Commissioner or Health Service Ombudsman

If a complainant remains dissatisfied with the handling of the complaint by Farnham Road Practice, they can refer the matter to the commissioner of services in the first instance. If the

complainant remains unsatisfied, they can then refer onward to the ombudsman, an independent body of government and the NHS.

South East Complaints Hub

NHS Frimley ICB

Aldershot Centre for Health Hospital Hill Aldershot Hampshire GU11 1AY

Phone number: 0300 561 0290 Email address: Frimleyicb.southeastcomplaints@nhs.net

Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

Call 0345 015 4033 or visit www.ombudsman.org.uk for more information.

7. Confidentiality

Complaints are handled in the strictest of confidence in accordance with the Farnham Road Medical Group Confidentiality guideline. Information is shared only with those who have a demonstrable need to have access to it. The designated Complaint lead is responsible for ensuring that confidentiality is maintained. Confidentiality will be maintained such that only managers and staff who are involved in the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the matter may be dealt with under disciplinary procedures.

8. Consent

By making a complaint a patient consents to the complaint and information used in investigating the complaint to be shared with those members of the Farnham Road Medical Group team who are dealing with the complaint.

9 Complaints Practice protocol

Acknowledge in writing within three working days of receipt of a complaint. An acknowledgement letter should inform the complainant:

- Who is the named contact for the complaint.
- Provide a brief explanation of the intended investigation
- State approximately how long the investigation will take
- Reassure the patient that the practice will continue to meet its obligation to provide ongoing healthcare irrespective of any complaint.
- We will refer patients to the complaints policy.

The complaints manager needs to check to see who has raised the complaint. If it is not the patient then consent from the patient must be obtained, or his/her guardian or carer.

The patient will be advised of the outcome or reason for delay if a further period of time is required to complete an investigation.

Complaint by phone/in person

- Any person receiving a complaint should listen and make sure that they have understood the patient's complaint and an attempt will be made to resolve the issue by the next working day. The patient may be contacted again to clarify anything that is unclear.
- If a complaint cannot be resolved immediately then this will be escalated to the complaints team.

As soon as it is reasonably possible after completing the investigation, Farnham Road Medical Group will send a formal response in writing to the complainant which will be signed by the Complaints Manager and / or the Clinical Governance Lead.

We endeavour to meet the following standards in responding to a complaint:

- An explanation of how the complaint has been investigated
- An apology that the complainant had reason to complain
- Address all concerns raised
- To inform the complainant of action taken
- To summarise the conclusions reached
- Where possible provide an explanation of learning to rectify and prevent reoccurrence.
- Where appropriate offer the complainant an opportunity to meet a member of the complaints cell to discuss their concerns further.
- There should be clear signposting to the Health Service Ombudsman in the event that the complainant remains unsatisfied.

10. Record Keeping

Keeping clear and accurate records of complaints is important and we retain these records for a period of ten years where litigation has not commenced

11. Monitoring and Reporting

Complaints are reviewed quarterly at one of the practice weekly meetings. An annual report will be produced for the Managing Partners, which will detail:

- Number of complaints received.
- Number of complaints upheld
- Key themes
- Lessons learnt and actions taken
- Number of cases referred to the Parliamentary and Health Service Ombudsman.

The Complaint Lead is responsible for monitoring performance and will review complaints quarterly:

- Complaints will be reviewed at practice clinical meetings
- Patient Participation Groups across all sites will be provided with opportunity to meet with clinical governance lead and the Complaints Manager to discuss complaints data. We will use their feedback to improve the way we learn from the complaints that we receive.

12. Compliance and Review

The policy and procedures laid down in this document will be monitored by the Clinical Governance Lead.

This policy will be kept under review considering operational experience and national guidance.

Last Review Date	May 2023	MJ
Last Review Date	Aug 2023	MJ
Next Review Date	May 2025	