

In line with the complaints procedures throughout the NHS, this practice has a practice-based system for dealing with patients' complaints. Handling complaints well can lead to greater satisfaction and improve services for patients.

The practice strives to continually improve the service offered to our patients and believe that the Complaints Procedure enables the practice to:

- Identify problem areas
- Identify learning points
- Identify problem trends
- Review and improve practice procedures

1. General provisions

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

- Their right to make a complaint without fear of such action affecting their health care provision in the future.
- Their right to a fair investigation, regardless of their race, colour, religion, nationality, ethnic or national origins, gender, age, marital status, sexual orientation or disability.
- The complaints procedure and ensure that the complaints procedure is accessible to all patients and made available on request.
- The role of the Southern Derbyshire Clinical Commissioning Group (SDCCG) and other bodies in relation to complaints about services under the contract.
- Their right to assistance with any complaint from the Independent Complaints Advocacy Service (ICAS).
- Complaints can also be made directly to the SDCCG

2. Receiving of complaints

The Practice may receive a written complaint made:

- By a patient who is receiving treatment at the Practice.
- On behalf of a patient (with his/her written consent).
- By a former patient who has received treatment at the Practice.
- By a relative of a patient (or other adult who has an interest in his/her welfare), who is incapable of making a complaint.
- 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,
 - (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.

3. Period within which complaints can be made

The period for making a complaint is:

- Twelve months from the date of the event, which is the subject of the complaint occurred.
- Twelve months from the date on which the event, which is the subject of the complaint, comes to the complainant's notice.

- This time limit shall not apply if the complainant has good reasons for not making the complaint within the time limit and notwithstanding the delay; it is still possible to investigate the complaint effectively and fairly.

4. Responsibilities for Complaints handling

- The patient (or representative detailed above) is responsible for ensuring that complaints are made within the appropriate time limits.
- The Practice Manager is responsible for the operation of the complaints procedure, the investigation of complaints and the periodic review of complaints received.
- Dr Clare Hallas is responsible for the effective management of the complaints procedure and for ensuring that action is taken in the light of the outcome of any investigation.

5. Procedure

All complaints received, either verbal or written, must be forwarded to the Practice Manager

- Within 3 working days of receipt of the complaint, the Practice Manager will write to the complainant acknowledging receipt and advising that an investigation is taking place.
- The Practice Manager will ensure that the complaint is fully investigated with all parties involved.
- As soon as reasonably practicable, the Practice Manager will provide a written statement of the investigation and its conclusions.
- If it is evident that more time is required to fully investigate the case, the Practice Manager will write to the patient advising of the likely delay and the reasons for that delay.
- The written statement must offer the patient the opportunity to meet with the a Partner, should they remain dissatisfied with the outcome of the investigation.
- The statement should be sent within six months from the date of the original complaint being received or if this is not possible the Practice Liaison Officer will inform the complainant in writing explaining the reason why this has not been possible.

Communications can be sent to the complainant electronically where the complainant has consented in writing or electronically and has not then withdrawn such consent.

6. Confidentiality

All complaints must be treated in the strictest confidence

- The Practice Manager must inform the patient (or person acting on his/her behalf), if it is likely that the investigation of the complaint requires consideration of the patient's medical records with any person other than the Practice or an employee of the Practice.
- Such complaints cannot be fully investigated, until signed consent for disclosure has been received from the patient.
- Refusal to allow disclosure may prevent a full or fair investigation of the complaint.
- Copies of all correspondence are kept in the practice complaints file.

- Details of complaints are not recorded onto patients' medical records.

7. Review of Complaints

- The practice team will review all complaints received on a quarterly basis.
- The team will discuss any learning points resulting from the investigation.
- The Practice Manager will amend/update any practice protocols or procedures to reflect the changes agreed within the team.
- Changes to protocols/procedures will be cascaded to the entire team and filed in the appropriate manual.
- The Practice Manager will keep a register of all complaints received annually, detailing nature of complaint & outcome.
- The complaints register will be monitored in order to identify trends, which may identify additional learning points/actions.

Statistical complaints information will be submitted annually to t