**Bilston Family Practice**

**Responsibility: Practice Manager – Jenna Biddulph**

**Policy Reviewed: July 2021**

**Next Review: July 2024**

PRACTICE COMPLAINTS POLICY

**INTRODUCTION**

This procedure sets out the Practice’s approach to the handling of complaints and is intended as an internal guide which should be made readily available to all staff.

# PROCEDURE

**1. General provisions**

The Practice will take reasonable steps to ensure that patients are aware of:

(a) the complaints procedure;

(b) the role of other bodies in relation to complaints about services under the contract; and

(c) their right to assistance with any complaint from independent advocacy services

The Practice will take reasonable steps to ensure that the complaints procedure is accessible to all patients

**2. Receiving of complaints**

The Practice may receive a complaint made by a patient, a third part acting with the consent of the patient on behalf of a patient, or former patient, or:

(a) where the patient is a child:

(i) by either parent, or in the absence of both parents, the guardian or other adult who has care of the child. When a complaint is made on behalf of a child, the Practice Manager will be responsible for ensuring there are reasonable grounds for the complaint being made by this individual rather than the child

(ii) by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989; or

(iii) by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare

# 3. Period within which complaints can be made

 A complaint must be made within

(a) twelve months from the date on which the event which is the subject of the complaint occurred; or

(b) twelve months from the date on which the event which is the subject of the complaint comes to the complainant's notice (provided that the complaint is made no later than 12 months after the date of the event).

The Practice has the discretion to extend the time limits if the complainant has suffered particular distress that prevented them from acting sooner. When considering an extension to the time limit it is important that consideration is given to the passage of time that 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.

# 4. Complaints handling

The Practice Manager is the nominated Complaints Officer.

Dr L Hravey is the ‘Responsible Person’ and will oversee the effective management of the complaints procedure and for ensuring that action is taken in the light of the outcome of any investigation.

Where the Practice Manager is the subject of a complaint, the complaint should be referred directly to Dr L Harvey.

5. Action upon receipt of a complaint

Complaints must be made in writing using the complaints template (appendix 1) :

- acknowledge in writing within the period of three working days beginning with the day on which the complaint was received at the practice.

- agree a timescale with the complainant for completion of the investigation and provision of a full response.

* ensure the complaint is properly investigated.
* provide a full response by the agreed time limit or advise the complainant in writing of any changes to the timescale.
* The full response will include information for the complainant and what action to take if they are dissatisfied with the response provided, including the provision of details relating to NHS England and the Parliamentary and Health Service Ombudsman.

**6. Review of complaints**

Complaints received by the Practice will be reviewed to ensure that learning points are shared with the whole practice team.

7. Confidentiality

All complaints must be treated in the strictest confidence

Where the investigation of the complaint requires consideration of the patient's medical records, the Practice Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the Practice or an employee of the Practice

The Practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

**Appendix 1:**

 BiIston Heath Centre, Prouds Lane, Bilston, WV14 6PW 

 01902 405200 

**PATIENT COMPLAINT FORM**

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| --- |
| 1. **Please describe in one or two sentences the issues that have led to this complaint. This will help us to understand the key problems that you have experienced.**
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| 1. **Has this problem occurred previously?**
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| 1. **Please can you identify where the issue may have arisen?**

**For example, did this happen as a result of conflict, a problem with communication within the surgery, etc.**1. **Are you looking for specific outcome from this complaint?**

**Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, or by simply apologizing where your experience has not been as you had wished.** |
| 1. **We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them.**

 **Are you happy for us to review things going forward?** |
| **Thank you for completing this form, please sign & date below.****Signed……………………………………………………………….… Dated………………….****Patient Name ……………………………………………. Patient DOB ……………………..****We will respond as soon as we have completed a full review of your complaint & comments.****From Practice Manager Jenna Biddulph & Bilston Family Practice Clinical Team****Signed……………………………………………………………….… Dated………………….** |
| **Outcome / Resolution / Lessons Learnt:****Signed……………………………………………………………….… Dated………………….** |