

Maple Surgery – Complaints Procedure

1. Introduction

In order to maintain public confidence in the NHS in general and this Practice in particular, it is essential that all complaints are investigated thoroughly and without bias. Hence the need for a comprehensive and well publicised procedure acceptable to health care professionals and public alike, with certain key objectives:-

- ease of access for patients and complainants
- a simple, rapid and open process
- a thorough and impartial investigative process
- fairness for complainants and staff alike
- lessons from complaints used to improve patients' services

2. Responsibilities

Procedures for dealing with complaints at this Practice are the responsibility of CGPN (Cambs GP Network), although the day-to-day management aspects are delegated to the Practice Manager (or the Deputy Practice Manager). The Practice Manager will seek the advice and input of the appropriate clinicians in the event of a medical complaint.

3. Source of Complaints

Complaints may be raised in a number of ways

- Directly with the practice (either verbally or in writing). These will be referred to as local complaints.
- Via NHS England
- Via PALS (or their subsequent incarnations)

4. Timescales

Any complaints raised with the Practice (local complaints) must be acknowledged within 2 working days and we aim to have looked into the matter within 20 working days, although this will be determined by the complexity of the complaint and access to those involved.

It is our intention then to be in a position to offer you a response or a meeting with the people involved or, if there is to be a delay in responding (for instance, due to staff absences or a third party not directly employed by Maple Surgery) to keep you updated of the progress of your complaint.

In the event that a specific complaint does not or cannot be dealt with in this manner, the issues must be discussed with the appropriate partners as soon as possible to decide the most appropriate course of action. This may include seeking advice from a professional body such as the BMA, MDU or MPS.

5. Communication/Protocol

The Practice has the following measures in place:-

- Complaints procedure

- Information on the waiting room noticeboard.
- An entry on the Practice Website.
- A patient Complaints Register. This is confidential to the practice and is maintained by the Practice Manager.
- Statistics to facilitate an annual report to the Health Authority.
- A secure filing system for all correspondence, kept separate from clinical records (confidential to the practice).
- Complaints are treated as significant events and are discussed by clinicians during event reviews

6. Training

Specific training will be undertaken by all staff. This is likely to take the following form:-

- Practice Manager/Deputy Practice Manager/Senior Receptionist – specific complaints course.
- Reception Staff – part of General Receptionist course.
- Other staff/GP's/Nurses – in-house training such as clinical governance, or as the result of a particular event etc.

7. Removal of Patient from Practice List

Patients can be removed from the Practice List, but there must be good reason for doing so. Nor should removal be seen as an over-reaction to an event unless the nature of what happened so warrants it.

In the event that a patient is removed from the list (e.g. as a result of redefinition of the practice boundary), the Practice should explain the reasons in writing to the patient and information about how to find a new practice, unless it is perceived such an action would result in a violent response by the patient.

In the event of violent or abusive behaviour, the Practice can ask for the patient to be removed by the NHS England who will then assume responsibility for allocating the patient elsewhere.

It should be noted that if the Police were involved, the patient would almost certainly need to be seen at the Police Station, in the event they need access to a GP.

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