COMPLAINTS POLICY

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<td>Responsible Director:</td>
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This Policy forms part of a suite of documents relating to the Complaints Procedures applied by NHS Greater Glasgow & Clyde (NHSGGC). The full set of documents comprises:-

Complaints Policy (this document)

Guidance to Staff in Dealing with Complaints

Operational Procedures relating to NHSGGC services and each Partnership.
1. Introduction

NHS Greater Glasgow & Clyde aims to deliver high quality healthcare and to use the views and experiences of the people who access our services as part of a process of continuous improvement.

The Patient Rights (Scotland) Act 2011 supports the Scottish Government’s vision for a high quality, person-centred NHS and applies to all staff working for NHS Scotland and to all independent contractors and their staff who provide NHS services. It details what patients in Scotland have a right to expect of their health services, no matter whether they are delivered by NHS staff or on behalf of the NHS by independent contractors or their staff.

The Act gives patients a legal right to give feedback on their experience of healthcare and treatment and to provide comments, or raise concerns or complaints. NHS Boards and independent contractors must publicise their complaints processes and encourage patients to give feedback. This document deals specifically with how we deal with complaints.

A complaint is any expression of dissatisfaction about an action or lack of action or standard of care provided¹.

Separate guidance² will be prepared to describe the organisation’s approach to other forms of feedback, including comments or expressions of concern.

Staff need to use judgement on whether to treat an issue as a complaint. In the case of concerns individuals should be given the opportunity to consider whether they want the issue raised as a complaint. If in doubt staff should treat a concern as a complaint.

Whenever possible, the comments, concerns and complaints of patients and their families or representatives are dealt with as they arise. We recognise that there will be occasions where an individual will be dissatisfied with an explanation or apology given and will want to pursue a complaint further. This Policy describes our commitment to respond to complaints. Where a complaint is made we aim to resolve the complaint as directly and quickly as possible being fair to the person making the complaint and those involved in delivering healthcare (whether this be clinical or support staff). It is our intention to make our complaints system as accessible and simple as possible.

Complaints, which can easily be resolved because they require little or no investigation, will be handled by those individuals directly involved in delivering services to patients. This may be clinical staff or support services staff such as Receptionists, Health Records staff, or Domestic Services staff. We call this “front-line resolution”.

If an individual is not satisfied with the outcome from “front-line” resolution, or does not wish to pursue this option, we will treat the dissatisfaction as a formal complaint. This

¹ SPSO Model Complaints Handling Procedure
² NHSGGC guidance for receiving and learning from feedback, comments and concerns (not yet finalised) at July 2015

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would be appropriate where the matter of concern is complex and requires investigation. So that there is clarity about the terms of a formal complaint we will ask that this be put in writing and we will assist complainants in doing this if the complainant wishes this.

The way we deal with formal complaints is set out by the Scottish Government. We provide detail of these requirements at Section 6. This Policy is supported by Operational Procedures/Guidance which may vary from one part of our organisation to another e.g. who you should contact, but all parts of our organisation are required to follow a common and consistent approach to the handling of complaints which aims to be fair to all who use our services.

We are a large organisation employing over 33,000 staff and have in excess two million clinical contacts with patients each year. Sometimes we get it wrong. When we do, we should be willing and able to acknowledge that. Our overall aim is to listen and act on complaints from those who feel let down by our services. We also want to learn from what patients say has worked well for them.

The NHS in Scotland has in place arrangements to provide a Patient Advice and Support Service (PASS) for all NHS users. The service provided is free, confidential, independent of the Board, and fully impartial.

2. Scope

This Policy applies to all employees of NHSGG&C and to all services provided by NHSGG&C. The policy recognises the functions of Integration Joint Boards (IJBs)/Health & Social Care Partnerships (HSCPs) arrangements. Policies and procedures developed by IJBs/HSCPs must be consistent with this Policy. All Family Health Service Practitioners (General Medical Practitioners, General Dental Practitioners, General Ophthalmic Opticians and Community Pharmacists) as service providers, also have a contractual obligation to operate a suitable Practice based Complaints Policy in respect of the NHS services they provide. They are required to take account of this Policy in fulfilling that obligation.

