

Making the best of complaints



By Roving Practice
Managers
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Complaining about NHS Services

Patients have the right to make a complaint about any aspect of NHS care, treatment or service, and this is firmly written into the NHS Constitution.

“Complaints matter in health and social care. For too long they have not been taken seriously enough. And too often complaints are met with a defensive culture instead of a willingness to listen and learn”.

“We will continue to work closely with partners to develop a listening culture that encourages and embraces complaints and concerns as opportunities to improve the quality of care”.

Complaints Matter review 2017

Examples of **significant events** can be very wide-ranging and can reflect **good** as well as **poor** practice.

Examples could include:

Complaints or compliments received by the practice.

How can a person complain?



- Verbally (in person or over the phone) – The practice should document the complaint.
- In writing or by email.
- Via social media/online complaints – encourage the complainant to contact surgery when you would like to address their concerns with them.
- To Commissioners/NHS England

What is a complaint / grumble?

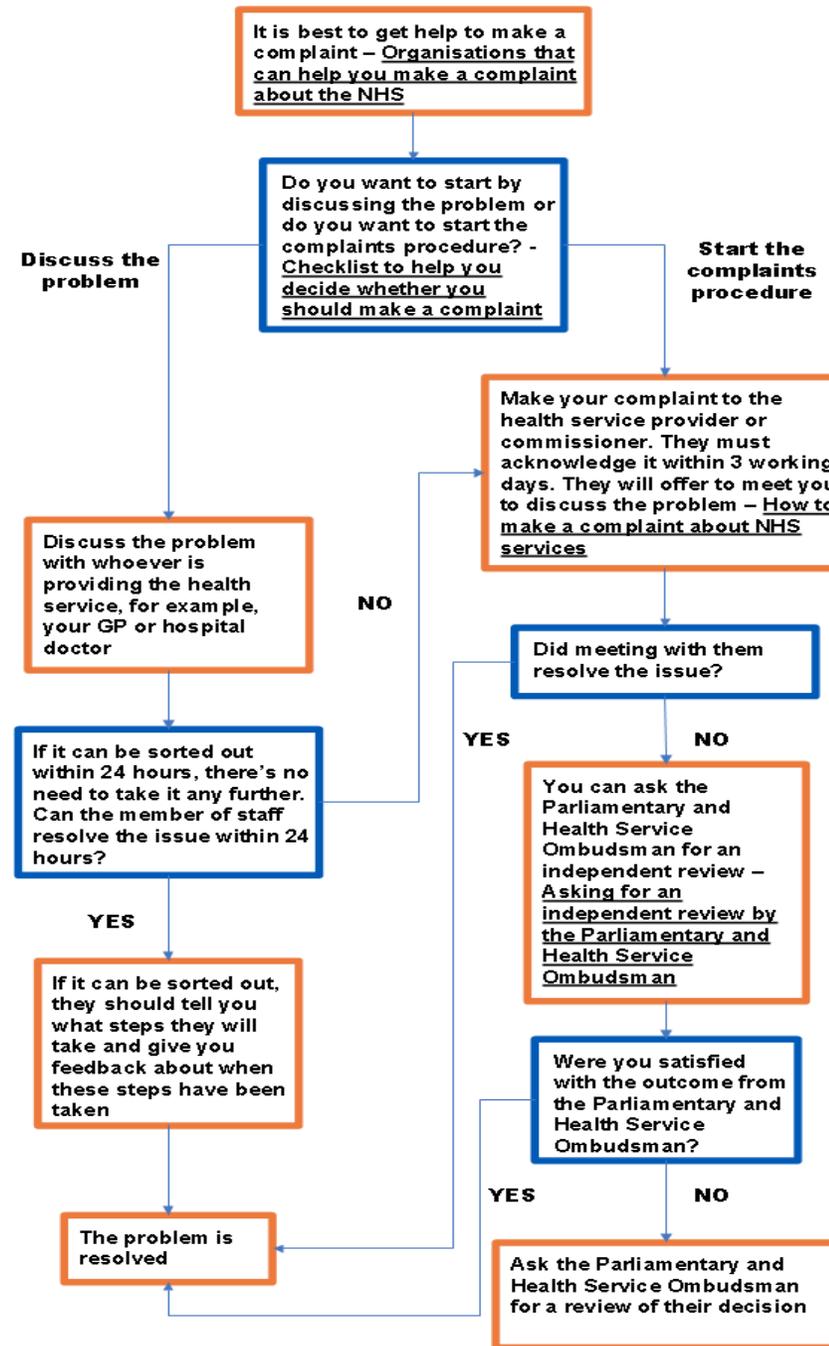
- A complaint is a statement in which you express your dissatisfaction with a particular situation – requires an individual response and documenting
- A grumble is a muttering or feedback via a patient survey - does not require an individual response.
- Why not document both – encourage your team

What are the main causes of complaints?

