

ELDERCARE PRACTICE BASED COMMENTS, CONCERNS and COMPLAINTS POLICY

(Adopted from Halton & St. Helens Comments, Concerns and Complaints policy June 2009)

Introduction

Every NHS organisation has a statutory obligation to have a policy and procedures in place that allow for Comments, Concerns and/or Complaints to be addressed and responded to in an efficient and effective manner. The Sherdley Medical Centre acknowledges this requirement and will put in place the necessary policies and arrangements in order to discharge its responsibilities.

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.

From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This procedure complies with this.

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

- the complaints procedure
- the role of NHS England and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the PCT as an alternative to a complaint to the practice, and to escalate to the Ombudsman where dissatisfied with the outcome. *Note: There is no right of escalation to the PCT where a patient is dissatisfied with the practice response and all escalations are to the Ombudsman only.*
- their right to assistance with any complaint from independent advocacy services

The principal method of achieving this is the Complaints Patient Information Leaflet ^[*], the Practice Leaflet and website incorporation.

The Complaints Manager for the Practice is Janette Bonney

The lead GP for complaints handling is Dr M Van Dessel

With regard to **Complaint and redress:**

Patients and the Public have the right to have any complaint about NHS services dealt with efficiently and to have it properly investigated.

Patients and the Public have the right to know the outcome of any investigation into the complaint

Patients and the Public have the right to take the complaint to the independent Health Service Ombudsman, if dissatisfied with the way the complaint has been dealt with by the NHS

Patients and the Public have the right to make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body

Patients and the Public have the right to compensation if harmed by negligent treatment.

The NHS also commits:

- To ensure that **Patients and the Public** are treated with courtesy and receive appropriate support throughout the handling of a complaint; and future treatment will not be adversely affected (pledge);
- When mistakes happen, to acknowledge them, apologize, explain what went wrong and put things right quickly and effectively (pledge)

And

- To ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge)

Purpose

This policy is designed to ensure that there is an identifiable process within the Practice for making a complaint and the roles and responsibilities of those involved in dealing with complaints. It informs any member of staff of the Practice who may come into contact with an external individual or organisation that wants to make a comment or raise a concern or formal complaint regarding the Practice. It is therefore essential that all staff are fully conversant with this policy and related procedures.

All expressions of dissatisfaction that are raised by individuals as concerns or complaints should be handled in accordance with the procedure found at **Appendix A**.

For complaints raised anonymously a separate procedure will be used. This can be found at **Appendix B**.

Whilst Aspect Health considers the handling of complaints as an opportunity to improve services and learn from the patient's experience, it is acknowledged that on occasions individual complainants may behave in a habitual or vexatious manner. Guidance for staff involved with such complaints/complainants is found at **Appendix C**.

Scope

This policy is intended for all Practice staff. The policy covers all users of Practice services, including:

- Patients;
- Patients' relatives and carers;
- Persons acting on behalf of the patient with their consent;
- Persons acting on behalf of a patient who is unable to represent his or her interests provided that this does not conflict with the right to confidentiality or a previously expressed wish of the patient; and
- anyone affected by the actions of Aspect Health

It should be noted that there are issues not required to be dealt with in accordance with the regulations. They include:

- A complaint by a responsible body;
- A complaint by an employee of an NHS body about any matter relating to their employment
- A complaint which is made orally, and is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made; And
 - A complaint made previously and resolved in accordance with the relevant regulation.

All issues outside the scope of the policy should be referred under the **Confidential Code of Conduct**

General Policy Statement

The Practice recognizes that some service users may find it difficult to express concerns and all staff need to encourage people to voice their opinions where appropriate. The system should:

- Be easy for patients and members of staff to access
- Empower staff to receive and, where appropriate, respond to comments, concerns and complaints
- Ensure that all service users are treated with respect and dignity and in accordance with their needs, irrespective of ethnicity, age, gender, disability, sexual orientation, religion or lifestyle
- Address issues promptly and proportionately and as close to the source of the problem as possible
- Be an open and independent process (subject to confidentiality considerations)
- Form part of an integrated process for reporting and handling complaints that ensures that the lessons learned are widely disseminated.