The potential subject matter of a complaint is wide and not just related to clinical care. A complaint may, for example, be about a decision taken by the Board that is likely to affect the person making the complaint e.g. their access to services, waiting times etc. Each complaint will be taken on its own merit and responded to appropriately.

The NHS complaints procedure primarily deals with concerns about

- patient care; or
- issues related to or having an impact on patient care and the provision of services; or
- matters related to the health of the population we serve where an individual is personally affected
- decisions taken on the services to be provided.
Patients or their authorised representatives, or any person who is affected by or likely to be affected by an action or omission of NHS Greater Glasgow & Clyde, an Integration Joint Board or a service provider may raise complaints about:

- NHS care provided (for example):
  - by hospitals, resource centres, health centres and clinics
  - by Family Health Services (including General Medical Practitioners (GPs); General Dental Practitioners, Opticians and Community Pharmacists)
  - by Community Services who provide health services such as community dentists, community nurses, physiotherapists, dieticians or health visitors etc
  - by Prison healthcare centres
  - in private hospitals or care homes in which the care is funded by the NHS

- NHS catering, domestic and environmental matters

- public health issues such as, management of major incidents or infection outbreaks where they have been adversely affected by these.

This Policy does not apply to certain circumstances which are described in Section 4 where either a separate Policy applies or the rules under which we operate require that a complaint cannot be progressed in tandem with, for example, a formal legal claim.

3. Roles & Responsibilities

Legislation and guidance issued by the Scottish Government set out specific roles and responsibilities in relation to the management of complaints and feedback. These roles are described below.

**NHSGG&C**

NHSGG&C has a responsibility through its management structures to ensure that all employees are aware of and trained in the Complaints Policy and related procedures.

**The Chief Executive**

The Chief Executive has a statutory accountability for the quality of care delivered by NHS Greater Glasgow and Clyde. The responsibilities of the Chief Executive in relation to feedback and complaints will be discharged as set out below.

**Feedback and Complaints Manager**

The Feedback and Complaints Manager will be the Board Nurse Director and will ensure that NHSGG&C has a clear framework to learn from complaints, to

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3 The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012, The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012, and the national guidance ‘Can I Help You?’ – Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services (2012),
systematically seek patient feedback and to act on that feedback, including learning across the whole organisation.

**Feedback and Complaints Officers**
The Chief Officer – Acute Services, Chief Officers, Integrated Joint Boards, and Directors are designated by the Chief Executive to be Feedback and Complaints Officers and are responsible to the Chief Executive for ensuring that an adequate investigation is conducted into complaints within their area of responsibility, for the quality of the response sent to the complainant, and for adherence to timescales of responses. The Feedback and Complaints Officers are responsible for the effective management of feedback and complaints systems. They may delegate their function to a person with appropriate experience and knowledge in meeting the requirements of the Patient Rights (Scotland) Act.

**Complaints Officers**
Complaints Officers (whether called this or not) are readily accessible to patients, the public and staff. Arrangements will be made so that the role of the Complaints Officer is not interrupted by one individual’s absence. Their primary role is to process complaints and support managers in responding to complaints. These staff must have sufficient knowledge and experience to advise individuals on the Board’s feedback, concerns and comment procedures as well as the formal complaints procedure.

**Service Providers** who are Family Health Services Practitioners are responsible for operating a Practice based Complaints Procedure which is consistent with this Policy, and complies with The Patient Rights (Scotland) Act 2011 and associated regulations and Directions.

**Patient Advice and Support Service (PASS)**
The Patient Advice and Support Service provides independent support to patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. The Service is funded to help and support patients to raise concerns, guiding them through the formal complaints procedure when required.

