**ORMEAU PARK SURGERY**

**Practice Complaints Procedure**

This Practice-based Complaints Procedure is in accord with the Department of Health ‘Guidance in relation to the Health and Social Care Complaints Procedure’ (April 2023): the HSC Complaints Procedure.

Its purpose is to address issues of dissatisfaction raised by patients regarding their treatment and care; provide explanations and, where appropriate, offer apologies; learn from mistakes and improve services for the Practice’s patients; provide complainants with an explanation of the circumstances surrounding an adverse event or an issue or concern.

In the event that a patient wishes to make a complaint, the steps detailed below will be taken. The Practice will endeavour to deal with patients’ complaints in a positive and constructive way and to learn from them.

**Definition of a Complaint**

Under the HSC Complaints Procedure a complaint is an expression of dissatisfaction that requires a response. Complainants may not always use the word ‘complaint’. They may offer a comment or suggestion that can be extremely helpful. It is important to recognise those comments that are really complaints and need to be handled as such.

**How to complain**

Complaints can be made in person, by telephone or in writing.

**Timescales**

Under the HSC Complaints Procedure complaints should normally be made within 6 months of the complainant becoming aware of the cause for complaint, or within 12 months of the date of the event, whichever is the earlier.

**Complaining on behalf of someone else**

The Practice will ensure strict adherence to the rule of medical confidentiality. If a complaint is made on behalf of someone else, the Practice will need to know that the respective patient has given their permission for the complaint to be made. Written consent from the patient concerned will be required, unless they do not have capacity to provide consent (because of illness) or are deceased. In the case of the latter the complainant must identify that the service user is deceased that they are the appropriate person to act as representative of the deceased; clarifying their relationship to the deceased.

**OR**

Are their personal representative and have legal documents confirming their appointment (ie. Grant of Probate, Letters of Administration, Letter from Solicitor)

This form will be given to you on request.

The Practice has a consent form available to demonstrate that a complainant has sufficient interest to be deemed an ‘appropriate person’ to raise a complaint on another patient’s behalf.”

**Complaints Manager**

The Practice Manager, Ms Andrea Lowry, has been appointed as Complaints Manager (contact the Practice on 028 90642914). She will be informed immediately when any member of staff within the Practice receives a complaint.

**Receipt of a complaint**

1. A written complaint will be directed to the Practice Manager. If the complaint is received verbally this will be recorded and passed onto the Practice Manager. The Practice Manager will contact the complainant and assure them that the complaint will be dealt with seriously, will receive immediate attention and that confidentiality will be observed.
2. The complainant will be contacted by the Practice Manager to discuss the complaint and determine how it can be resolved. If appropriate, an appointment to meet with the Practice Manager will be offered.
3. The Practice Manager will meet the complainant (if appropriate as above) for a preliminary discussion and if the complainant is amenable to immediate resolution, every effort will be sought to do so. An apology for what has happened is not an admission of liability. A letter will follow this meeting.
4. Should the complainant wish to proceed further with the complaint, a copy of the Practice’s complaints leaflet will be made available. Assistance will be given as required.
5. The Practice Manager will inform the Partners as soon as possible about the complaint and consideration will be given whether it is appropriate for the complaint to be dealt with by the in-house procedure and whether the complaint is organisational or clinical.
6. If the in-house procedure is applicable an investigator should be appointed:
	1. Partner for clinical matters
	2. Practice Manager for administration and other matters.
7. When the complaint is organisational, the Practice Manager will undertake a

Preliminary investigation to determine whether an apology and an assurance that action will be taken to prevent a recurrence would resolve the complaint at this stage. If not, the Practice Manager will do two things:

* 1. As soon as practicable, the case will be discussed with a member of the Practice against whom the complaint has been made to establish their recollection of events. If the complaint has been made about a Practice procedure, the Practice Manager will deal with the complaint at this stage as appropriate.
	2. The complainant may be invited to the Practice to discuss the matter further if they so wish. If as a result of this, a meeting does take place with the complainant, they will be invited to bring a friend or relative to the meeting or a representative from the Patient and Client Council. It may also be considered appropriate to have the member of staff against whom the complaint is made present also (with the prior knowledge and consent of the complainant). The Practice Manager will normally be accompanied by a senior member of the Practice. A record of the meeting will be taken and shared with the complainant for comments on factual accuracy.
1. With a clinical complaint, a Partner will undertake a