- Patient access
- Referrals – Lost letters or delays
- Misunderstandings or miscommunications
- Staff conduct
- Services on offer
- Incorrect diagnosis
- Prescribing errors or delays
- Data protection
- Ongoing causes of dissatisfaction
- Inconsistency amongst staff



Citizens Advice NHS complaints pathway.



NHS process



The **2009 regulations** set out *our duty to investigate complaints* in agreed timescales and in a patient led manner. The investigator will be the provider or the Commissioner not both. With outcomes, service improvement and lessons learned.

Patients are told to expect:

- You should expect an **acknowledgement** and the offer of a discussion about the handling of your complaint **within 3 working days** of receiving your complaint.
- If you accept, the discussion will cover the period within which a response to your complaint is likely to be sent.
- There's no set timeframe, and this will depend on the nature of your complaint.
- If, in the end, the response is delayed for any reason, you should be kept informed.
- If you made a complaint but do not receive a response or decision for more than 6 months, you should be told the reason for the delay.
- Once your complaint has been investigated, you'll receive a written response.
- The response should set out the findings and, where appropriate, provide apologies and information about what's being done as a result of your complaint.
- It should also include information about how the complaint has been handled and details of your right to take your complaint to the relevant ombudsman.

Good complaints handling

Practices should support the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009), My Expectations (2014) and the NHS Constitution which includes a number of **patient rights** relating to complaints.

In summary, these include patients' rights to:

- Have their complaint acknowledged and properly investigated.
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response is likely to be sent.
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken on.
- Take a complaint about data protection breaches to the independent.
- Information Commissioners Office (ICO) if not satisfied with the way the NHS has dealt with this.

12 Step complaint handling



The 12 Step Clock

How to deal with the complainant

- Actively listen.....really hear. Does not need to be “NOW!”
- Show you are listening. Paraphrase and repeat , non verbal’s.
- Careful use of terms and language to not inflame the situation or be defensive.
- Take a walk in their shoes – figuratively speaking!
- Use advocates if needed- practice can instigate.
- Use positive language – say what you *can* and *will* do and agree that the situation must be frustrating
- **Are you Safe?** escape route, panic buttons, let staff know what you are doing, chaperone.
- Agreed realistic action plan
- Heard it all before? It is time to sit up and *really* listen and take action!



Documenting and investigating complaints

- FOI requests happen so take care with what is written or emailed.
- Keep complaints out of patient records and tasks.
- Communications about complaints must be kept secure.
- Discuss in team meetings – be careful not to give away patient details in minutes that may become public.
- Staff interviews – document and get signed / statements
- CCTV – consider other patients
- Multi provider complaints – recipient must coordinate response.
- Meeting with complainant – document and get agreement on content and action plan.
- Signposting complainants – keep a record (surgery is often 1st port of call)

Serial, malicious and persistent complainers

“Unreasonable complaints and/or unrealistic outcomes or reasonable complaints in an unreasonable manner” .

- NHS England have some good guidance.
- Establish what they actually want to investigate.
- Ensure information is included for an advocate if this may be needed. This can be instigated by the practice.
- Agree a code of conduct – consistent approach by all staff.
- Document and get agreement of topic and time line for resolution.
- Conduct and complete – they may be complaining repeatedly with good cause or there is good cause on this occasion.
- Respond and thank them
- Future contact will be dealt with as a separate complaint after this one is complete – unless exceptional circumstances.
- Remove from the list as a last resort – learn to work with them.

And
another
thing...

Online complaints

- Actively monitor social media, Friends and Family and review platforms.
- Respond favourably to compliments- show you are responsive
- Reputations are at stake.
- Deal with online complaints as a matter of urgency.

“I am sorry you are unhappy with our service, we would like to know more so we can address your concerns and improve. Please contact me directly at the surgery as soon as possible so we can help. Thank you”.

- Once resolved you can ask the complainant to make an entry saying that the matter has been resolved satisfactorily or even better remove their post.
- www.nhs.uk/services/gp-surgery/the-docs/P38465/ratings-and-reviews and <https://www.nhs.uk/service-search/find-a-gp> are examples

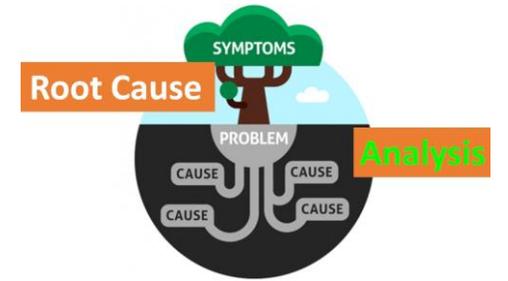
Who we need to involve and advise of complaints? Signposting complaints

- CQC if serious enough – e.g. Police investigated, deaths whilst using service or soon after, safeguarding, serious injury, events that stop or may stop the registered person from running the service safely and properly. **Do not delay**. See Reg 16 CQC
- Information Commissioners Office – ICO – data breaches
- CCG/NHS England where needed.
- Advocates if they will help the patient *or practice*
- When multiple organisations – the initial recipient coordinates.
- Take ownership of signposting – document it.
- Police – criminal event.
- NHS- Digital – annual complaint reporting – see link at end
- Safeguarding – to safeguarding lead
- Litigation can run in tandem with your complaint investigation – seek advice from your MDU.