Annual Review of Complaints

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme [*].

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

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 Complaints 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.

Should a patient make a complaint, the practice may need to provide information about the patient, and treatment they have received, to insurers or legal advisers.

RESOURCES:

Complaint Form
Complaint Review Form (suitable for annual review)
Complaints Brochure (Patient information)
Complaints Consent Form – third party

Definitions

Comments, concerns or complaints constitute any structured feedback that the Practice, or any individual member of its staff, receives from patients, their

carers, or the wider public about the services it provides, whether or not this requires a formal response. They may be communicated verbally or in writing.

However, it should be acknowledged that all expressions of dissatisfaction should not be labeled 'complaint'. A distinction therefore needs to be made between concerns and complaints.

For the purposes of this policy:

Comment: A comment will be defined as *a helpful observation, whether positive or negative, or a compliment.*

Concern A concern will be defined as *an expression of dissatisfaction raised verbally.*

Complaint A complaint will be defined as *an expression of dissatisfaction, raised in writing, requiring a formal written response.*

Duties and Responsibilities

The following specific duties and responsibilities apply:

Medical Director (Dr M. G. Van Dessel)

The Medical Director has overall responsibility for the strategic and operational management of the Practice ensuring policies comply with all legal, statutory and good practice guidance requirements. The Medical Director is responsible for ensuring that written complaints are investigated fully, that the complainant receives a timely and full written response and personally signed by him or the Practice Manager.

The Medical Director will consider whether urgent organisational change is required, ahead of resolution of the specific complaint.

The Medical Director will be the designated person responsible for ensuring Partnership level reporting and accountability with respect to complaints.

The Senior Partner has formally devolved the management of the complaints process to the Practice Manager and will hold them to account for the operation of an effective, responsive system of management.

Practice Manager

The Practice Manager will act as the designated officer to monitor the process and ensure that the organisation learns the lessons highlighted through complaints. The Practice Manager is responsible for the day-to-day effective and efficient implementation of the '*Comments, Concerns and Complaints Policy and Procedures*'.

If a complaint is received in which the Practice Manager is involved, the implementation of the relevant stage of the procedure will then be the responsibility of the Medical Director.

The Practice Manager is responsible for monitoring complaints on behalf of the Practice and ensuring that appropriate action is taken. The Practice Manager will provide monthly reports to the Medical Director and Aspect Board.

Upon receipt of the outcome of an investigation the Practice Manager will ensure that the final response:

- Is comprehensive and that all aspects of the complaint are addressed directly;
- Is honest in content and respectful in tone;
- Uses language that a person might reasonably be expected to understand – it is plain, with technical or clinical terms explained;
- Outlines the investigation and the conclusions drawn from it;
- Provides appropriate redress including:
 - An explanation of the events complained about
 - Appropriate apologies
 - An account of the action taken or planned to improve the care of or service to the individual and/or reduce the risk of a reoccurrence, where appropriate - Reimbursement of any expenses or losses
 - Encourages complainants to go back to the Practice if they are not satisfied with the response in order to continue with Local Resolution;
 - Alerts them to the role of the Healthcare Commission at the end of Local Resolution
 - Is signed by the Senior Partner or Practice Manager
 -

Deputy Complaints Manager

In the absence of the Practice Manager the Office Supervisor will carry out all duties listed above in addition to the following:

Provide statistics to assist the Practice Manager to produce reports.

Upon receipt of a letter of complaint the Office Supervisor will:

- Within two working days, send a letter of acknowledgement with a Practice complaints leaflet which gives details of the complaints process and time limits; contact details and role of advocacy services and the Healthcare Commission.
- Enter the details of the complaint into the Complaint file and monitor the progress of the investigation to ensure that timescales are met.
- Ensure that all correspondence and guidance documents are sent to the relevant staff within two working days of receipt of the complaint so that an investigation can be commenced.

Practice Employees

All staff members are responsible for co-operating with the development and implementation of this policy and identified process documents as part of their normal duties and should co-operate in any investigation in which they may be involved.

Process

The Process Document(s) relating to this policy are included in the Appendices.