4. Complaints Policy

a. Right to Raise a Complaint

Any person who has used NHSGG&C services, or has a right to use those services, or may be affected by an act or omission by NHSGG&C (or an organisation exercising delegated functions on behalf of the Board) may make a complaint under the terms of this Policy.

Complaints may be made by:

- a patient, or former patient
- a person likely to be affected by a decision taken by our organisation
- someone authorised by an existing or former patient. e.g. a patient’s parent, carer, guardian or a visitor; MSP, MP, MEP or local Councillor; or an
advocacy worker or member of any independent advice and support organisation.

Where someone other than the patient makes a complaint, they must be able to demonstrate that they have obtained the patient's (normally written) consent to:

- make a complaint on their behalf;
- members of staff examining the patient’s health records - if this should prove necessary as part of the investigation of the complaint.

In the case of a deceased patient a right to pursue a complaint may rest with their personal representative or executor.

It is for the appropriate Feedback and Complaints Officer to determine whether the person making a complaint is suitable to represent a patient. This decision will depend, in particular, on the need to respect the wishes of the patient. For example, the patient may have made it known that their information should not be disclosed to third parties. If it is decided that a person is not suitable to act as the patient’s representative, they must be provided with an explanation in writing outlining the reasons for that decision. In the case of Family Health Services Practitioners it will be the Practitioner who determines this.

b. What Cannot be Considered

We cannot consider under the Complaints Procedure:-

- any complaint about private care and treatment or services including private dental care or privately supplied spectacles
- a complaint about services not provided or funded by the NHS, for example provision of private medical reports
- complaints about some aspects of care where social work services have responsibility – in these cases the person making the complaint will be advised of where to direct their complaint.
- a complaint from another NHS body in relation to any matter connected with the exercise of NHSSG&C’s functions
- a complaint made by a service provider which relates either to any matter connected with the contract or arrangement under which the service provider provides health services
- any complaint made by an employee of NHSSG&C or health service provider in relation to any matter relating to their contract of employment
- any complaint that is being or has been investigated by the Scottish Public Services Ombudsman (SPSO)
- a complaint arising from an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002
- any complaint about which a complainant has stated in writing that they intend to take legal action
- any complaint about which NHSSG&C or one of its health service providers is
taking or proposing to take disciplinary proceedings against the person who is the subject of the complaint

• any complaint which has already been investigated under the current or a former NHS complaints procedure.

Where there are alternative appropriate procedures to consider any of the above, these will be implemented. Some further matters where it is more appropriate to use an alternative procedure or follow an alternative route include:-

• Determining the funding of continuing care - NHS Circular CEL 6 (2008) February 2008, known as the Continuing Care Review Procedure, should be referred to for further guidance

• Matters which are being investigated by a professional regulatory body.

• A serious incident which is the subject of a formal and independent inquiry under Section 76 of the National Health Service (Scotland) Act 1978 called by Scottish Ministers in relation to a failure to carry out any function under the Act.

• Where it is believed that a criminal offence, including fraud, may have been committed.

Where a complaint received will not be investigated under the NHS Complaints Procedure we will inform the complainant in writing and provide information on the appropriate procedures to be followed.

If there are aspects of the complaint that can be taken forward without compromising the alternative investigation being undertaken we will aim to respond to these aspects. If we cannot do this we will advise the complainant and explain to them why this is the case.

c. Timescales

A complaint should be made within 6 months from the date on which the subject matter of the complaint comes to the complainant’s notice, provided that this is no later than 12 months after the date on which the subject matter of the complaint occurred.

We will operate these time limits flexibly where it is unreasonable to expect that the complaint could have been made earlier provided it is still practicable to investigate the facts. We will be unable to consider a complaint many years after an event as our ability to properly investigate the facts will be hindered by the movement of staff and the ability to recall facts accurately with the passage of time.
We will acknowledge complaints within three working days of receipt and normally provide a response within 20 working days \(^4\). As part of our acknowledgement we will tell complainants who they can approach for independent advice and support.