How to maintain morale for those involved

- Ensure that they understand the reason for complaints and why we investigate fully.
- We investigate all complaints fully every time – worst case scenario.
- The investigation is not personal.
- External support – BMA, LMC, MDU, GP-S, Occupational Health
- Get their account of events and then keep them separate from the investigation and up to date on progress.
- Protect from further complaints – risk assessment – chaperone or suspend etc for their and others safety.
- Team support.

Root cause, taking action and implementing the learning



- Identify what actually went wrong.
- What problem are you hoping to resolve by embarking on a root cause analysis process?
 - **Material-Based Problems** – equipment failure
 - **People-Based Problems:** A people-based problem occurs when human error is the cause of the current issue.
 - **Organisational-Based Problems:** An organizational problem stems from a company process or policy that causes an issue to occur. Keeping with our current example
- Gather data.
- Note all the causal factors
- 5 “Why’s?” for each causal factor
- Develop and implement a practical solution to avoid this problem in the future.

Police investigations and other 3rd parties and information sharing



- Check their ID.
- If a court order is provided you may have to provide information.
- You are entitled to fees if the court order allows.
- Sharing patient information – consent even if the police officer is at the desk!
- Seek advice in this situation from the BMA or LMC
- Ensure that employees know to refer such requests to the Practice Manager whilst disclosing nothing.

Third parties:

- Consult with locums if implicated.
- If relates to E.G. out of hours then signpost to them or to the commissioner to investigate.

Moving on after a complaint

Review findings and learn from them.	Team meeting and implement changes.
Write to patient with outcome, learning and actions.	Advise external agencies if required of outcome, learning and actions.
Your biggest complainant can become your biggest ally. Can you involve them for the benefit of the practice and its patients? Ask for them to help review patient survey actions or join the PPG.	Staff <u>must</u> move on, refocus on patient care.

Staff wellbeing and resilience



- Fish for and document compliments – appraisals and **balance**
- Celebrate the compliments in meetings and feedback posters along with complaint and grumble learning – **balance**
- Report surveys – on **balance**
- Market complaints as a learning opportunity worth listening to in staff induction and routinely for staff.
- Investigate each complaint fully.
- Celebrate the steps you have taken to prevent similar complaints in the future.
- Give time to talk and off load if needed, encourage to “take 5”.
- Use your support networks early – Peers, LMC, GP-S, Employee Assistance Programmes.

Practice Managers need someone too – set supporters up before you need them.

Useful links

- Regulations - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf
- CQC reporting guidance -
www.cqc.org.uk/sites/default/files/documents/20130426_800715_v1_00_guidance_on_statutory_notifications_from_pms_for_reg_persons_for_publication.pdf
- Additional E-Learning www.e-lfh.org.uk/programmes/complaints-handling/
- LMC – support for complaints ; www.nottinghamshirelmc.co.uk/support/advice-and-liaison/ and ref Police requests
<https://www.nottinghamshirelmc.co.uk/guidance/resource/medical-notes-requests-from-police/>
- Health Watch - hwnn.co.uk/ 01159565313
- NHS guidance and Persistent complainants : www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf
- Advocacy – Nottingham City 03004562370 www.pohwer.net/nottingham-city , Carers Federation 0300 456 8347
nottinghamicas@carersfederation.co.uk>; 03003305454 nhscomplaintsadvocacy.org/
- PHSO use their My Expectations document www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints and their principles document www.ombudsman.org.uk/organisations-we-investigate/good-complaint-handling all at www.ombudsman.org.uk (PHSO)
- www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf - CQC Complaints Matter
- Citizens advice www.citizensadvice.org.uk/health/nhs-and-social-care-complaints/complaining-about-the-nhs/tips-and-tools-to-help-you-make-a-complaint-about-health-services/nhs-complaints-process-flowchart/
- CCG Patient experience team : 0115 8839570 ncccg.patientexperience@nhs.net
- K041 - digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/primary-care-gp-and-dental-complaints-collection-ko41b
- Friends and Family Test - www.england.nhs.uk/fft/