Training Requirements

Customer care (*Promoting Compliments, Reducing Complaints*) and specific training on the handling of concerns and complaints to ensure a consistent approach to dealing with patients and handling and recording of comments, concerns or complaints. All Practice staff are expected to attend this training.

Implementation, Monitoring and Review

The Practice Manager is responsible for implementing this policy in conjunction with relevant staff.

The Practice Manager is responsible for ensuring that this policy is reviewed and revised in the light of legislation or organizational change.

The policy will be reviewed at regular intervals and, in any event, no longer than 24 months.

Any revisions to this document must be agreed through the Senior Partner

Appendices

(Appendix A) Comments, Concerns and Complaints Procedures

Annex A: Comments and Expectations Form

Annex B: Complaint Form

Annex C: Standard Letter of Acknowledgement

Annex D: Investigation Proforma

Annex E: Action Plan Proforma

Annex F: Complaints Resolution Plan

(Appendix B) Procedure for Handling Anonymous Complaints

(Appendix C) Procedure for Handling Non-Patient Complaints

(Appendix D) Guidance on Handling Vexatious Complaints

Appendix A

Comments, Concerns and Complaints Procedures

Comments Procedure

All staff should encourage users and carers to provide feedback when possible. Comments forms 'Your Comments & Expectations' (Annex A) or 'Your Views' should be readily available for users to use and completed forms should be posted in the Practice post box

- Admin staff should collect the comments forms regularly and forward to the relevant manager for action.
- Managers and staff should ensure that useful suggestions are acted upon.
- Copies of the comments forms with details of any actions taken as a result should be forwarded to the Customer Care Unit, along with any other compliments or positive comments, at the end of every month.

Concerns Procedure

All concerns, or verbal complaints, should follow the Concerns Procedure below.

CONCERNS PROCEDURE

A concern will be received verbally by any member of Practice staff by telephone or face to face. The concern may be raised by a service user or representative or anyone affected by the care or service.

- Concerns will be dealt with promptly and courteously by the staff member receiving the concern and resolved on the spot where possible.
- Every assistance should be given to individuals who wish to raise a concern or complaint, including the provision of interpreter services.

The person dealing with the concern should ensure that:

- the patient's immediate healthcare needs are being met before dealing with the concern;
- explain that the complaint is appreciated;
- offer an explanation and an apology for any inconvenience, for the events leading up to the complaint or for any mistakes that contributed to the incident;
- the individual is informed of the action that will be taken as a result of raising the concern;
- the individual is satisfied with the outcome and does not wish to pursue the matter further; and
- a complaints leaflet is provided if the individual is unsure.

If the concern has been resolved within 24 hours (one working day) by a member of staff/manager involved in the care, all of the details of the concern, the action taken and lessons learned will be forwarded to the Practice Manager who will record the concern in the Complaints file (Annex B)

If in the event that the individual is dissatisfied with the action of the staff and they feel that their concern has not been resolved they should be directed immediately to the Practice Manager or Deputy Manager in her absence.

Any complaint received in writing will follow the formal Complaints Procedure thereafter.

COMPLAINTS PROCEDURE

Stage One – Local Resolution

A written complaint may be received in a letter, a complaints form or via e-mail. A written complaint must be received **within 6 months of the event, or within 6 months of the individual becoming aware of the event, but no longer than 12 months** from the event. The Practice Manager has the discretion to extend this in exceptional circumstances.

On receipt of a letter of complaint, completed complaints form or e-mail, the addressee/recipient should acknowledge receipt using the standard acknowledgement letter (Annex C) and copy of Practice Complaints leaflet. This acknowledgement should be sent to the complainant **within three working days**.

A copy of the letter of complaint/complaints form should be forwarded to the Practice Manager or Deputy Practice Manager **immediately** with copy of acknowledgement letter.

The Practice Manager will identify all persons directly or indirectly involved in the complaint and will undertake a thorough investigation of the events surrounding the complaint.

The Practice Manager will contact the complainant and acknowledge the complaint **within three working days** of receipt and provide a copy of the Practice Complaints Leaflet and discuss the time scale for investigation and negotiate agreement. (see patient leaflet)

The Practice Manager will ensure that any immediate health related concerns are addressed by a suitable clinician.