If we are unable to meet this timescale for a response, a written explanation for the delay and an update on progress will be provided and we will indicate when we expect to be able to reply. We will advise complainants of the right to seek review by the Scottish Public Services Ombudsman if they do not accept the reasons for delay.

The relevant Director will be advised of all cases where the 20 day timescale has been breached. Prior to 40 working days from receipt of a complaint\(^5\) there must be a review by a Senior Manager or above of the handling of the complaint to date to ensure that any delay is for good reason.

### d. Responses

Written responses to formal complaints will be signed by the Chief Executive, Chief Officer of the Acute Services Division or a direct report to the Chief Executive or Chief Officer- Acute Services. IJBs/HSCPs will determine persons of suitable experience and seniority to sign written responses to formal complaints. For Service Providers, responses will be signed by an appropriately senior designated person. Responses will include the conclusions of the investigation, information regarding any remedial action taken or proposed as a consequence of the complaint and any further options the complainant has to pursue their complaint, including the right to seek a review by the Scottish Public Services Ombudsman.

NHSGGC through the Chief Officer- Acute Services and Chief Officers, IJBs/HSCPs, will ensure that actions identified as a result of complaints are followed up to prevent recurrence and improve the quality of care and services to patients.

### e. Specific Issues for Family Health Services Complaints & Procedures

Annex A to this Policy sets out in a single document the slightly different rules that apply where a complaint is made against Family Health Services Practitioners (including General Medical Practitioners (GPs); General Dental Practitioners, Opticians and Community Pharmacists) who are obliged to have in place and operate a Practice based Complaints Procedure for the NHS services they provide. Where there is evidence that a Practice does not have a suitable procedure in place, corrective action will be required to ensure such failure is addressed. Continued failure by a Practice may result in disciplinary action being initiated.

### f. Support and Advice

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\(^4\) Or receipt of consent to investigate a complaint, where the complainer is someone other than the patient.
Through our staff, and specifically our Complaints Officers, we will provide information and advice to people wishing to complain on how the NHS complaints procedure works and the options open to them.

The Board will work closely with the Patient Advice and Support Service (PASS), who provide independent advice and support to patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health. PASS is funded to help and support patients to raise concerns, guiding them through the formal complaints procedure when required. The service also aims to assist patients with information or in dealing with the consequences of ill-health or disability, for example accessing appropriate benefits. We will publicise how to make contact with the Patient Advice and Support Service at all places where NHS services are provided.

There are also a variety of Advocacy Projects operating across the Board’s area. Some specialise in assisting those with communication difficulties or with mental health issues. Local clinicians and Complaints Officers will provide details of local Advocacy Projects working in specific parts of the Board’s area.

g. The Principles Underlying Our Complaints Policy

General/Patient Focus

We will –

- Listen to, aim to understand and act upon the views and experiences of the people who use our services.
- Require all local services to have effective person centred arrangements in place to respond to complaints.
- Deal with all complaints received in a fair, equitable and empathetic way with a strong emphasis on the quality of response.
- Treat and respond politely to anyone wishing to complain, and will do so with respect, patience and empathy. However, where a person’s behaviour is considered unacceptable as described in our “Unacceptable Behaviour Protocol” we may decline to respond to a complainant or restrict that individual’s access to our Complaints Procedure.
- Aim to deal with complaints quickly and fully at the level at which they are raised, with emphasis on an effective local resolution stage.
- Handle complaints in a way which is open and fair to patients and our staff.
- Support the person making the complaint and the staff named in the complaint.
- Use complaints as a means of identifying where service improvements can be made.
- Ensure that where we contract with others to provide patient care (e.g. nursing home care) our contracts will require the service provider to comply with the NHS complaints procedure.
- Ensure linkages between the handing of serious clinical complaints and the requirement of the Significant Clinical Incident Policy.

