

**Chapelizod Medical Centre  
Practice Complaints Policy**

**2020**

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Contents at a glance:	Page Nos
1. Introduction to Practice Complaints Policy	4-5
2. Patient Information Leaflet	6-7
3. Practice Complaints Procedure	8-12
4. Complaint Form & 3 <sup>rd</sup> Party Consent	13-14
5. Guide to Standard Operating Procedures to include:	15-24
➤ Summary of procedure	
➤ Assessing seriousness of complaint is	
➤ Categorising the risk	
➤ Deciding the course of action	
➤ Complaint plan checklist	
➤ Complaint Plan	

**Introduction to Practice Complaints Procedure**

We know that sometimes we can make mistakes or fail to meet expectations. There will be times when patients/families and carers will express dissatisfaction with the service/care provided at our practice. It is our practice policy to do our best to resolve complaints as early as possible in the process and to ensure that each member of staff has a duty to listen to our patients concerns.

All complaints whether verbal or written should be taken seriously and handled appropriately, sensitively and confidentially by our doctors, nurses and administrative staff. We commit to safeguarding the rights and dignity of our patients and members of staff in the implementation of this policy. Learning from comments, suggestions and complaints helps us to continuously improve our service and that is the spirit in which we receive feedback.

We want to continuously improve the quality of our patients' experience of their care and treatment at all times and will implement changes in response to shortcomings where at all possible and in a timely manner.

**Open Disclosure**

It is the policy of this Practice to disclose to patients all information relating to shortcomings in care and treatment.

**Apology**

It is the policy of this practice to offer an apology when we have failed to meet our commitments to patients. We support open disclosure and will communicate with our patients and their families in an open, honest and transparent manner if things go wrong. We believe it is the right thing to do; it is the correct and ethical response to an adverse event and, crucially, we believe it allows patients and their families to make informed decisions regarding their subsequent treatment and care.

**Managing complaints**

We are committed to resolving complaints at the earliest possible opportunity and all members of our practice team will treat feedback, both positive and negative, with courtesy respect and efficiency and follow the Standard Operating Procedure (SOP) which accompanies this policy. Similarly, we expect patients to treat all members of our practice team with courtesy when making a complaint.

We will publicize our procedure so that people know how they can raise an issue and with whom. We will always try to resolve complaints in person and at the earliest opportunity. If the appropriate person is not available to deal with a complaint immediately, we will ensure that a member of our practice team will make contact with the patient and/or family at the earliest possible opportunity.

Where an investigation is indicated patients and families will be included from the outset.

**Anonymous Complaints**

In the interest of fairness, we cannot investigate anonymous complaints.

**Vexatious Complaints**

If, following investigation, a complaint is found to be frivolous or vexatious, we will not pursue the complaint any further. If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made. Before the complaint is deemed vexatious the member of staff who receives it must bring it to the attention of the designated person in the Practice.

## Principles

The principles which underpin our policy are-

### **Fairness and Equity**

The investigation of complaints will be fair and transparent and patients should not fear recrimination for raising an issue of concern to them. A consistent and standardised approach will be adopted for the management of all complaints.

### **Respect**

We will treat patients and families with respect and dignity as we also expect to be treated by patients and their families

### **Accessibility**

We will publicise our policy and make it accessible to patients and their families. Special attention will be paid to the needs of people with special requirements e.g. older people, children, people with physical and sensory disability, literacy issues and disadvantaged groups.

### **Effectiveness and Efficiency**

We will try to resolve all complaints effectively and within clearly stated timeframes without compromising other principles.

### **Impartiality**

We will deal with all complaints in an impartial manner. Complainants will have the opportunity to be heard and complaints will be investigated without prejudice to either the complainant, the doctor or member of staff.

### **Confidentiality**

We will treat all information obtained through the course of complaint management in a confidential manner and meet the requirements of the Data Protection Acts 1988 and 2003.

### **Consent**

We will ensure that consent to access patient-confidential information is obtained (or acceptably implied) from the complainant and/or the person on whose behalf the complaint is made.