- The Department Manager/Head of Service will interview staff involved in the complaint and/or request written statements to be prepared. Guidance documents on preparing written statements, interviewing techniques and root cause analysis are available from the Complaints Manager if required.

All staff involved in the complaint should co-operate with the Practice Manager/Deputy Practice Manager and prepare written statements and/or provide information when interviewed.

In the event that the investigation will take longer than the time agreed the Practice Manager/Deputy Manager will contact the complainant by telephone to discuss and agree an extension.

The Practice Manager/Deputy Manager should complete all necessary documentation provided by the Complaints Manager and return it with the following information within **ten working days**:

Investigation Summary Proforma (annex D) including:

- Details of the findings of the investigation;
- Written response by Manager including suitable apologies;
- Details of all actions taken as a result of the complaint
- Statements made by staff and/or interview notes;
- Copies of the relevant extracts of user's medical records (if applicable);
- Copies of Accident and incident reporting forms

On receipt of the results of an investigation, the Practice Manager/Deputy Manager will draft a letter of response to the complainant that includes full details of the investigation carried out, actions taken as a result of the complaint, i.e.

lessons learned, apologies where appropriate and details of further recourse in the event that the complainant is dissatisfied. The final response should be:

- Comprehensive and that all aspects of the complaint are addressed directly;
- Honest in content and respectful in tone
- Uses language that a person might reasonably be expected to understand – it is plain, with technical or clinical terms explained;
- Outlines the investigation and the conclusions drawn from it;
- Provides appropriate redress including:
 - An explanation of the events complained about
 - Appropriate apologies
 - An account of the action taken or planned to improve the care of or service to the individual and/or reduce the risk of a reoccurrence, where appropriate
 - Reimbursement of any expenses or losses
 - Encourages complainants to go back to NHS Halton and St Helens if they are not satisfied with the response in order to continue with Local Resolution;
 - Alerts them to the role of the Parliamentary Health Service Ombudsman (PHSO) at the end of Local Resolution
 - Is signed by the Senior Partner/Practice Manager

The Complaints Manager will send the draft response via e-mail to the Senior Partner for any comments.

The letter of response will be forwarded to the Senior Partner for authorization and signature within **twenty working days**.

The signed response will be dispatched **within twenty-five working days** and at the time of dispatch a copy of the response will be sent to all individuals involved in the complaint and the Practice Manager.

The Practice Manager will complete an Action Plan Proforma and forward it to the Complaints Manager **within one month of the completion of the investigation** and will provide feedback on the outcome of the investigation and a copy of the Action Plan Proforma to the Senior Partner to ensure that relevant service improvements take place.

Details of all actions and lessons learned will be incorporated into reports to be discussed at the review of complaints team meeting on a quarterly basis

The Complaints resolution plan (Annex F) should be completed by all staff and/or managers and sent to the complaint at the end of the process
Please refer to complaints procedure flowchart (attached)

Further Local Resolution

If a complaint has not been addressed to the satisfaction of the complainant through initial local resolution, the complainant is encouraged to contact the Practice Manager to request further clarification and/or appropriate further action to resolve the complaint.

The Practice Manager will consider all aspects of the complaint and the needs of the complainant and staff concerned and may involve the provision of further oral or written clarification or a face-to-face meeting. In certain cases the Practice Manager will offer the services of an independent clinical adviser and/or Lay Conciliator.

Meeting a Complainant

If a meeting is arranged with a complainant the Investigator will ensure that an appropriate time and setting for the meeting has been arranged, that enough time has been allowed, that the complainant has been advised that they can bring a friend, relative or advocate to the meeting and the relevant Practice members are present.

Within four weeks the Investigator will provide the complainant a written record of the meeting, summarizing what was discussed and agreed, in the form of a letter. The letter should also indicate that the case is now considered closed.

Stage 2 The Parliamentary Health Service Commissioner (Ombudsman)

The complainant at the end of the process detailed above may seek final recourse to the Health Service Ombudsman at:

Millbank Tower
London
SW1P 4QP
Telephone 08450154033

Sherdley Medical Centre

Your Comments and Expectations!

