

## **Introduction**

Complaints about the surgery or member of staff are always taken seriously at Eyam Surgery. We always try to provide the best service possible, but there may be times when a patient may feel this has not happened. Any complaint that cannot be resolved quickly and efficiently by you or a colleague must be referred on to the Practice management team (Dr Goodwin, Cassie Jackson and Martin Middleton) promptly.

Making a complaint to either the practice management team or NHS England is called **Stage One**.

Complaints should be received in writing. Where a complainant is unable to communicate a complaint on their own, arrangements will be made to facilitate the giving of the complaint.

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

The complainant can, if they wish, contact NHS England regarding Eyam Surgery if they do not wish to contact the practice management team directly. **(Stage One)**

### **By post to:**

#### **NHS England**

PO Box 16738  
Redditch  
B97 9PT

**By email to:** [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

If you are making a complaint please state: '**For the attention of the complaints team**' in the subject line.

**By telephone: 0300 311 22 33**

**Opening hours are:** 8am to 6pm Monday to Friday, except Wednesdays when they open at the later time of 9.30am. We are closed on bank holidays.

### **Complaining direct to Eyam Surgery (Stage One)**

The complaints procedure is available for patients to see on the Patients' Charter (Appendix 1), on the surgery website and inside the patient leaflet. (Appendix 5)

You should inform the practice management team that there may be a complaint, as soon as possible so they are aware that a complainant or their representative may be contacting them, and for what reason.

Any complaints should be addressed in writing to the practice management team, who will follow Eyam Surgery's complaint's procedure promptly.

website

#### **Step 1**

The practice management team will use a standard letter informing the complainant that the complaint is being dealt with, without delay. The letter if the complainant is a patient will then be saved as a patient document using the template on EMIS, so it can be kept for future reference. (Appendix 4)

#### **Step 2**

The practice management team will thoroughly investigate the complaint, taking interviews with staff if necessary, talk to the complainant directly or indirectly, so that they are able to answer the complaint truthfully and comprehensively. The complaint will be answered in writing, promptly, and it will be filed in the practice management room for future reference. The response to the complaint will explain why the complaint is either upheld (in full or in part) or not upheld.

If a complainant is not satisfied with the practice management teams or NHS England's investigation and they decide to pursue their complaint, they can, by contacting the Parliamentary and Health Service Ombudsman. Their contact details will also be included in the Practice management team's final written response.

Please see Appendix 7 for their role when a complaint has been made to them.

The Parliamentary and Health Service Ombudsman (The PHSO) contact details taken from their website on 06.12.18 **(Stage Two)**

- Visit our '[Making a complaint page](#)' and click on 'Can we look into your complaint?' (PHSO website)
- Call their Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday, except bank holidays. Calls are charged at local or national rates.
- Send a text to their 'call back' service: 07624 813 005, with your name and mobile number.

The complainant must be aware that contacting The PHSO is the **Second Stage** and the last stage of the complaints procedure. They will not be able to contact NHS England afterwards to reinvestigate if still dissatisfied.

#### **If a complaint is made when the practice management team is unavailable**

If the Practice management team is not available to respond initially, a delegated member of admin staff should use the template 'Letter to pt – PM absent complaint letter.dot,' deleting the irrelevant words as appropriate. The letter should then be sent on to the complainant, as well as saving it on their medical record, if appropriate. This will ensure the complainant is kept up to date on what is happening (Appendix 3). When a member of practice management team is next available they will contact the patient following Eyam Surgery's complaints procedure.

Complaints received by the practice will be reviewed at staff meetings to ensure that learning points are shared and to identify any potential staff training needs.

#### **Additional support available to complainants**

POhWER (advocacy making your voice heard) is an independent organisation that can guide and support a complainant through the complaints process. They can help put a complaint in writing to Eyam Surgery or NHS England, they can even go along to a meeting with them. However, they do not investigate complaints. Their contact details are:

You can contact POhWER via one of the methods below. Their support centre is open from Monday to Friday 8am to 6pm.

