

FlyingMedicine Ltd **COMPLAINTS PROCEDURE**

- 1) Aim of the practice complaints procedure is to try and resolve most complaints at practice level. This will also provide opportunities for improving services.

General provisions

- 2) The practice will take reasonable steps to ensure that clients are aware of:
 - (a) the complaints procedure.
 - (b) the role of other bodies in relation to complaints about services
 - (c) their right to assistance with any complaint from independent advocacy services.
- 3) Client information leaflet will inform client of the practice complaints procedure.
- 4) The practice will take reasonable steps to ensure that the complaints procedure is accessible to all clients.

5) Receiving of complaints

- 6) The practice may receive a complaint made by, or (with his/her consent) on behalf of a client, or former client, who is receiving or has received treatment at practice, or:
 - (a) where the client is a child (those under the age of 18 years old):
by either parents, 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 Children Act 1989; or
 - (iii) by a person duly authorised by a voluntary organisation by which the child is being accommodated
 - (b) where the client is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

7) Period within which complaints can be made

The period for making a complaint is 12 months from the date on which the matter, which is the subject of the complaint occurred, unless the complainant could not reasonably be expected to know about the incident or had appropriate reasons for not complaining within the time limit.

8) Complaints handling

The practice will nominate:

- (a) a person (the 'Complaints Officer' Dr Nomy Ahmed) to be responsible for the operation of the complaint's procedure and the investigation of complaints; and
- (b) another Partner associated with the practice, to be 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.

9) Action upon receipt of a complaint

- a. Complaints received verbally – the person will be asked to complete a problem report form will be kept at reception. Verbal complaints to be resolved to the complainant's satisfaction by the next working day.
- b. Complaints received in writing must be forwarded to the Complaints Officer who must:
- c. Acknowledge in writing within the period of **three working days** beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable.
- d. Acknowledgement must include an offer to discuss with the complainant the management of the complaint, and when any investigation and response are likely to occur.

- e. The usual time period will be within the period of 10 working days beginning with the day on which the complaint was received by the Complaints Officer
 - f. Where that is not possible, the complainant will be notified of the reasons pertaining to the delay and an approximate new deadline and this will be as soon as reasonably practicable.
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- b) The acknowledgement is not required to address any of the issues relating to the detail of the complaint itself but is to advise and reassure the complainant that the matter will be investigated.
 - c) FlyingMedicine will establish a practical plan and direction for the investigation at an early stage as this will be beneficial for all involved in the long run.
 - d) Before beginning an investigation, FlyingMedicine will assess the seriousness of the complaint.
 - e) If a complainant does not wish to pursue an issue, FlyingMedicine will investigate the issue to identify what led to the complaint so that FlyingMedicine can use complaints as part of the learning and improvement cycle to assist in service improvement.
 - f) The complainant may be invited to meet with Dr Nomy Ahmed to discuss the complaint. This may be done face to face, online, or over the telephone if appropriate. It is important to establish, at the earliest opportunity, what outcome the complainant expects, and to let the complainant know whether this is a realistic and possible expectation.
 - g) Complaints can be made either by Clients or by someone who is affected or likely to be affected, by the action, omission or decision of the responsible body that is the subject of the complaint. This means that potential complainants can be almost anyone, which in turn can present the risk of a vexatious complaint.
 - h) When a complaint is made on behalf of a child, FlyingMedicine must be satisfied that there are reasonable grounds for the complaint being made by the complainant, rather than the child.
 - i) FlyingMedicine must also be satisfied that the complaint is being made in the best interests of the child. If FlyingMedicine is not satisfied that this is the case, written notification of this decision must be sent to the complainant.
 - j) Vexatious complaints that come directly to FlyingMedicine can be rejected with confirmation of the rejection and the reasons for the rejection being communicated to the client.
 - k) FlyingMedicine has the option of informing the Local Medical Committees (LMC) or regulatory authority(s) if there is a concern about abuse of the complaints system in treating the complaint.
 - l) Where FlyingMedicine has any concerns about handling a complaint, support can be sought from its medical defense organization or the LMC or regulatory authority(s).