Aspect Health want to know what you expect of our service

- Your feedback tells us that many of you are happy with the services we provide
- We want to meet your expectations but can only do this if we know what you expect and listen to your views and your experiences.
- For example you may say, *“I expect you to keep me informed if there is a delay”* or *“I expect to wait for no longer than 15 minutes”* or *“ I expect you to listen to my concern and try to resolve it”*
- We welcome all your comments – good or bad
- Please give your views – we don’t need your name and address

Please post this form in the suggestion box or hand to a member of staff
Thank you very much

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Sherdley Medical Centre

COMPLAINTS FORM TO BE COMPLETED BY PATIENT/PATIENT REPRESENTATIVE

Name:

Address:

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..... Post code:

Details of Complaint:

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Patient signature Print Name

Patient representative signature

Print name Date

Please note the complaint will be processed only if the patient's written consent is provided

Please complete and return to:
Aspect Health
2nd Floor Orange Zone
St Helens Hospital Marshalls Cross Road
St Helens WA9 3DA

Standard Complaints Acknowledgement Letter

Our ref:
Your ref:
Date: (within two working days of receipt)

PRIVATE & CONFIDENTIAL

To:

Dear

Thank you for your letter of complaint/completed complaints form received recently. I was very sorry to hear that you have cause to complain about the service the Practice offers

In accordance with the Practice's Complaints Procedures I have forwarded a copy of your letter to the Practice Manager. You will be contacted again in writing shortly. In the meantime if you wish to discuss your complaint please do not hesitate to contact either myself or the Practice Manager on the number above.

Please be assured that by making a complaint you or the patient's care will not be adversely affected and you will not be discriminated against. The complaint will be treated in confidence and with sensitivity.

Yours sincerely

Sherdley Medical Centre

Investigation Summary Proforma

Please complete and attach to the complaints documents relating to the case detailed below:

Complainant Name:
Complainant Representative Name:

ISSUES RAISED IN COMPLAINT

STAFF MEMBERS INVOLVED:
Interview Statement Date:

Practice Manager Summary eg explanation, apologies (where appropriated, learning from complaint (use continuation sheet) NB this is necessary for effective preparation of the draft response

Document checklist for Managers use			
Staff Statement attached	Yes/No	Interview notes attached	Yes/No
Investigation Summary completed	Yes/No	Records	Yes/No

Sherdley Medical Centre

Action Plan for Comments, Concerns & Complaints

Complainant Name:

Complaint/Issue
Changes required to improve service
Remedial Action taken
Person responsible
Timescale
Completion/Review Date
Signed: Date

ANNEX F

Complaints Resolution Plan

Complainant Name: _____
Complaint received by: _____

Complainant Contact Details:
Name: _____
Address: _____

Telephone No:
Home: _____ Work: _____ Mobile: _____
Relationship to service user (if applicable): _____
Consent required? Y/N Consent received: _____

Service User's Contact Details (if different)
Name: _____ DOB: _____
Address: _____
_____ Contact Telephone No: _____

Details of Initial Contact with Complainant
Person Making Initial Contact
Date: _____ Contact method: _____

Summary of Complaint
Issues:

Outcomes Sought:

Investigation Method:

Agreed Timescales/Response Date:

Additional Information (which may delay the process):

Notes/Comments

If you need to contact us to discuss your complaint please contact:

Name: _____ Telephone No: _____

E-mail address: _____

Complainants Signature: _____ Date: _____

Practice Manager/Investigating officer Signature: _____

Date: _____

Progress Update:

Investigations Completed: _____

Recommendations Y/N _____

Complaint Closed: _____

Date of Update to Complainant (if applicable): _____

Feedback form Sent: _____

Feedback form returned: _____

Feedback from Complainant

Notes/Comments

PROCEDURE FOR STAFF ON HANDLING AND RECEIVING A COMPLAINT

Receiving of complaints

The Practice may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Practice, or:

(a) where the patient is a child:

- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;
- 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;
- 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.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 3 working days of receipt. Patients will be encouraged to complain in writing where possible. The reply to the patient should be made within 15 working days, or the patient should be provided with an update and an estimate timescale.