Communication & Support
We will

- Ensure appropriate training is available to staff to enable them to respond effectively and efficiently to concerns and complaints.
- Publicise our Complaints Policy and Procedures locally so that patients and visitors are aware of the right to complain, how to access the complaints procedure, and the help available to them.
- Provide appropriate independent support and advocacy services for all who need it through a strategic partnership with a consortium of the Citizens Advice Bureau in NHS Greater Glasgow & Clyde and other agencies.
- Ensure that alternative dispute resolution services are available where appropriate.
- Make guidance available to staff on how to deal with unacceptable behaviour by complainants (see Section 12).

Equality & Diversity

We will

- Recognise equality and diversity and promote a complaints system that responds sensitively to the individual needs, background and circumstances of people’s lives
- Understand how factors such as age disability, gender, race, religion, sexual orientation, or socio-economic status may impact on individuals’ ability to access the complaints process and that they may need to be supported effectively
- Ensure that complainants have ready access to communication and language support, including translation and interpretation services

Consistency of Approach

We will deliver a co-ordinated single standard for processing complaints which involves:

- Consistency of approach and procedures.
- Where practical, provision of a single response to complaints that relate to more than one service or part of our organisation

We aspire to deliver a Complaints procedure that is always

- Credible
- Person centred
- easily accessible
- easy to use
- demonstrably fair and timely
- effective and sensitively applied
- open and honest
- apologetic for any failings
• able to demonstrate that we have learned from issues raised and taken action to deliver improvement

Training

We will ensure that staff dealing with complainants are appropriately trained and experienced. We will use the NES on-line training programmes to establish baseline knowledge for those undertaking complaints processing and investigation.

All staff are required to have an understanding of the Complaints Process and the rights of patients. Our Induction Programme for new staff emphasises this. Complaints Officers are required to undertake the e–learning modules associated with complaints handling and investigating complaints, available via LearnPro. Advice and guidance on the operation of the Complaints Policy is available via the Head of Administration for the Board and the equivalent in each Integrated Joint Board/HSCP.

Investigation, Outcomes & Responses

Thorough investigation of complaints will always be undertaken in accordance with this Policy and Local Operational Procedures. Complaints will be investigated in a manner that is appropriate for resolving complaints efficiently and effectively.

Investigation will normally be by the service concerned, but led by individuals who are apart from the issues being reviewed. On occasions, and for second episode complaints, we may ask another service to review practice to ensure that the findings from any investigatory process are demonstrably fair and independent. Where a complaint is made about professional practice e.g. nursing practice, we will ensure that the investigator of the complaint is independent of the clinical area where the complaint arose.

In considering the investigation of a complaint, or reviewing a proposed response, the relevant Director or other nominated signatory should consider if the circumstances of the complaint would benefit from review by another senior officer not involved in the service complained against.

Where appropriate, alternative dispute resolution services may be offered as a means of resolving a complaint. This will normally be in the form of conciliation or mediation services provided by an independent and impartial third party.

Responses will be clear and easy to understand and will address all the issues raised. NHSGG&C will offer a meaningful apology where things have gone wrong and will indicate actions taken to prevent recurrence and/or lessons learned as a result.

There will be a clear statement indicating which elements of the complaint have been upheld, partially upheld or not upheld. The rationale for decisions taken will be explicitly stated.
Responses will indicate any further options open to the complainant including the right to seek a review by the Scottish Public Services Ombudsman. If a complainant comes back to the organisation with further or unresolved issues, this must be drawn to the attention of the relevant Director to decide what further action should be taken. Where new issues are raised these will normally be treated as a new complaint.

**Service Improvement**

NHSGG&C will ensure that information gained from patient complaints is used to improve quality, through our clinical governance arrangements. As well as responding to individual complaints we take the lessons from them and apply these as a basis for improving the quality of service provided.

5. **Review**

The Policy and Operational Procedures will be reviewed every three years unless there is a significant change in the guidance or legislative framework that we are required to work within.

