



The Complaints Procedure Protocol for Sunray Surgery

The person responsible for review of this protocol: Practice Manager or in the Practice Manager's absence then the Administrator.

Purpose

The protocol sets out the approach of Sunray Surgery to the handling of complaints.

This protocol is relevant to all employers and anyone who works at Sunray Surgery including non-clinical staff. Individuals training and visitors/observers on the premises must also adhere to this.

This protocol will be reviewed annually to ensure that it remains effective and relevant.

Importance of having a complaints procedure

In spite of the efforts of all staff, it is likely that a complaint will be made by a patient at some point. To reduce the anxiety and apprehension for both patients and staff it is crucial to have a procedure for handling complaints.

How complaints can be made

Complaints may be received in writing or orally. Where a patient is unable to communicate a complaint by either means on their own then arrangements will be made to facilitate the giving of the complaint.

Persons who can complain

Complaints can be made by patients, former patients, someone who is affected, or likely to be affected, by the action, omission or decision of individuals working at the practice or by a representative of a patient who is incapable of making the complaint themselves.

When a complaint is made on behalf of a child, there must be reasonable grounds for the complaint being made by the representative rather than the child and the complaint must be being made in the best interests of the child. If this is not the case, then written notification of the decision not to investigate the complaint must be sent to the representative.

Time limit for making a complaint

Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale it is at the discretion of the practice as to whether to investigate the matter.

Persons responsible for handling complaints

Responsible Person: The Responsible Person is the Practice Manager / Administrator and is responsible for the supervision of the complaints procedure and for making sure that action is



taken in light of the outcome of any investigation. This person is also responsible for the handling and investigation of complaints.

Initial handling of complaints

- 1) When a patient wishes to make an oral complaint then the Practice Manager is to arrange to meet the complainant in private to make an assessment of the complaint. The complainant is to be asked whether they would like to be accompanied at this meeting.
- 2) The complaint should be resolved at this meeting if possible. If the complaint is resolved then it should be recorded in the complaints register and the implicated staff member is to be told about the details of the complaint.
- 3) When the complaint cannot be resolved the patient is to be asked to make a written complaint. If necessary the Practice Manager is to write down the complaint on their behalf verbatim. The written complaint is to be recorded in the complaints register.
- 4) The Practice Manager is to acknowledge a written complaint in writing within 3 working days, stating the anticipated date by which the complainant can expect a full response.

Investigation of a complaint

- 1) The Practice Manager is to discuss the complaint with the implicated member of staff to establish their recollection of events.
- 2) If the complaint is against the Practice Manager, then the complaint is to be referred to Dr Gareth Hull HR Lead for investigation.
- 3) Complaints discussed at Practice Meetings
- 4) The complainant is to be invited to a meeting to discuss the complaint with the Practice Manager and asked if they would like to be accompanied at this meeting. If appropriate and with prior consent from the complainant the staff member complained about can be present at that meeting. Minutes should be taken.
- 5) The timescale to respond (maximum of 6 months) is to be agreed with the complainant at that meeting and documented in the complaints register.
- 6) The full response to the complainant is to be signed by the Practice Manager, and include:
 - a) an explanation of how the complaint was considered
 - b) the conclusions reached in relation to the complaint and any remedial action that will be needed
 - c) confirmation as to whether the practice is satisfied that any action has been taken or will be taken
 - d) if it is not possible to send the complainant a response in the agreed period it is necessary to write to the complainant explaining why. Then a response is to be sent to the complainant as soon as is reasonably practicable
 - e) if the complainant is dissatisfied with the handling of the complaint then they are to be advised to contact the Health Service Ombudsman and how to do so.

Recording complaints and investigations



A record must be kept of:

- a) each complaint received
- b) the subject matter of the complaint
- c) the steps and decisions taken during the investigation
- d) the outcome of each investigation
- e) when the practice informed the complainant of the response period and any amendment to that period
- f) whether a report of the outcome of the investigation was sent to the complainant within the response period or any amended period

Review of complaints

Complaints received by the practice are to be reviewed every 3 months to ensure that learning points are shared'

A review of all complaints will be conducted annually by the Practice Manager to identify any patterns that are to be reported to the GP Partners..

The Practice Manager will notify the GP Partners of any concerns about a complaint leading to non-compliance. The GP Partners will identify ways for the practice to return to compliance.

A report on complaints is to be submitted annually (year ending 31st March). This report must:

- a) specify the number of complaints received
- b) specify the number of complaints which it was decided were well-founded
- c) specify the number of complaints which the practice has been informed have been referred to the Health Service Ombudsman
- d) summarise the subject matter of complaints received
- e) summarise any matters of general importance arising out of those complaints, or the way in which the complaints were handled
- f) summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints

This report is to be available to any person on request.

Publicity

The practice's arrangements for dealing with complaints and how further information about these arrangements may be obtained by patients is to be publicised by the Practice Manager; details in Practice Leaflets and information displayed in reception. How to contact independent advocacy services and the right of patients to approach the ICB with complaints is also to be published.

Unreasonable complainants



When faced by an unreasonable complaint staff will take action in accordance with page 34 of the DH's Listening, Responding, Improving: a guide to Better Customer Care Guidance.

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To be reviewed: April 2025