Telephone: 0300 456 2370

Minicom: 0300 456 2364

Text: send the word 'pohwer' with your name and number to 81025

Email: pohwer@pohwer.net

Skype: pohwer.advocacy

Fax: 0300 456 2365

Post: PO Box 14043, Birmingham, B6 9BL

**If you just want some guidance on writing a complaint and other useful step-by-step guides please use the link below**

<https://www.pohwer.net/nhs-complaints-advocacy-resources>

PALS offers help, advice, support and information about secondary care or community care. Eyam Surgery should advise people to contact PALS if a complainant has a concern regarding a specific service within either of the above sectors.

**WRITE TO:**

Chesterfield & North Derbyshire Royal Hospital

Chesterfield Road  
Calow  
Derbyshire  
S44 5BL  
Telephone 01246 512640  
[CRHFT.ACS@nhs.net](mailto:CRHFT.ACS@nhs.net)

## **Patient Safety**

### **Aims**

Eyam Surgery aims to improve the quality and safety of patient care by following the seven steps to patient safety in general practice produced by the National Patient Safety Agency.

In order to achieve the steps Eyam Surgery has a number of procedures the staff follow when there is a change to procedures or drugs, a complaint, a 'near miss' or a significant event. The procedures already in place allow staff at Eyam Surgery to monitor and learn from incidents in order to improve the services it provides.

### **Procedures**

#### **Any Changes**

The Practice management team will receive notification of any change, removal of drug, procedure or equipment. Notification maybe received via an email, post or publication. After reading the notification the Practice management team will complete a circulation form that will state which staff should be alerted, the date circulation commenced; signatures or ticks to acknowledge it has been read and the date that it returns to the Practice management team. This is then filed in the Practice Manger's office.

Patients that are directly affected by a change will be notified by an appropriate message typed by a dispenser and attached to their repeat prescription request.

#### **Complaints**

Complaints about the surgery or member of staff are always taken seriously at Eyam Surgery. We always try to provide the best service possible, but there may be times when a patient may feel this has not happened. Any complaints should be addressed in writing to the Practice management team who will adhere to the NHS North Derbyshire CCG's complaints procedure promptly. If preferred the complainant can contact NHS England (see above).

#### **Significant Event – complaints, missed or delayed diagnosis, wrongly prescribed medication.**

The Practice management team will complete a Significant Event form writing a description of the event, taking statements from relevant staff, (if appropriate) The staff/clinicians that were involved in the significant event will be addressed in order for a statement of 'action to be taken at the time' to written on the significant event form.

The result of investigation into a significant event is brought to the attention of all staff or clinicians during the next meeting. During the meeting staff training issues and improvement methods are discussed and put into action. Any changes that are

implemented in light of the 'event' are reviewed after a 3 month period during the appropriate staff/clinician meeting.

Minutes of every meeting are recorded and distributed to all staff.

The Practice management team will analyse and monitor significant event forms on a monthly basis so that any patterns can be identified and addressed accordingly.

### **Dispensary Near Misses**

Dispensary has a set of Standard Operating Procedures that the staff sign for annually. These SOPs allow staff to follow a set procedure when dispensing, removing and receiving drugs. However, on occasion some drugs/medication can be wrongly dispensed. Staff in Dispensary has a set procedure to follow when such an event occurs.

A 'Near Miss' is when an error occurs in the dispensing procedure, but is noticed before the 'error' reaches the patient.

1. Error occurs in the process.
2. Error noticed and rectified before dispensing to patient.
3. Error recorded on a specific form with an explanation given for the error and how it occurred. (the form will be held in a file in the dispensary)
4. There is a meeting every week with all the dispensary staff for discussion regarding the errors.
5. Learning taken place and possible actions taken to reduce the chance of error happening again.

If an error occurs and it is not detected before it is dispensed it will become a Significant Event, after it has been brought to the attention of the Dispensary or practice management team. At this point the practice management team will follow the above procedure, so that staff training issues can be actioned at the next Dispensary Meeting. Any changes will be analysed and reviewed after a 3 month period during the Dispensary Meeting.

### **Review**

The next routine review will be in September 2021.

This policy will be reviewed before September 2021 if relevant legislation or good practice guidelines change.

In addition the policy would be reviewed prior to September 2021 as a consequence of an incident or if the level of risk has altered/ is reprioritised.