### **Accountability**

Procedures will be transparent to the complainant during the process of all complaint investigation. Recommendations arising from any investigation will be implemented where resources allow. Recommendations relating to Patient Safety will be given priority and an appropriate action plan will be implemented in a timely manner. Complaints will be recorded and action plans will be monitored ensuring learning from complaints.

### **Right of Appeal**

Patients will be informed of their rights in relation to appeals processes and of other avenues to pursue their complaint if dissatisfied with the local investigation

## Document 2

## Patient Information Leaflet

### Chapelizod Medical Centre

Help us to reach the highest standards by having your say!

Your **comments and suggestions** are welcomed and valued. Some people are shy or embarrassed to raise an issue directly with us and you might prefer to fill in this leaflet and put it into the box provided in the surgery. Alternatively you may give it to a member of staff. You might prefer to write a letter or of course tell us face to face. All comments and suggestions are brought to the attention of our team and we try to make improvements accordingly.

If you have a **complaint** about your care we need to hear from you so that we can learn lessons thereby continuously improving our care of patients. We have a written procedure in the Practice to ensure that we manage complaints in the most effective way, to the highest standard and we hope to the satisfaction of our patients.

### Step 1

#### How do I make a complaint?

Fill in the attached sheet and place it in the feedback box provided in the waiting room

or

Talk to your GP or any member of our staff

or

Send a letter or email the Practice

or

Ring us on (01) 6264678

### Step 2

#### What will happen next?

We will try to resolve your complaint as quickly as possible and will acknowledge it at the earliest possible opportunity and certainly within 5 working days. Our aim will be to have looked into the matter within 10 working days. You will receive a formal reply in writing or you may be invited to meet with us to attempt to resolve the complaint to your satisfaction.

If your complaint is such that it requires a local investigation, we will set in train an investigation and inform you of the process and who will carry it out and agree a timeline within which we will work. We will give you the opportunity to comment on the process and if a meeting is arranged you will be invited to bring a friend or relative with you. Our aim will be to try to adhere to a 30 day timeline and if there are reasons why it will take longer we will discuss with you.

We adhere to the strictest rules of medical confidentiality. Therefore if you wish to make a complaint and are not the patient involved we will require the written consent of the patient to confirm their consent for you to deal with the complaint on their behalf and for us to release medical details to them.

### **Step 3**

When looking into a complaint we attempt to

- Find out what happened and what went wrong and why
- Make it possible for you to discuss the problem with those concerned
- Ensure you receive an apology where this is appropriate
- Identify what we can do to make sure the problem does not arise again.

We hope that we will be able to resolve your complaint quickly and to your satisfaction but if we believe we need assistance for example mediation or other external assistance we may arrange this in consultation with you.

### **Step 4**

When the investigations are complete your complaint will be determined and a final response sent to you. If your complaint is still not resolved to your satisfaction, there are several external options where you may bring your complaint:

#### **HSE**

Email: [yoursay@hse.ie](mailto:yoursay@hse.ie) Website: [www.hse.ie](http://www.hse.ie)  
Infoline: 1850-24-1850 Address: Oak House, Millenium Park, Naas, Co. Kildare.

#### **OMBUDSMAN FOR CHILDREN**

Email: [oco@oco.ie](mailto:oco@oco.ie) Website: [www.oco.ie](http://www.oco.ie)  
Infoline: 1800 20 20 40 Address: Millenium House, 52-56 Great Strand Street, Dublin 1.

#### **MEDICAL COUNCIL**

Email: [info@mcirl.ie](mailto:info@mcirl.ie) Website: [www.medicalcouncil.ie](http://www.medicalcouncil.ie)  
Tel: 01 4983100 Address: Kingram House, Kingram Place, Dublin 2

#### **AN BORD ALTRANAIS**

Email: [ftp@nursingboard.ie](mailto:ftp@nursingboard.ie) Website: [www.nursingboard.ie](http://www.nursingboard.ie)  
Tel: 01 6398500 Address: 18-20 Carysfort Avenue, Blackrock, County Dublin

### **~ REMEMBER ~**

Your opinion matters to us and your feedback is welcome and helpful.