Period within which complaints can be made

The period for making a complaint is normally:

(a) 12 months from the date on which the event which is the subject of the complaint occurred; or

(b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 6 months. The practice standard will be 15 days for a response.

The Complaints Manager or lead GP has the discretion to extend the time limits if the complainant has 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 Complaints Manager or the GP 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.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager (or the lead GP if the Complaints Manager is unavailable), who must:

- acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Include an offer to discuss the matter in person.
- Advise the patient of potential timescales and the next steps.
- Where the complaint is made verbally a written record will be taken and a copy will be provided to the complainant.
- ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Complaints Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent;
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details.
- provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. Where a response is not possible within 15 working days provide an update report to the patient with an estimate of the timescale. The final reply will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

Unreasonable 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 will 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

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate the outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be send later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

Procedure for Handling Anonymous Complaints

1. Any member of staff who receives or becomes aware of an anonymous complaint or allegation should immediately forward the details, as fully as possible, to the Practice Manager. Full details will be recorded in the Complaint file.

N.B. This is not a whistleblowing policy. In the event of a staff member complaining against another staff member the organisation's 'Whistleblowing Policy' must be used.

2. The Complaints Manager will immediately bring to the attention of the Senior Partner the anonymous complaint or allegation.

3. The Senior Partner will consider the anonymous complaint or allegation and, after taking appropriate advice, make a decision as to whether it should be investigated or not.

4. If the Senior Partner decides not to proceed with an investigation the decision and the reasons for that decision will be recorded in the Complaint file

5. If the Senior Partner decides to proceed with an investigation the decision and the reasons for that decision will be recorded in the Complaint file.

6. The Practice Manager will investigate the complaint within seven working days.

7. The Practice Manager will discuss the report to the Senior Partner for his/her consideration. The report will also be recorded in the Complaint file

8. In the event of a complaint being made which involves another G.P. at the Practice, the Senior Partner will undertake an investigation.

9. After consideration, the Senior Partner will make recommendations and outline any necessary actions that need to be taken. The recommendations and required actions will be recorded in the Complaints file

10. If an investigation results in the need to pursue disciplinary action against an individual, then that will be undertaken in strict accordance with the Practice disciplinary procedures. The material and evidence obtained during the investigation of the complaint may be used at any subsequent hearing.

11. Quarterly reports will be made discussed at Practice Team meeting

- any anonymous complaints or allegations that have been recorded
- any investigations that have been undertaken
- any recommendations or actions that have resulted from an investigation
- the progress of any recommendations or actions that have resulted from an investigation
- any anonymous complaints or allegations resulting in recommendations or actions, which have been investigated and all recommendations or actions completed

Guidance to Staff on Handling Vexatious Complainants

Why Do We Need this Guidance?

This guidance is intended to complement the Practice's Complaints Policy and may be useful to help staff dealing with complaints to recognize and manage this type of behavior effectively.

A small number of complainants use a disproportionate amount of time (and resources) in pursuing complaints causing undue stress for staff, undue stress for those they complain about and undue stress for the complainants themselves. Sadly they usually achieve nothing positive at the end of it, often ending up more dissatisfied.

All Trusts and Independent Contractors (GPs, dentists, pharmacists and opticians) must ensure that the NHS complaints procedure is accessible and all complaints are fully investigated and answered. However, it is in everyone's interests that ongoing communication continues to be effective, and also that communication should not be continued when nothing further can reasonably be done to resolve the complaint or to rectify a real or perceived problem. The aim of this guidance is to encourage a modification of vexatious behavior to help the parties to resolve the complaint.

People may show vexatious behavior for several reasons and they may be completely unaware that their behavior is causing distress to others.

Although this guidance refers to complainants, it is equally applicable to any person contacting the Trust or Practice whose behavior meets the criteria.

The Senior Partner will consider all vexatious complaints and, after taking appropriate advice, make a decision as to whether it should be investigated or not.

What is Vexatious Behavior?

It is accepted that, in the initial contact from anyone making a complaint to the PCT or Practice, the complainant may act out of character. For example, he or she may show increased levels of anxiety and may appear aggressive, and staff should make allowances for such behavior. However, unacceptable behavior that continues through several contacts should be considered against the background of this policy.