Preliminary investigation by speaking with the complainant. This action is to establish the seriousness and complexity of the complaint and, if necessary, to obtain further details. Again a telephone call followed by an apology may resolve the complaint. If not, the Partner should do two things:

* 1. As soon as practicable, the complaint will be discussed with the member of the Practice against whom the complaint has been made to establish their recollection of events, as well as an examination of the records being undertaken.
	2. The complainant may be invited to the Practice to discuss the matter further if they so wish. If as a result of this, a meeting does take place with the complainant, they will be advised of their right to be accompanied by a friend or relative to the meeting. It may also be appropriate to have the partner or clinical staff member against whom the complaint is made present also (with the prior knowledge and consent of the complainant). The Investigating Partner will normally be accompanied by the Practice Manager. A record of the meeting will be taken and shared with the complainant for comments on factual accuracy.
1. Details of the investigation and the outcome will be made known to the complainant in writing within 10 working days of the complaint having been received, or as soon as possible thereafter. If the timescale cannot be met, the complainant will be advised of the reason for the delay and when they are likely to receive a response.
2. To conclude the process, the following must be satisfied, the complainant must be satisfied that he/she has an assurance that the complaint has been recorded and will receive attention and that the results will be reported to the partnership together with suggestions for preventing such a situation arising again.

**SPPG Complaints Team**

Under the HSC Complaints Procedure, patients can raise their complaint with the Strategic Planning and Performance Group (SPPG) of the Department of Health. This may be because they feel uncomfortable approaching immediate staff or the Practice. The SPPG Complaints Team cannot investigate complaints, but can act as an ‘honest broker’ or intermediary between the complainant and the practice to help resolve the complaint. The SPPG Complaints Team can be contacted at: - SPPG Complaints Team, 12-22 Linenhall Street, Belfast, BT2 8BS; complaints.sppg@hscni.net or telephone (028) 9536 3893.

**NI Public Services Ombudsman**

Patients should also be aware that if their complaint cannot be resolved at Practice-level, or they are not happy with the outcome, they are able to approach the NI Public Services Ombudsman: who can undertake an independent investigation of the complaint. The Ombudsman will normally only take on an investigation after all attempts to resolve the complaint at practice level have been explored and fully exhausted. If a complainant wishes to approach the NIPSO, they must do so within 6 months of receiving the Practice final response. The ombudsman can be contacted at: -

NI Public Services Ombudsman

Progressive House

33 Wellington Place

BELFAST

BT1 6HN

 Freepost: Freepost NIPSO

Tel: Freephone: 0800 34 34 24

Tel: 028 9023 3821

Email: nipso@nipso.org.uk

**Patient and Client Council**

The Patient and Client is an independent body that can assist people in making complaints. They cannot investigate complaints, but can act as an advocate for patients, provide assistance in drafting letters of complaint and accompany complainants to meetings. The Council can be contacted at: Patient and Client Council:

info.pcc@pcc-ni.net; or Freephone: 0800 917 0222.

Patients should be aware that the SPPG Complaints Team (on behalf of the Department of Health), requires anonymised copies of all written complaints and their respective responses to be forwarded to them.

Complaints and Legal action

The HSC Complaints Procedure cannot address questions of negligence or provide compensation. If a complainant’s initial communication is through a solicitor’s letter, it should not be inferred that the complainant has decided to take formal legal action. However, if the complainant has instigated formal legal action, or advised that he or she intends to do so, the complaints process should cease. The complainant should be notified of this in writing.

**Written details of this procedure are available from:**

* The Practice Manager (Mrs Andrea Lowry at the surgery)
* The Practice Website ([www.ormeauparksurgery.co.uk](http://www.ormeauparksurgery.co.uk))

The Practice will undertake annual audits of patients’ complaints to enable feedback to develop guidelines and procedures to reduce the incidence of complaints.