

Reading Primary Care Alliance

Complaints Policy

Document Control

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B. Document Details

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Complaints Policy

1 INTRODUCTION

This policy outlines procedures and responsibilities within Reading Primary Care Alliance Ltd ("the Organisation ") for handling any concerns, issues or complaints that may arise.

2. RELEVANT CQC FUNDAMENTAL STANDARD/H+SC ACT REGULATION (2014)

- Regulation 16: "Complaints".

3. PURPOSE AND OBJECTIVES

The purpose of this Policy is to ensure that any complaints or concerns by patients are correctly managed.

Reading Primary Care Alliance Ltd, although an independent body aspires to meet the principles set out in the NHS Constitution which are:

- The right to have any complaint made about NHS services dealt with efficiently and to have it properly investigated.
- The right to know the outcome of any investigation into a complaint.
- The right to take a complaint to independent review if the complainant is not satisfied with the way their complaint has been dealt with by us
- The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
- When mistakes happen they shall be acknowledged; an apology made; an explanation given of what went wrong; and the problem rectified quickly and effectively.

- Demonstrating a commitment to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services.

This policy serves to indicate how issues concerning patient concerns or complaints should be managed within the Organisation.

4 DUTIES AND RESPONSIBILITIES

The CQC Registered Manager holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints. The Registered Manager will also lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.

The CQC Registered Manager will act as the designated complaints manager for the Organisation. She is:

- Responsible for managing the procedures for handling and considering complaints.
- Responsible for ensuring that action is taken if necessary in the light of the outcome of a complaint or investigation.
- Responsible for the effective management of the complaints procedure.

4. PRINCIPLES

Reading Primary Care Alliance Ltd will:

- publicise for patients how any complaints can be made, and also how any concerns or issues can be raised.
- the Organisation will aim to resolve any concerns or issues without recourse to the need to make use of the formal complaints policy whenever possible.
- acknowledge receipt of a complaint and offer to discuss the matter with the complainant within three working days.
- deal efficiently with complaints and investigate them appropriately.
- write to the complainant on completion of any investigation explaining how it has been resolved, what appropriate action has been taken.
- indicate that recourse to independent arbitration or mediation can be made by a patient if they are still unhappy.
- assist the complainant in following the complaints procedure, or provide advice on where they may obtain such assistance.

If a complaint is made orally and is resolved to the complainant's satisfaction within 24 hours, it need not be responded to formally

5. PROCEDURES

5.1. *Period within which complaints can be made*

The period for making a complaint is normally:

- (i) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (ii) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The Organisation has discretion to vary this time limit if appropriate. i.e. where there is good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the CQC Registered Manager takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

5.2. *Action upon receipt of a complaint*

Complaints may be received either verbally or in writing and must be forwarded to the CQC Registered Manager, who must:

- Acknowledge the complaint within 3 working days verbally or in writing and at the same time,
 - offer to discuss, at a time to be agreed with the complainant
 - decide the manner in which the complaint is to be handled,
 - ascertain the period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.
- From the discussion, a complaint action plan should be developed.

5.3 *Complaints Action Plan*

If the complainant does not accept the offer of a verbal discussion in an effort to resolve matters, the CQC Registered Manager or someone designated to act on his behalf will notify the complainant in writing of the time period within which it is intended to respond to the complaint.

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help the Organisation to respond appropriately. It also gives the person who is complaining more confidence that the Organisation is taking their concerns seriously.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- address the concerns raised as quickly as possible
- stay in regular contact with whoever has complained to update them on progress
- follow closely any agreements made – and, if for any reason this is not possible, then explain why.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

5.4 Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant.

The target date for responding to a written complaint is 28 days.

The response must be signed by the CQC Registered Manager and include:

- an explanation of how the complaint has been considered;
- the conclusions reached in relation to the complaint, including any remedial action to be taken
- details of how to seek arbitration or mediation if the complainant remains dissatisfied.

5.5 Escalation Of Complaint

The following routes will be open to patients in the event that a complaint cannot be satisfactorily resolved direct with the Organisation.

- i) NHS Patients can contact the **Health Service Ombudsman** in the following ways.

By phoning
0345 015 4033

(textphone
0300 061 4298
for people who are deaf or have problems using a
standard phone).

- By sending an email to:
phso.enquiries@ombudsman.org.uk

- By texting 'call back', with your name and mobile number,
to
07624 813 005

Someone will then call you.

- By writing to:
Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank
London, SW1P 4Q

ii) NHS patients can refer the matter to the local **Commissioning Body** (e.g. Clinical Commissioning Group) or the **Department Of Health/Secretary Of State For Health**.

iii) Seeking assistance from the **Patients Association**
This is a national health care charity that highlights patients' concerns and needs. It provides advice aimed at helping people to get the best out of their health care and tells patients where they can get more information and advice. Contact the Patients Association's helpline on
0845 608 4455
or
visit: www.patients-association.org.uk.

iv) Raising the matter with the **Care Quality Commission**.

Call us on:
03000 616161
Email us at:
enquiries@cqc.org.uk
Look at our website at:
www.cqc.org.uk

v) Contact the **Independent Healthcare Advisory Services (IHAS)**

IHAS is an organisation that represents many independent health care organisations. It has a code of practice for its members on dealing with patients' complaints, and it can look into your complaint if you are unhappy with the response you have received from a service

For their contact details, visit their website at
www.independenthealthcare.org.uk

vi) **Contact the Citizens Advice Service**

Citizens Advice provides free, confidential and independent advice from over 3,000 locations, including in their bureaux, GP surgeries, hospitals, colleges, prisons and courts. Advice is available face-to-face and by phone.

6. AUDIT

The operation and effectiveness of this policy will be incorporated into the Organisation's ongoing audit programme.

As required, anonymised summaries of complaints will be provided to the Care Quality Commission upon request.

7. CONFIDENTIALITY

All complaints will be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the CQC Registered Manager or someone designated to act on his behalf will inform the patient or person acting on his/her behalf if the investigation may involve disclosure of information contained in those records to a person other than an employee/contractor working for the organisation.

8. UNREASONABLE / VEXACIOUS:COMPLAINTS

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness may be present for all contacts
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records.