We welcome comments and suggestions from the public or organisations on how we may improve our Complaints Policy. Comments should be sent to:-

Head of Board Administration  
Board Headquarters  
JB Russell House  
Gartnavel Hospital Campus  
1055 Great Western Road  
Glasgow G12 0XH

6. **References**

Our Complaints Policy and Operational Procedures/Guidance are based on the following:-

- Patient Rights (Scotland) Act 2011
- The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012, issued by the Scottish Government on 28 March 2012 under CEL 7 (2012)
- National Guidance ‘Can I Help You?’ – Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services
• NHS (General Medical Services Contracts)(Scotland) Regulations 2004; the NHS (General Dental Services)(Scotland) Amendment Regulations 2010; the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2009; and the NHS (General Ophthalmic Services) (Scotland) Amendment Regulations 2006.

• The Statement of Complaints Handling Principles and Guidance on A Model Complaints Handling Procedure” issued by the Scottish Public Services Ombudsman in June 2011.


• Better Together Scotland’s Patient Experience Programme (2008) and it’s Learning from Complaints Working Group.

We have also developed to support the Policy:-

• **Guidance to Staff in Dealing with Complaints.** This is based substantially on “Can I Help You?”

• **Operational Procedures for the NHS Board, the Acute Services Division and each Integrated Joint Board**

• **An Unacceptable Behaviour by Complainants Protocol** for handling the circumstances where a complainant is (a) abusive to staff; or (b) threatens physical violence; or (c) is otherwise unreasonably persistent in circumstances where a complaint has been fully investigated and a full response provided to the complainant. A copy can be found at Annex B of Guidance to Staff.

7. **Communication and Implementation Plan**

We have prepared a NHSGG&C Patient Information Leaflet outlining the complaints process which will be widely available in public areas at all out facilities, on our web site and for use as a communication aid when corresponding with any person raising a complaint. Alternative format and language versions of this leaflet are available.

An information booklet entitled “Giving feedback or making a complaint about the NHS”, produced by Health Inform on behalf of the NHS in Scotland is also available on request from us and may be downloaded from the NHS 24 website/Health Rights Information Scotland website.

Staff should ensure that any language and other obstacles to effective communication or concerns are overcome through provision of contact with support agencies, where necessary, including the Board’s interpreting service.
Guidance on individual complaints is also available via individuals who are designated as Complaints Officers. These individuals may undertake this role full-time or as part of other duties.

Senior Officers are responsible for ensuring that staff have access to training and support, appropriate to their role, to enable them to deal effectively with comments, concerns or complaints.

8. Monitoring

We are required to respond to complaints within 20 working days. Our performance in meeting this target is subject to report to the Information Services Division (ISD) and the NHS Board.

The NHS Board, directly or through a standing Committee of the NHS Board, will also review the key themes of complaints, remedial action or action taken to improve services as a result of complaints, and where appropriate, any recommendations made by the Scottish Public Services Ombudsman (SPSO) at least twice per year.

NHSGG&C and Integrated Joint Boards must have arrangements in place to monitor the response times to complaints, the lessons learned and the implementation of recommendations and/or actions arising from complaints and the recommendations contained in any Scottish Public Services Ombudsman (SPSO) Reports about our Services. These reviews should be carried out through the Clinical and Care Governance arrangements.

Ad hoc surveys, audits and departmental meetings provide further opportunities for learning any lessons in order to lead to better and improved services for patients.

The Scottish Health Council monitors the Board’s management arrangements with PASS and how PASS support complainants under these arrangements.

9. Equality Impact Assessment

The NHS Scotland is required to ensure that its services recognise and respond sensitively to the individual needs, background and circumstances of lives of the people who access our services. This requirement, underpinned by a statutory duty to ‘encourage equal opportunities’ applies equally to our local arrangements for handling complaints.