10 Anonymous Complaints

Anonymous complaints received online via the company website or social media etc., will be investigated in the same way as named complaints. They will be logged and any corrective action necessary will be taken and recorded and, if appropriate, the response will be displayed in reply to the complaint that appeared on the FlyingMedicine website

10) Vexatious Compliant

- I. Occasionally, FlyingMedicine may receive complaints that are vexatious in that they cause considerable disruption to the work at FlyingMedicine, disproportionate cost and time to handle and impact the wellbeing of staff (because of the way the complaint is made or because of its repetitive nature).
- II. FlyingMedicine will ensure that it meets the requirements of the Equality Act 2010 to make 'reasonable adjustments' for disabled customers. In some circumstances, customers may have a disability that makes it difficult for them to either express themselves or communicate clearly and/or appropriately.
- III. Where there is an indication that this may be the case, FlyingMedicine will consider the needs and circumstances of the Client or complainant in the first instance and use this information to inform any decisions that are made.
- IV. Where appropriate, FlyingMedicine will consider complaints to be vexatious but would not label an individual complainant as vexatious. Even if FlyingMedicine decides that an individual's complaint about the service is vexatious, that does not preclude that person from making a formal complaint.
- V. FlyingMedicine would still consider any such complaints in line with the usual procedures.
- VI. To help decide whether a complaint is vexatious, FlyingMedicine will consider the full history and context of interactions with the individual making the complaint and will look at both the nature of the complaint and the manner in which it is made. The particular issues that will inform a decision will include whether:
 - a. The primary purpose and/or effect of the complaint is to disturb, disrupt and/or pressurise FlyingMedicine, its staff or an individual member of staff
 - b. The primary purpose and/or effect of the manner in which the complaint is made is to disturb, disrupt and/or pressurise FlyingMedicine, its staff or an individual member of staff
 - c. The complaint is otherwise clearly unreasonable
- VII. If at any point in the handling of a complaint, a member of staff believes it meets the criteria to be deemed vexatious it must be referred to Dr Nomy Ahmed with a summary of why it is thought to be vexatious.
- VIII. Dr Nomy Ahmed will consider the complaint, seek external advice if appropriate, and will either declare the complaint as being vexatious, or not. Where a complaint is not deemed to be vexatious it will be returned to the appropriate point in the complaints handling process.
- IX. If a complaint is deemed to be vexatious, Dr Nomy Ahmed will respond directly to the complainant explaining why it is thought to be so and explain that the complaint will be closed with no further action. Dr Nomy Ahmed will also consider if the making of a vexatious complaint also requires the application of a restriction on communication following unreasonable behaviour.
- X. The decision to declare a complaint as vexatious will be recorded in the complaints register for future reference.
- XI. Any declaration that refers to the specific complaint being vexatious and any further complaints from the same individual will still be

considered.

- XII. If any individual wishes to challenge a decision made in relation to this policy, and all attempts to resolve the complaint locally have been unsuccessful, details of the ICB's complaints team and Parliamentary and Health Service Ombudsman (PHSO) will be shared with the complainant.

11) Conclusion of the investigation

- I. The complainant shall be given a written statement of the investigation and its conclusion, noting how a complaint has been considered, conclusions reached, and any actions taken or proposed as a response to the complaint, and details of the complainant's right to take their complaint to the appropriate regulatory body(s)
- II. Brief details of complaint will be E-mailed to all partners.
- III. Complaint outcomes will be disseminated to all partners.

12) Confidentiality and records

- I. Records are kept of complaints, investigations and outcomes.
- II. This will enable the practice to review the complaints procedure and ensure that complaints are used to improve quality of services and enable the practice to refer to the records if the complaint is not resolved at practice level. Records will be kept in separate complaints file and separate from client's medical records. Records are kept confidential-in line with the GMC guidelines.

13) Statistics, reporting and meeting

- I. The practice may submit to overseeing bodies periodically/at agreed intervals details of the number of complaints received and actioned.
- II. Practice will hold regular meeting every 6 months to review complaints process and complaints log.
- III. Complaint will be mentioned in the operation group meeting.
- IV. All complaints will be discussed at the relevant team meetings.
- V. The practice will specify in an Annual Report the number of complaints received, their subject matter, and any actions taken or proposed which have arisen from the complaints in relation to the services they provide. The number of referrals to the Ombudsman must be listed.

14) Independent review

If client is unable to raise the complaints with the practice or client is dissatisfied with the results of investigations, client should contact the overseeing statutory body if applicable.

Definitions

I. Vexatious Complaint

- i. A vexatious complaint is one that is pursued, regardless of its merits, solely to harass, annoy or subdue somebody; something that is unreasonable, without foundation, frivolous, repetitive, burdensome or unwarranted

II. Compliment

- i. A compliment is an expression of satisfaction about a service the Client has received
- ii. Compliments are positive feedback that can be received verbally or in writing and can include expressions of praise, admiration, congratulation and encouragement

III. Complaint

- i. A complaint is an expression of dissatisfaction, disappointment or discontent. This could be in response to an act of omission, decision or act
- ii. Complaints can be made in various ways and include:
 1. Verbally
 2. Writing
 3. Electronically
 4. Local feedback channels

IV. Written Complaint

- i. A written complaint is one that is made in writing to any member of staff or is originally made orally and subsequently recorded in writing. Once it is recorded, a complaint should be treated as though it was made in writing from the outset