**Background**

1. Complaints, whether clinical or non-clinical, can be made about the practice by dissatisfied patients, relatives, carers or by organisations representative of patients' interests. Many complaints are made as a result of a misunderstanding or a breakdown in communication and they are usually made regarding issues such as performance of staff, medical teams, services, treatment or facilities provided by the practice.
2. If patients wish to pay a compliment, register a concern or make a complaint, they should find it easy to do so. It is practice policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services.
3. The practice believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, patient dissatisfaction and possible litigation. The practice believes that most complaints, if dealt with early, openly and honestly, can be resolved between the complainant and the practice.
4. This procedure is intended to ensure that complaints are dealt with properly and that all complaints or comments by patients and users are taken seriously. The protocol is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the practice's internal disciplinary policy.

**Aim**

5. The aim of the practice is to ensure that its complaints procedure is properly and effectively implemented and that patients feel confident that their complaints and worries are listened to and acted upon promptly and fairly.
6. This document is intended as an internal guide which will be made readily available to all staff.

**Goals**

7. The goals of the practice are to ensure that:
  - (a) Patients, carers, users and the public are aware of how to complain and that the practice provides easy to use opportunities for them to register their complaints
  - (b) A named person will be responsible for the administration of the procedure
  - (c) Every written complaint is acknowledged within five working days
  - (d) Investigations into written complaints are responded to within a reasonable period of time following negotiation with the complainant
  - (e) Practice staff listen carefully to the complaint and if appropriate acknowledge the failure and apologise or express regret at the upset caused
  - (f) All complaints learning is recorded in writing by the practice
  - (g) Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and patients.

## **Personnel**

8. The Practice will appoint a person responsible for ensuring that complaints are handled appropriately. The responsible person (the complaints lead) for the practice is Dr Zita O'Reilly.
9. The Practice may receive a complaint made: -
  - By a patient, or former patient who is receiving, or has received treatment at the practice.
  - On behalf of a patient, or former patient, who is receiving or has received treatment, provided there is evidence of patient consent or power of attorney.

Where the patient is a child, by a representative of the child may complain as long as the practice is satisfied that there are reasonable grounds for the complaint being made by the representative and not the child.

Where the patient is incapable of giving consent, a relative or other adult may conduct the complaint in the best interests of the person on whose behalf the complaint is made.

## **Period within which complaints can be made**

10. The period for making a complaint is:
  - 12 months from the date on which the event that is the subject of the complaint occurred, or 12 months from the date on which the event came to the complainant's notice.
  - Where a complaint is submitted outside 12 months, the practice will still consider the complaint if the complainant has good reasons for not having complained within the time limit, provided it is still possible to investigate the complaint effectively and fairly.

## **Action upon receipt of a complaint**

11. Complaints are received either in writing, by email or fax, they can also be made verbally. Where a complaint is made verbally, a written record of the complaint must be made and a copy provided to the complainant.
12. The complaint needs to be acknowledged within 5 working days. The acknowledgement should include an offer to discuss the complaint with the complainant.
13. When the complaint has been received in the practice, the recommended course of action is to:
  - (a) Risk assess the complaint
  - (b) Decide whether the matter can be resolved within 24 hours by quick action without the need for investigation under the formal procedure.
  - (c) Plan the handling of the complaint, if possible in discussion with the complainant.
14. Having agreed an action plan, the person responsible for complaints should ensure that the complainant receives a copy and the complaint is investigated speedily and efficiently. During the investigation, the practice will keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation.
15. The final response will be sent within the time scale agreed with the complainant. If, in exceptional circumstances a response cannot be made within this timescale, for example if a person who has information about the complaint is absent on leave, then the complainant will be contacted to agree a revised time scale. It is important to keep the complainant informed of delays.

## Oral Complaints

16. The procedure outlined below will be followed in dealing with oral complaints.
- a) All oral complaints, no matter how seemingly unimportant, are taken seriously.
  - b) Front-line reception staff who receive an oral complaint should seek to solve the problem immediately.
  - c) If staff cannot solve the problem immediately, they will offer to get the practice manager to deal with the problem.
  - d) After talking the problem through, the practice manager or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff will clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
  - e) If the suggested plan of action is not acceptable to the complainant then the member of staff or complaints lead should ask the complainant to discuss a mutually acceptable action plan and give them a copy of the practice complaints procedure.
  - f) In all cases details of the complaints will be recorded.