The Equalities Act 2010 places a legal obligation on public authorities (including NHS Boards) to actively promote equality in all their work and requires them to ensure that they comply with the general duty to:

‘Eliminate unlawful discrimination on the grounds of race, sex, gender reassignment, disability, age, religion and belief, sexual orientation and pregnancy and maternity’.
Staff applying the Complaints Policy must comply with these requirements. They will treat individuals on an equitable basis, with an understanding of issues relating to age, disability, gender, race, religion, sexual orientation, or socio-economic status in accordance with the Board’s Equality Scheme.

This Policy has been the subject of an Equality Impact Assessment to ensure arrangements fully meet the needs of potentially disadvantaged individuals or groups: This includes ensuring ready access to translation and interpretation services, including those for people with sensory impairment, and the provision of appropriate independent support and advocacy services for all who need it.
Complaints against Family Health Service Practitioners

Family Health Services Practitioners (including General Medical Practitioners (GPs); General Dental Practitioners, General Ophthalmic Opticians and Community Pharmacists) contract with the Health Board to provide services. They are known under the Complaints Policy as Service Providers. In return for committing to provide specific services to patients they receive payment from the health service. Sometimes Practitioners may provide services which are not covered by the NHS, such as a doctor providing a private medical report for insurance purposes or an optician providing glasses where the patient pays the full cost of the item. The health service is not involved in such private work but if an individual is dissatisfied with the service received such concerns may be taken up directly with the Practice and additionally a complaint may be made to the relevant professional regulatory body (see below).

For the services provided under the NHS, Practices are obliged to have in place and operate a practice based Complaints Procedure and to publicise this. Where an individual believes that a Practice does not have a suitable procedure in place (rather than dissatisfaction with the outcome of a complaint) that concern may be raised with the Health Board. If there is evidence that a Practice does not have a suitable procedure in place, we will require that appropriate action is taken to address this failure. Continued failure by a Practice may result in disciplinary action being taken against the practitioners concerned.

Each Integrated Joint Board/HSCP should be able to provide a facilitation role between a patient and a Family Health Services Practitioner within their area, to help resolve any differences, but are not able to pursue complaints with Practitioners on behalf of patients. There are independent bodies and advocacy services that may be able to assist in this. In addition, the Pharmacy and Prescribing Support Unit (PPSU) for Community Pharmacies and East Dunbartonshire IJB/HSCP for general dental practitioners will carry out the facilitation functions for their respective professions.

Alternative Dispute Resolution (ADR) services, in the form of mediation or conciliation, may be used where both parties feel this would help to resolve the complaint.

Practices are required to appoint a Feedback and Complaints Officer who will be responsible for the management of feedback and complaints operationally within the Practice.

Practices should ensure that their complaints procedure is clear and that information on this and any support available is readily accessible to patients and/or their representatives.

Practices should adopt a positive approach to any form of patient feedback, including complaints, adopting the same principles as set out earlier in this Policy.
Practices are required to acknowledge complaints within 3 working days of receipt and to respond within 20 working days of receipt. Where the timescale for response cannot be met, a written explanation for this should be provided with an expected revised timescale for response.

Responses will be signed by an appropriately senior person in the Practice; this will normally be a Partner or the Practice Manager, depending on the circumstances of the complaint.

Responses should include any further options to pursue a complaint, including the right to seek a review by the Scottish Public Services Ombudsman.

Practices should ensure that actions identified as a result of complaints are followed up to prevent recurrence and improve the quality of care and services to patients.

Practices are required to provide the Board with complaints information as requested on a quarterly basis.

The main contact addresses for the four main regulatory bodies and their web sites are:

**General Medical Council – Scotland**
Gentle’s Entry
Edinburgh EH8 8PJ

gmcscotland@gmc-uk.org or http://www.gmc-uk.org/

**General Dental Council**
37 Wimpole Street
London
W1G 8DQ

http://www.gdc-uk.org/

**General Pharmaceutical Council**
25 Canada Street
London E14 5LQ

http://pharmacyregulation.org/

**General Optical Council**
41 Harley Street
London
W1G 8DJ

http://www.optical.org/