Whilst there is no one feature of vexatious behavior, and all types of such behavior may be appropriate in certain circumstances, the following criteria may be indicative of vexatious behavior:-

- Continuing to pursue a complaint that has been completed.
- Prolonging contact with the PCT or family practitioner by continually raising further concerns or questions that are a repetition of already answered questions.
- Unwilling to accept the evidence provided, but have no contra evidence.
- Will not identify the precise subject matter of the complaint.

- Harassing or being personally abusive or verbally aggressive.
- Threatening or using actual physical violence.
- Making an excessive number of contacts with the PCT or family practitioner
- Secretly recording meetings or conversations without consent.
- Making unreasonable demands or having unreasonable expectations and failing to accept that these demands might be unreasonable.
- Conviction of conspiracy theories.
- Complete unwillingness to comply with the NHS complaints procedure yet determination to proceed on their own agenda.

Can we prevent complaints from becoming vexatious?

Within the first few contacts, staff can usually identify complaints that may become vexatious. We therefore propose a two-stage procedure aimed at trying to prevent this and to help all involved.

STAGE ONE

At an early stage, complainants who are identified by front line staff as demonstrating vexatious behavior should be responded to in a modified manner. The actions to be taken should be agreed by those members of staff who are likely to be contacted by the complainant and a record should be kept of any decisions taken. Action should be specifically targeted to try and help the complainant and staff involved depending on the type of behavior the complainant is exhibiting. For example:-

- Challenge threats, unreasonable demands and manipulation, e.g. “if you put me under emotional pressure/threaten me I cannot help you with your complaint. I must remain objective and fair to both parties”.
- State to the complainant how the complaint will be handled, and that the procedure will be followed. Explain right of appeal to Ombudsman.
- Time limit on telephone conversations (number and duration).
- Use of recorded delivery postage.
- Refusal to meet with complainant unless meetings are pre-arranged.
- Imposing and strictly adhering to deadlines for responses etc.
- Seek permission for ICAS to contact the complainant to explain their role.
- One person to be identified as the sole Practice contact point for the complainant.

STAGE TWO

If this does not have the desired effect and the situation deteriorates a report should be prepared together with a note of action already taken. The Chief Executive of the PCT or practice principal or their deputies should decide what further action should be taken. This decision will be notified to members of staff likely to be contacted by the complainant and each case is available for review if appropriate.

Possible actions at Stage 2 - any actions at Stage 1 plus:-

- Inform the complainant why their behavior is preventing any possible resolution of the complaint.

- Draw up an "agreement" setting out a code of behavior for both parties listing grounds on which the complaint will be dealt with and which it will not.
- Notify the complainant in writing that the points raised have been fully responded to and that to continue contact on this matter would serve no useful purpose. Advise the complainant of their right to contact Ombudsman.
- Take solicitors advice if appropriate.

Harassment

There is no place for harassment of any kind in the NHS and it should not be tolerated. The NHS Zero Tolerance campaign points out that behavior can harass if it is unwanted, unreasonable and offensive and it creates fear, demoralization and humiliation. However, it is for the victim to determine what is inappropriate, and therefore, unwanted behavior. Harassment can be repeated events; a single serious incident; at work or outside work but related to work; physical; verbal; written; and/or exclusion. Such behavior should be reported immediately to the Senior Partner and/or the Practice Manager line manager as appropriate.

Although the list is not exhaustive examples of harassing behavior include:

Verbal Abuse

- Using offensive language and innuendo
- Sexist, racist or patronizing remarks
- Derogatory statements of sexual, racist or sectarian nature
- Propositions and offensive remarks
- Name calling, including personal comments about physical looks
- Language that belittles a person's abilities

Written Abuse

- Letters, faxes, or e-mails (sometimes anonymous)

Physical Abuse

- Unwanted physical contact
- Explicit physical threats or attacks
- Suggestive gestures (mimicking the effects of disability)

Intimidation

- Slander
- Conduct that belittles in some way, such as being shouted at
- Intrusion by pestering, spying, following
- Apportioning blame wrongly