## Written Complaints

17. The procedure outlined below will be followed in dealing with written complaints.

### Preliminary steps:

- (a) When a complaint is received in writing it will be passed on to the complaints lead who will record it and send an acknowledgment letter within five working days, offering a meeting to discuss the complaint.
- (b) If necessary, further details will be obtained from the complainant — if the complaint is not made by the patient but on the patient's behalf, then the patient's consent, preferably in writing, must be obtained from the complainant
- (c) A leaflet detailing the practice procedure will be forwarded to the complainant, explaining the practice complaints procedure.
- (d) The risks raised by the complaint will be assessed and a plan for dealing with the complaint developed in discussion with the complainant.
- (e) Consideration will be given to taking advice from Medisec/MPS.
- (f) If the complainant is not prepared to have the investigation conducted by the practice mediation may be used to attempt resolution of the complaint if both parties agree or alternatively the complainant should be advised of their right to contact the relevant statutory authority\* and be given the relevant contact details.

### Investigation of the complaint by the practice:

- (a) Immediately on receipt of the complaint the practice will launch an investigation and within the time scales agreed the practice should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned
- (b) If the issues are too complex to complete the investigation within the timescales agreed the complainant will be informed of any delays.

### Meeting:

- (c) If a meeting is arranged, the complainant will be advised that they can bring a friend or relative or a representative from an independent advocacy service.
- (d) At the meeting a detailed explanation of the results of the investigation will be given to the complainant and also an acknowledgement of the failure and/or an apology for the

patient's distress, if it is deemed appropriate (apologizing for what has happened and the upset and stress experience need not be an admission of liability).

- (e) Such a meeting gives the practice the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated and that the complainant has been listened to carefully and what action will be put in place to reduce the risk of the issue happening again.

#### Follow-up action:

- a) After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant —including details of how to approach the Medical Council if the complainant is not satisfied with the outcome.
- b) The outcomes of the investigation and the meeting will be recorded in writing and any shortcomings in practice procedures should be identified and acted upon.
- c) The practice will discuss any complaints and their outcomes at a formal business meeting or in a Critical Incidents Review. The practice complaints procedure will be audited by the complaints lead every three months.

#### **Administrative guidelines**

18. In the event that a patient wants to make a complaint, the practice will give them every opportunity to do so. In particular:

- (a) Provide information on how to complain or raise concerns in the practice information leaflet, on the practice website and be displayed on a poster in the waiting area
- (b) All new patients to the practice should have the complaints procedure explained to them on registration.
- (c) Provide information on the right of patient to submit a complaint directly to the relevant statutory authority\*.

19. A record of all complaints will be maintained by the practice. When recording details of a complaint, staff a chronology to indicate all contacts and action taken and include statements made by staff and extracts from medical records when appropriate. The record should include:

- (a) The name and address of the complainant
- (b) The date(s) of the event(s) and the date when the complaint was made
- (c) Details of the investigation and the outcome.

20. All records of complaints will be kept separate from a patient's records and stored by the practice for five years.

#### **Confidentiality**

21. All complaints must be treated in the strictest confidence. If the complaint is brought on behalf of someone else the Practice will require a consent form signed by the complainant and the patient.

#### **Training**

22. It is vital for the success of the in-house complaints procedure that all staff are aware of the practice procedure and of their role within it. Sensitive handling of a complaint at its earliest stage may prevent a small concern becoming more major.

23. According to the position they hold, all practice staff will receive appropriate training in customer care and in dealing with and responding to complaints. Complaints policy training will be included in the induction training for all new staff and in-house training sessions on handling complaints will be conducted at least annually and all relevant staff should attend.

24. Staff will be informed of the details of any complaint made against them. They will be involved in the investigation of the complaint and will have the opportunity to answer the issues raised and be kept informed of the progress of the complaint and its outcome by their manager.
25. Dr Zita O'Reilly is responsible for organizing and coordinating training.

#### **Audit/review**

26. Complaints received by the Practice will be reviewed at multidisciplinary staff meetings, minuted to record: the issues discussed, any (assigned) actions and the agreed deadlines for completion. Ideally the minutes should highlight the learning that will be / has been disseminated with the practice team (in relation to the complaints review). Where appropriate, consideration may be given to sharing the learning with other Practices.
27. A full review of all the complaints received will be carried out annually to identify the number of complaints received and the number of complaints that were well founded. The review will also summarize any trends or additional actions/learning points identified as a result of complaints received.

#### **Review date**

28. The protocol will be reviewed annually.



**COMPLAINT FORM – PATIENT THIRD PARTY CONSENT**

Patients full name .....	Date of Birth.....
Address.....	
..... Post Code.....	
Telephone Number.....	

Enquirer/ Complainants Full name .....
Relationship to Patient .....
Address .....
..... Post Code.....
Telephone Number .....

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.

I fully consent to my doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until.....(insert date)

Signed: ..... (Patient only)

Date: .....

### **1. Practice complaints procedure**

One suitably skilled person should be nominated to administer the procedure. The complaints manager should be reasonably available to practice and patients to handle complaints. To avoid delays, it may be helpful to appoint a deputy to act when the nominated complaints manager is not around. The complaints manager should **not** be related to any member of practice staff.

A separate file must be kept for complaints records and complaints letters should never be filed in the patient's medical records. Clear and accurate documentation about complaints handling is essential. Good records can demonstrate that the complaint was investigated adequately.

### **2. Publicizing the procedure**

Complaints are a means of identifying where improvements need to be made and can lead to an improved quality of service being provided in the future. If people do not wish to complain but would like to make their views known on the service provided, both positive and negative, these should be welcomed.

The practice's procedure should be publicized to your patients. Anyone who asks for information should be given written information, which tells him or her how and to whom a complaint should be made. There should be a poster in the waiting room inviting people to make compliments, comments, concerns and complaints to the receptionist or the complaints manager.

### **3. Receiving complaints**

People can make a complaint in person, in writing (including email) or by telephone. Many problems arise from simple misunderstandings which can be resolved very quickly if people speak out at the time.

If a complaint is made orally and you cannot resolve it within 24 hours, the practice must make a record of this and give a copy to the complainant. It is advisable to get the complainant to agree a written statement.

A risk assessment should be done quickly so as to identify the seriousness of the complaint and the likelihood of it happening again. This can be amended later but will help you decide the best way to proceed.

If the complainant is not the patient, the consent of the patient must be sought if your reply involves revealing any personal information about the patient. Where the patient has died or his/her health is such that s/he is unable to give written consent, the practice should proceed with an investigation as long as the complainant is a suitable person (such as next of kin or has their agreement).

### **4. Acknowledging the complaint**

All patients should be contacted within ten working days, to acknowledge that their complaint has been received, agree how the complaint will be dealt with and, where necessary, clarify any issues arising from the complaint. Asking the complainant what they would like to achieve from the complaint may help the practice decide the best way to deal with the matter. This can be done in writing, by phone or personally.

## **5. The complaint plan**

The complaint plan is agreed with the complainant and is vital for both establishing how the complaint will be dealt with and agree timescales. It is very important to focus on the outcome of the complaint, as well as deciding how to investigate the complaint.

## **6. Support for complainants**

Many people find making a complaint intimidating and it can help them and the practice to resolve the complaint if they have help to express their concerns. With people with disabilities, it is important that staff avoid talking or behaving in a way that creates barriers and misunderstanding.

## **7. Locums or doctors in training**

Complaints against locums or doctors in training should be investigated by the practice. If they have left the practice, the doctors concerned should be contacted if possible for their comments.

## a. Practice Name - Summary of Complaints Procedure

### **1 When a complaint is received**

- Record or log the complaint
- Inform the principal doctor and the person who is complained
- Pass the complaint to the person in the practice responsible for dealing with complaints.
- Undertake a risk analysis
- Contact Medical Protection, if appropriate
- If the complainant is not the patient, check if consent has been given

### **2 Acknowledge the complaint**

Contact the complainant as soon as possible or within 3 days to:

- Acknowledge complaint
- Listen carefully
- Clarify any parts of the complaint that are not clear, if necessary
- Agree how to deal with the complaint (e.g. offer a meeting)
- Identify preferred outcomes
- Agree timescale and review date
- Draw up the complaint plan for complainant to agree

### **3 Investigate the complaint**

- See risk matrix for options
- Draw up outcome action plan

### **4 Reply to the complainant**

- Reply to the complaint as agreed with complainant e.g. in writing
- Offer meeting, if appropriate.
- Check if the complainant is satisfied with the reply
- If not, consider if there anything further you can do

### **5 Complete the complaint**

- If not, advise complainant that they can complain to the Medical Council among other options.
- Send evaluation form to complainant

### **6 Learning from complaints**

- Finalize action plan
- Share the learning
- Monitor implementation of action plan and sign off when actions taken
- Inform complainant when action plan completed
- Share learning across wider health community

## Assessing How Serious a Complaint is

By assessing the seriousness of a complaint, it is easier to decide the right course of action. The following tool can be used to assess the impact of the incident on the people involved, the potential risks to the organisation and the response required. This is taken from Department of Health, *Listening, Responding, Improving: A Guide to Better Customer Care*. 2009 ([www.dh.gov.uk](http://www.dh.gov.uk)).

### Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience, not directly related to care. No impact or risk to provision of care.  OR  Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Justifiable complaint. Some potential for litigation.
High	Significant issues regarding standards, quality of care, and safeguarding of, or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.  OR  Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

### Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or one-off – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly. May occur again at some time but only occasionally.
Likely	Will probably occur several times a year
Almost certain	Recurring and frequent, predictable

**Step 3: Categorise the risk**

<i>Seriousness</i>	<i>Likelihood of recurrence</i>				
	Rare	Unlikely	Possible	Likely	Almost certain
<b>Low</b>	Low				
<b>Medium</b>	Moderate		High		
				Extreme	
<b>High</b>				Extreme	

**Examples of issues that are low, medium, high or extreme risk**

<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Extreme</b>
<p>(simple, non-complex issues)</p> <ul style="list-style-type: none"> <li>• Delayed or cancelled appointments.</li> <li>• Event resulting in minor harm.</li> <li>• Loss of property.</li> <li>• Lack of cleanliness.</li> <li>• Single failure to meet care needs.</li> <li>• Medical records missing.</li> <li>• Staff attitude or communication.</li> </ul>	<p>(several issues relating to a short period of care)</p> <ul style="list-style-type: none"> <li>• Event resulting in moderate harm.</li> <li>• Failure to meet care needs.</li> <li>• Miscommunication or misinformation.</li> <li>• Medical errors.</li> <li>• Incorrect treatment.</li> </ul>	<p>(multiple issues relating to a longer period of care)</p> <ul style="list-style-type: none"> <li>• Event resulting in serious harm.</li> </ul>	<p>(multiple issues relating to serious failures, causing serious harm)</p> <ul style="list-style-type: none"> <li>• Events resulting in serious harm or death.</li> <li>• Professional misconduct.</li> <li>• Abuse or neglect.</li> <li>• Criminal offence.</li> </ul>

**Step 4: Deciding the best course of action**

<b>Low</b>
<ul style="list-style-type: none"><li>• Front line staff response, verbal or written;</li><li>• Consider seeking advice from Medical Insurer.</li></ul> <p>Time scale to be negotiated</p>
<b>Medium</b>
<ul style="list-style-type: none"><li>• Practice manager/GP investigates (possibly involve senior partner or another partner if complaint about senior partner);</li><li>• Seek advice from Medical insurer;</li><li>• Meeting with complainant;</li><li>• Offer advocacy to complainant;</li><li>• Offer conciliation/mediation;</li><li>• Written response directly from practice;</li><li>• Consider financial redress;</li><li>• Follow-up call to complainant to ensure resolution.</li></ul> <p>Time scale to be negotiated</p>
<b>High</b>
<ul style="list-style-type: none"><li>• Offer advocacy to complainant;</li><li>• Seek advice from Medical insurer</li><li>• Involve designated partner (or another partner if complaint about designated partner);</li><li>• Meeting/direct contact with complainant before investigation;</li><li>• Meeting/direct contact with complainant after investigation;</li><li>• Offer conciliation/mediation;</li><li>• Consider financial redress;</li><li>• Send a written response directly from practice;</li><li>• Significant incident procedure.</li></ul> <p>Time scale to be negotiated</p>
<b>EXTREME</b>
<ul style="list-style-type: none"><li>• Offer advocacy to complainant;</li><li>• Seek advice from Medical Insurer ;</li><li>• Involve designated partner (or another partner if complaint about designated partner);</li><li>• Meet /direct contact with complainant before the investigation;</li><li>• Meet/direct contact with complainant after investigation;</li><li>• Offer conciliation/mediation;</li><li>• Consider financial redress;</li><li>• Send a written response;</li><li>• Significant incident procedure.</li></ul> <p>Time scale to be negotiated</p>

## Chapelizod Medical Centre

### b. COMPLAINT PLAN CHECKLIST

#### **1. Initial assessment**

Some initial information should be obtained so that the nature of the complaint can be determined and summarised.

#### **2. Summary**

Clarify and agree a summary of the complaint and desired outcomes - what is being considered and what are you seeking to achieve.

#### **3. Risk assessment**

Assess the seriousness of the complaint and its likelihood of recurrence using the risk assessment tool. If a complaint is considered high risk, consider who should be involved in the process and whether any immediate remedial action can be identified. Look to minimise risk as quickly as possible by taking appropriate action.

If the complaint is low risk, consider whether it can be dealt with on a practice level and whether an early meeting would perhaps resolve matters - but remember that low risk cases still require proper and effective consideration.

#### **4. Issues to consider**

When developing the plan, the following considerations should be taken into account

1. Timescales – agree initial timescale, including date for response or review
2. Nature of consideration/investigation – what information is needed and how is it to be obtained?  
What sources of information will be available to you?

Consider which of the following are appropriate and what steps need to be taken to pursue them.

- Initial review of files
- Review of relevant law, guidance and policy/procedures, to ensure an understanding of what the practice's obligations were and what should have happened
- Advocacy, conciliation or other forms of resolution
- Level of response? How are outcomes, remedies and learning to be addressed and who has authority to deal with these?
- Liaison with other services/authorities as appropriate
- Formal investigation – review of records, interviews with staff and/or third parties, etc. Who will undertake the investigation?

- Is professional or clinical advice needed?
- Is a meeting appropriate?
- Is there any remedial action that can be taken now?
- Provide support for staff involved if required.

Once these issues have been considered and a view taken on the appropriate level and nature of intervention, record the plan in writing. In simple cases this may be a brief summary of what is to be done. (For example, review the files and then arrange a meeting with the complainant). In more complex cases a detailed plan should be drawn up, perhaps in the form of a process diagram or checklist, setting out what is to be done – what steps are to be taken; who is responsible for taking them; and in what order are they to be done.

The process of handling complaints is not always a straightforward linear one. The plan may need to be reviewed if circumstances change and the person dealing with the complaint may need to look again and question information or evidence obtained or assumptions made earlier.

## Chapelizod Medical Centre

### a. COMPLAINT PLAN

The following proforma should be completed during the initial contact with the complainant. Once the issues have been discussed and the plan for addressing those issues agreed, an action plan should be completed and sent to the client for review.

Reference number:
Complainant's name and address (include title):
Complainant's contact details:  Telephone: Mobile: Email: Preferred method and time of contact:
Patient's name and details if different from above:
Has consent been obtained?
Name of staff member who contacted the complainant:
Date of contact:
Summary of discussion:
It was agreed that the following issues would be investigated:  1.  2.  3.  4.  5.

Outcome the complainant is seeking (i.e. apology, explanation):

Agreed plan for addressing the issues:

Agreed timescale for response:

Agreed feedback following investigation:

Please tick

Meeting

Phone call

Letter (please state who the letter will be sent by)

Client informed about any other support agencies?

If yes please state which: