

Master ID

Version

Document Name

Type

Date adopted

Review Date

Responsibility for Review

Equality Impact Assessment Performed

Approved by

Complaints & PALS Policy & Procedure

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1. Introduction

1. Oxfordshire Primary Care Trust is committed to continuous quality improvement. The PCT's aim is to promote a culture of corporate and professional responsibility, to learn from all suggestions and complaints received, and to work in partnership with patients to improve the quality of care and services offered.

2. Definition

- 2.1 A complaint is an "expression of dissatisfaction" with any aspect of care or service offered by the PCT. It may be made in person, by telephone or in writing (by letter, fax or email).
- 2.2 A complaint may be clinical or non-clinical, and could relate to one or more aspects of the services provided. It is essential that the investigation addresses all aspects of the complaint.

Patients may wish to address their concerns through the Patient Advisory Liaison Service (PALS) rather than going through the formal complaints procedure. Information and contact details for the PALS service is detailed at section 17.

3. Aims

To ensure that:

- The PCT's complaints policy is well publicised and easily accessible to all service users and staff.
- The PCT staff will ensure that patients' relatives and their staff are not treated differently or discriminated against as a result of raising concerns.
- The PCT's staff are aware of their responsibilities with regard to complaints, and are sympathetic and responsive to any concerns that are expressed. Treatment and care should not be influenced by the fact that a complaint has been made.
- Any complaints investigation is conducted in a professional, thorough manner, striking a suitable balance between confidentiality and openness. It must be fair to both the complainant and any staff involved. Wherever possible, the complaint should be managed within the designated timeframes.
- Staff within the PCT receive regular training to improve complaints handling and investigation and to ensure that there is early and appropriate resolution.
- All complaints are recorded, and the outcome used to improve practice across the PCT
- Wherever possible, complaints should be resolved locally and immediately;
- Complainants are kept informed of the progress and outcome of the

investigation. The majority of complainants wish only for their concerns to be taken seriously by the PCT. Where unavoidable delays occur, complainants must be kept informed of progress and the reason for any delay. It is important to offer apologies, where appropriate, an explanation if things have gone wrong, and reassurance that steps will be taken to avoid it happening to anyone else.

- In respect of complaints against independent contractors, where requested by the complainant or practice, that the PCT engages with all parties to facilitate resolution

4. Responsibilities

- 4.1 **Chief Executive.** The PCT's Chief Executive has overall responsibility and accountability for the management of complaints within the organisation.
- 4.2 **Director of Planning and Service Reform.** The Director of Planning and Service Reform is responsible for ensuring compliance with the statutory complaints arrangements and that action is taken in the light of the outcome of any investigation.
- 4.3 **The Quality and Clinical Standards Manager.** The Quality and Clinical Standards Manager will liaise with the appropriate senior staff to ensure that appropriate action / change in practice is taken arising from verbal and written complaints received by the PCT.
- 4.4 **Complaints Manager.** The Complaints Manager is responsible for ensuring the investigation and response of all complaints received by the PCT. The Complaints Manager maintains the PCT's central complaints database and produces regular quarterly reports for the Board or / and Integrated Quality and Clinical Standards in order to monitor the management of complaints, the trends and the action taken.

The Complaints Manager must alert the relevant director on receipt of complaints which may relate to an incident of a serious nature.

4.5 **PCT Managers** are required to:-

- Inform the Complaints Manager promptly of any verbal complaint received in their area, and the resulting action taken, by sending a completed Verbal Complaints Form (Appendix 6) to the Complaints Manager;
- Ensure that all complaints correspondence is forwarded without delay to the Complaints Manager and not filed in Patient Health Records;
- Use the outcome of complaints received to improve practice and service offered in their area of the PCT;
- Act as an investigatory complaints officer, if required by the Complaints Manager;

- Immediately refer any press enquiry regarding a complaint or complainant to the Complaints Manager or the PCT Communications team.

4.6 **PCT staff.** All PCT staff must

- Be aware of and apply the PCT Complaints & PALS Policy;
- Treat any complaint received, whether verbal or written, as a matter of priority, and respond in a sympathetic, confidential and professional manner;
- Ensure that all patients, carers and visitors to the PCT's premises have access to the leaflet "Are we looking after you?" (see Appendix 1) and the name and contact details of the PCT's Complaints Manager.

Further information can be found by reading the leaflet entitled "Handling Complaints – A Staff Guide" (See Appendix 2).

5. **Who May Complain?**

5.1 A complaint may be made by any member of the public who is dissatisfied with the PCT's services, in relation to an action, omission or decision.

5.2 Patient complaints are statutorily governed and may be made by:

- An existing or former patient
- A patient's next of kin, e.g. husband, wife, son, daughter
- A patient's relatives, friends, carers or advocates
- Parents of a minor
- A patient's General Practitioner

Where appropriate, the Complaints Manager will obtain written consent from the patient before investigating a complaint. (See Appendix 8)

Where the patient is unable to give consent or unwilling to make the complaint themselves, the Complaints Manager would have to be satisfied that it was reasonable for the complainant to act on behalf of the patient. If the Complaints Manager was not satisfied, he/she may refuse to continue with the complaints investigation or request that another person is nominated to act on behalf of the patient.

If a complaint is made following the death of a patient, the complainant must be a relative or other person who, in the opinion of the complaints manager, had or has a sufficient interest in his welfare and is a suitable person to act as representative.

5.3 **Letters from MPs and non-NHS Organisations** should be scrutinised by the recipient to assess whether they contain items which should be regarded as

matters to be dealt with under the PCT complaints procedure.

- 5.4 Staff and volunteers working within the PCT who wish to raise work-related concerns can do so through their individual line manager or director, by contacting the Chief Executive's Office or the Human Resources team. These are not matters for the NHS Complaints procedure.
- 5.5 Complaints from prisoners regarding healthcare treatment should be dealt with in accordance with the NHS Complaints Procedure and the Home Office document "PSO2510- Prisoners Requests and Complaints Procedures." (See section 16).

6. Patient Confidentiality / Data Protection

- 6.1 During a complaints investigation, patient confidentiality, and adherence to the Data Protection Act 1998 and the Freedom of Information Act 2000 must be maintained at all times.
- 6.2 File notes, letters and reports relating to complaints must not be filed with the patient's medical / nursing records (Any new clinical details that may be obtained during the course of the complaints investigation should, of course be recorded in the relevant clinical notes). The Complaints Manager will be responsible for safely storing all complaints paperwork/data.
- 6.3 All complaints records should be clear and legible and meet required NHS Record Keeping Standards.
- 6.4 The complete complaints file must be kept for a period of ten years, sometimes longer; as such documentation may be required in a court of law if subsequent legal proceedings take place. The criteria relating to retention of documentation is defined more fully in the PCT Records Management Policy.

7. Written Complaints

- 7.1 Written complaints are those received by letter, fax or email from the complainant, but may also include verbal complaints that have not been resolved locally and those of a serious nature, requiring a written response.

Any complaint, even if it is made verbally that alleges abuse, discrimination, incompetence, negligence or criminal activity, must be treated as a written complaint and referred immediately to the Chief Executive's Office and the Complaints Manager.

- 7.2 All written complaints received within the PCT should be sent **immediately** to the Complaints Manager at the PCT Head Office, marked **URGENT** for the attention of the "Complaints Manager". Alternatively, the complaint can be faxed to a confidential line on - fax: 01865 336 827

- 7.3 Whatever means is used to send the written letter of complaint, staff should telephone tel: 01865 336 786 to inform the Complaints Manager that a written complaint has been received and is being forwarded.
- 7.4 The Complaints Manager will send a standard written letter of acknowledgement within two working days. Templates are stored on the DATIX system.
- 7.5 The Complaints Manager will seek authorisation for the complaint to be investigated, if appropriate.
- 7.6 The Complaints Manager will advise the appropriate line manager, and Human Resources Personnel immediately if any allegation could lead to a disciplinary hearing. The line manager will be responsible for speaking to the member of staff concerned.
- 7.7 The Complaints Manager will advise the Chief Executive, Legal Department and relevant line manager immediately if any complaint could lead to legal proceedings or media interest, such as those alleging abuse, discrimination, negligence or criminal activity. The line manager will be responsible for speaking to the staff concerned, as appropriate.
- 7.8 The Complaints Manager will nominate a manager, as appropriate, to investigate the circumstances of the complaint. The investigation should be completed within 20 working days of receipt of the original letter so that a final response may be despatched within 25 working days.
- The Complaints Manager and the investigator must liaise to identify at an early stage if an investigation may not be completed within this period. The NHS Complaints procedure requires that the consent of the complainant must be sought if the period needs to be extended. The deadline may only be extended with the complainant's agreement. If an extension is granted, every effort must still be made to resolve the complaint within 25 days.
- 7.9 The investigator will consider the details of the complaint and seek clarification on any aspect if required. In addition, they will determine the investigation/resolution tools appropriate for effective handling of the complaint. This may include Root Cause Analysis. They may interview the complainant, staff and witnesses, as appropriate, taking full statements from all those concerned, as required. At every stage of the proceedings, the investigator will utilise good communications and adhere to Human Resources policies, taking advice where necessary.
- 7.10 It is important that complaints that identify serious incidents and near misses are handled in conjunction with the procedures outlined in the Incident Reporting Policy”.
- 7.11 The nominated complaints investigator will send a report of the complaints

investigation and a draft letter of response to the Complaints Manager.

7.12 The Chief Executive is required to respond to the complainant within 25 working days of receipt of the written complaint. The Chief Executive will send a formal letter of response, including information relating to the Healthcare Commission's review process. The formal response should not contain medical and health service jargon. If this is unavoidable, a layperson's explanation should be included, as appropriate.

7.13 The Investigation Manager will be responsible for informing the Complaints Manager if the investigation of the complaint is likely to be delayed, (see 7.8) or if the complaint needs to be passed to another manager to investigate.

Please see (appendix 3) for a flow chart to illustrate the resolution process of Written Complaints.

8. Verbal Complaints

8.1 Verbal complaints are either:

- Resolved locally, in which case the details/outcome should be recorded on a Verbal Complaints Form (see Appendix 6);
- Not resolved locally, in which case details should be recorded on a Verbal Complaints Form and forwarded without delay to the Complaints Manager. Unresolved verbal complaints are treated as formal written complaints.

8.2 Any PCT employee / contractor who receives a verbal complaint should:

- Seek to establish the cause of the problem
- Establish if immediate action can be taken to resolve the issue
- If appropriate, carry out the agreed action, seeking advice as necessary
- Seek clarification from the verbal complainant that the agreed action has resolved the issue of concern
- Record the nature of the verbal complaint and the outcome on the PCT's Verbal Complaints Form
- Send/hand the completed Verbal Complaints Form to their line manager as a matter of priority
- Send a copy of the completed Verbal Complaints Form to the Complaints Manager at PCT Headquarters.

8.3 If after consideration, the member of staff cannot resolve the verbal complaint, they should:

- pass the details of the verbal complaint to their manager without delay or, if they are not available, to another appropriate manager;

- complete a Verbal Complaints Form, detailing the date, time and nature of the complaint, the reason that it has not been resolved locally and the name of the manager to whom it has been passed;
- ensure the complainant is aware of the NHS complaints procedure, by giving them the leaflet “Are we Looking After You ?” (see appendix 1)
- pass the original Verbal Complaints Form to their manager;
- send a copy of the completed Verbal Complaints Form to the Complaints Manager, based at PCT Headquarters
- the Complaints Manager will treat an unresolved verbal complaint as a formal written complaint

8.4 Any complaint, even if it is made verbally, that alleges abuse, discrimination, incompetence, negligence or criminal activity, must be treated as a written complaint and referred immediately to the Chief Executive’s Office and the Complaints Manager.

9. Email Complaints

9.1 Complaints may be received by the PCT via email. Guidelines are necessary to ensure:

- Compliance with the NHS Complaints procedure, the PCT Complaints policy and with data protection legislation;
- That a comprehensive audit trail is maintained;
- That sensitive personal data is not transmitted electronically by the PCT or its employees beyond the NHS net, where firewall security may be inadequate;
- All correspondence sent in response to receipt of a complaint via email is professional and timely, part of an effective resolution to the concerns expressed, with due regard to the confidentiality of patient and other parties to the complaint.

9.2 **Acknowledgment of an email complaint.** When a complaint via email is received, a brief email acknowledgement should be sent within two working days by the recipient. The style of a business letter must be used, however informal the style of the incoming message is.

9.4 It is rarely advisable to provide a detailed response to a complaint via email, unless it is in response to a simple query that does not involve an exchange of personal information. Even then, the same formality and attention to detail that is required when writing a business letter should be employed.

9.5 If it is an uncomplicated matter an email response can be sent, as appropriate. A copy of the incoming and outgoing message should be forwarded to the Complaints Manager, for information.

9.6 When responding to an email, an incoming message should not be retransmitted if it contains any patient data or sensitive information about a patient, a health

professional or other member of staff. If in doubt, the “new message option” should be used.

- 9.8 If the original email does not contain the sender’s postal address, the correspondent should be asked if he/she will send it by return. Where there is reason to doubt the bona fide identity of the correspondent, the Complaints Manager may later need to investigate this further.
- 9.9 **Further Correspondence** Any further correspondence, prior to the Chief Executive’s final response, should be via the postal service if it involves the sending of confidential / sensitive information. If emails are used at any stage, for example in arranging a meeting, sensitive personal data should not be transmitted. The complainant is free, of course, to continue to correspond via email.
- 9.10 **Audit Trail** Hard copies of all outgoing and incoming messages related to the complaint must be made available to the Complaints Manager, for retention in the complaint’s case file.
- 9.11 **Email Complaints Communication amongst Colleagues** In some circumstances, emails to colleagues about a complaint may be disclosed to the complainant, the Healthcare Commission, the Ombudsman or the Courts. All complaints-related written communications with colleagues should adhere to the following principles:
- Anonymisation , where reasonably practicable, if patient data is involved
 - All emails to be written in a formal manner
 - Professional restraint to be maintained
 - No inappropriate exchange of views about a complaint or a party to a complaint to be employed

10. Habitual or Vexatious Complaints

- 10.1 Habitual and/or vexatious complaints, whilst few in number, can present real dilemmas for NHS staff. The difficulty in handling such complaints is that they can place a strain on time and resources and cause undue stress for staff who may need support in difficult situations. Whilst NHS staff are trained to respond with patience and sympathy to the needs of all complainants, there are times when there is nothing further which can reasonably be done to assist or to rectify a real or perceived problem.

The PCT has a policy for Handling Habitual or Vexatious Complainants and this is shown at (Appendix 5).

11. Complaints Involving Other Organisations

- 11.1 The Complaints Manager will be responsible for working with other NHS organisations, local authority Social and Community Services and private healthcare organisations providing NHS care to establish who will take the lead responsibility for the management of the complaint and for informing/liasing with the complainant.

12. Complaints Against Primary Care Independent Contractors

- 12.1 The procedure in respect of complaints received by the PCT relating to Primary Care Contractors (i.e. GPs, “High Street” Dentists, Pharmacists or Optometrists) differs from the procedure relating to services directly provided by the PCT.

The principle of local resolution, as applied to these complaints means that in the first instance complainants should usually be encouraged to deal directly with their local practice in respect of any matters of concern. The role of the PCT is to offer guidance and support and in some instances to act as ‘honest broker.’ There will be a few occasions when it is unreasonable or inappropriate for a complainant to be expected to deal directly with the person or practice perceived to be the cause of the complaint. In these cases, the PCT’s role as intermediary can be fulfilled through the use of conciliation, either from within the resources of the PCT or by provision of external mediation. For further advice, complainants should immediately be directed to the Complaints Manager on 01865 336786.

13. Response Criteria

The following deadlines must be adhered to with regard to complaints management. :

- 13.1 **Verbal complaints:** Resolved immediately or referred as a written complaint.

13.2 **Written Complaints:**

- 2 working days =** acknowledgement of receipt of written complaint;
- 20 working days =** investigation completed or Complaints Manager notified of circumstances. Complaints Manager will then send further letter to complainant, informing them of current situation;
- 25 working days =** formal response from the Chief Executive to the complainant, or interim letter with explanation of the reason for the delay in sending a full response and seeking the consent of the complainant with regard to this delay;

6 months = complainant may ask the Healthcare Commission to undertake an independent review of their complaint within six months of receiving a final formal written response from the organisation.

14. Independent Review

- 14.1 The Healthcare Commission is responsible for reviewing formal complaints about the NHS in England that have not been resolved by the organisations, such as Primary Care Trusts, about whom a complaint has been made. The Healthcare Commission can only review a complaint if it has already been raised with the organisation concerned and the complainant remains dissatisfied with the formal response given.
- 14.2 To be eligible, the complaint must be about a service funded by the NHS and the Healthcare Commission must be asked to review the complaint within six months of receiving a final, formal written response from the organisation concerned. The Healthcare Commission's helpline number is 0845 601 3012 or they can be contacted on complaints@healthcarecommission.org.uk, www.healthcarecommission.org.uk

15. Monitoring of Complaints / Learning from Complaints

- 15.1 The PCT is committed to ensuring that lessons are learned from complaints and where appropriate, changes are made as a result. Service Managers are responsible for following up actions relating to learning.
- 15.2 The Complaints Manager is responsible for the following actions with regard to monitoring of complaints received by the PCT:
- quarterly updates will be sent to the Integrated Quality and Clinical Standards to ensure actions have been completed;
 - producing a quarterly report of the number, cause of complaints and action taken or proposed, which is presented to the Integrated Quality and Clinical Standards and then a summary to the PCT Board through the patient experience report;
 - producing an analysis of the number of complaints received, which will be included in the PCT's Annual Report;
 - ensuring that a database is maintained of all complaints received by the PCT, which complies with NHS requirements. The database will include, where possible, age and ethnicity of all complainants. This information will be collected by sending a form requesting the details from the patient, complainant or next of kin, if the patient is deceased.

PCT Managers/teams will be responsible for keeping a log of verbal complaints received relating to their area and for establishing systems to ensure that

proposed actions arising from verbal and written complaints are implemented and that the process is monitored and reported quarterly to the complaints manager.

16. Complaints Handling in Offender Health Units

From April 2006 the responsibility for commissioning health care in prisons was given to Primary Care Trusts. When healthcare is commissioned or provided by the NHS, the National Health Service (complaints) Regulations 2004 SI 1768 must be met. This means that prisoners have the right to access the NHS complaints procedure when they are unhappy with the health service provided. Oxfordshire PCT is responsible for commissioning and providing health care in two prisons namely HMP Bullingdon and HMP Huntercombe YOI.

Complaints about prison services (non health care) will continue to be dealt with via the Prison Service request and complaints procedure.

All prisoners have the right to use the NHS complaints process to complain about NHS secondary and tertiary services such as ambulance and acute services.

16.1 **Summary of the NHS Complaint Procedure for Offender Health Units.** See flow chart (appendix 9)

16.2 **Local Resolution.** The most satisfactory outcome to complaints often comes when complaints are by local resolution. Local resolution seeks to provide prompt investigation of the complaint at local level, aiming to satisfy the complainant whilst being fair to staff. The procedure should be fair, flexible and conciliatory and should encourage communication on all sides. The primary objective is to resolve the complaint satisfactorily.

In the early stages of the process, the complainant may simply want an explanation and apology, with assurances that any failures in service will be rectified for the future. An open and sympathetic approach and response may satisfy the complainant. It is important to note that an apology is not an admission of liability.

Front line staff can deal with complaints either by resolving the concern on the spot, or passing them to the Complaints/PALS Champion. The first responsibility is to ensure that the complainant's healthcare needs are being met. Staff should, where possible, deal with the complaint rapidly and in an informal and sensitive manner. Complainants should be encouraged to speak openly and freely about their concerns and should be reassured that whatever they may say will be treated with the appropriate confidence and sensitivity. They should also be reassured that raising a complaint will not affect their rights to health care or lead to discrimination.

16.3 **Independent Review.** See section 14.

- 16.4 **Health Service Ombudsmen.** If the complainant remains dissatisfied they can request a review of how their complaint has been handled by the Health Service Ombudsman.
- 16.5 **ICAS.** At any stage the complainant can contact the Independent Complaints Advocacy Service (ICAS) for advice and support in making an NHS complaint. ICAS provides a range of support for complainants from advising on wording of letters to attending complaints meetings with them.
- 16.6 **Records.** The Complaints/PALS Champion at the prison and the designated PCT complaints manager will need to keep a complete documentary record of the handling and consideration of each complaint – these records will be particularly important if the complaint is referred to the Healthcare Commission or Ombudsmen. Complaints records should be kept separate from health records. Complaints records should be held for 10 years for adults and 25 years for children and young people.
- 16.7 **Complaints Combining Prison Service and Healthcare Issues.** The PCT and the Prison will work together to provide the prisoner with a seamless response. Individual issues within each complaint must be dealt with either by the NHS or the Prison Service process. Referrals of issues from one process to another must be undertaken with the prisoner's consent.

Prisoners who are not satisfied following local resolution may take the healthcare elements of the complaint to the Healthcare Commission. Under these circumstances the Healthcare Commission, may if appropriate, fast track the complaint to the Health Service Ombudsmen who will work with the Prisons and Probation Ombudsmen to provide a combined approach to resolving the complaint.

- 16.8 **Healthcare Complaints about Commissioning Issues.** Prisoners are entitled to make complaints about commissioning issues directly to the PCT Complaints Manager. These complaints are dealt with in accordance with the NHS complaints procedures.

For example, a healthcare commissioning complaint could be about the level of healthcare provided, rather than the actual care and treatment given by healthcare staff.

- 16.9 **Information For Prisoners About The NHS Complaints Procedure.** Local information on how to make a complaint about NHS healthcare must be provided to prisoners. This information must be freely available, not only in the healthcare setting but also throughout the establishment.

16.10 **Access to Prisons for Complaints Investigations.** Although the vast majority of complaints are resolved at local level, where the complainant remains dissatisfied, the Healthcare Commission and Health Service Ombudsmen have a statutory responsibility to review the complaint. They will require access to prisoners, prison staff and information. Prison Governors will need to support this process. Access to medical records is dealt with in accordance with the Data Protection Act and only accessed with appropriate consent. External investigators will keep prison Governors fully informed of complaints made concerning services being offered in their establishments. In order to undertake their investigations, both organisations will need support from Prison Governors in the following ways:

Access to prisons premises for:

- Healthcare Commission staff
- Healthcare Ombudsmen and staff
- Lay panel member
- Expert clinical advisors

Access to prisoners and prisoners for interviewing purposes

Access to clinical records, prison records, local operational protocols and processes.

16.11 **Vexatious Complainants.** (See section 10).

16.12 **Involvement of solicitors.** It is understood that the culture of the prison is such that it is likely that the PCT will receive letters from solicitors on behalf of their clients. Solicitors are able to act as advocates on behalf of their clients during the complaints process, however, if the complaint becomes litigious, the NHS complaints procedure will cease. All claims for compensation for treatment provided by a member(s) of staff directly employed by the PCT will be treated as a claim against the PCT and will be referred to the NHS Litigation Authority. If the letter claims compensation for the treatment provided by a primary care contractor, it will be forwarded to the appropriate contractor.

17. Complaints Contacts

Complaints Manager
Quality Coordinator
Oxfordshire Primary Care Trust
Jubilee House, 5510 John Smith Drive,
Oxford Business Park South, Cowley,
Oxford, OX4 2LH

Tel: 01865 336 800
Fax: 01865 337 094

Quality and Clinical Standards Manager
Oxfordshire Primary Care Trust
Jubilee House, 5510 John Smith Drive,
Oxford Business Park South, Cowley
Oxford, OX4 2LH

Tel 01865 336839

Healthcare Commission FREEPOST NAT 18958 Complaints Investigation Team
Manchester M1 9XZ

Telephone	0845 6013012
Fax	020 74489180
Email :	complaints@healthcarecommission.org.uk
Web address	www.healthcarecommission.org.uk

The Independent Complaints Advocacy Service (ICAS), 3rd Floor, Kingfisher House, Walton Street, Aylesbury, Bucks HP21 7AY. Tel 0845 600 8616

18. Patient Advisory & Liaison Service (PALS)

18.1 **Scope of PALS.** Oxfordshire PCT PALS (Patient Advisory and Liaison Service) is available and accessible to anyone living or receiving health care within the locality. This covers PCT and independent contractor services (such as GPs, Community Pharmacies, Dentists, Opticians). Issues brought to Oxfordshire PALS which relate to services provided by other PCTs or NHS Trusts will be referred to the PALS contact in the appropriate organisation.

PALS is intended to provide the following services:

- Listen to concerns, suggestions or queries
- Provide information on NHS services
- Advise and support its customers
- Help sort out problems quickly on the patient's behalf
- Support people to access the complaints process
- Support people to access independent advocacy
- Provide information about and support local patient and public involvement activity

PALS will not provide medical advice and will refer anyone with a need for medical advice or treatment to the appropriate person/service. PALS will not investigate formal complaints, nor can it look at issues that have already been investigated through the NHS Complaints Procedure.

18.2 **Values and Principles.** PALS will strive to provide a service which:

- Is centred on the needs of its customers
- Respects individuals
- Deals with its customers in confidence
- Is non-discriminatory, treating all people as equal and taking account of each person's individual needs
- Is non-judgemental
- Values NHS staff and their commitment to patient care

- Is committed to continuous improvement of health services and the services of PALS itself
- Seeks to work in partnership with colleagues both internally and externally on the basis of honest dialogue

18.3 **Benefits.** The benefits of PALS to service users, staff and the organisation are as follows:-

Benefits to patients, carers and families are:

- Being listened to
- Being treated as an individual – patient centred approach
- Having time
- On the spot help
- Outcome focused
- Access to someone ‘on the inside’ independent from the clinical team
- Reduce the complexity of the NHS
- Proactive about disadvantaged and vulnerable groups

Benefits to staff include:

- Help and support
- Assistance to resolve difficult situations
- Listening ear
- Information resource
- Promoting a ‘no-blame’ culture
- Opportunity to learn lessons from PALS activity and outcomes via reporting

Benefits to the organisation include:

- Improve patient experience
- Demonstrate openness and a learning organisation
- Provide a source of feedback and intelligence
- Identify trends
- Act as a catalyst for organisational and cultural change
- Working co-operatively with staff at all levels within the PCT and with colleagues in other organisation

18.4 **Core standards.** Core standards have been agreed nationally to help clarify the PALS role and ensure consistency across Trusts. These are as follows:

1	The PALS service is identifiable and accessible to the community served by the Trust
2	PALS will be seamless across health and social care
3	PALS will be sensitive and provide a confidential service that meets individual needs
4	PALS will have systems that make their findings known as part of routine monitoring in order to facilitate change
5	PALS enables people to access information about Trust services, and information about health and social care issues
6	PALS plays a key role in bringing about culture change in the NHS placing patients at the heart of service planning and delivery
7	PALS will actively seek the views of service users, carers and the public to ensure effective services

The effectiveness of PALS will be evaluated by assessing performance against the above standards.

18.5 **Promoting PALS .** The concept of PALS in a community setting is very different to an acute hospital site and its success relies considerably on staff raising awareness of the service among patients, carers and the general public. Staff awareness is therefore fundamental and a variety of methods are utilised in the promotion of PALS among colleagues at all levels whilst all suitable opportunities to publicise the service in the community are accessed.

There are PALS Feedback boards with attached post boxes located across the county in community hospitals, out of hours units and outpatient areas. The boards give information about the service and enable people to post their views on local health services.

18.6 **Literature** PALS leaflets detailing how to contact the service will be made available in public places. The leaflets will compliment other PCT literature, “*Are we looking after you*” (see appendix 1), and “*Getting the right treatment*” (see appendix 10). PALS literature will be regularly reviewed and updated by the PALS Manager.

As well as ensuring that the service is generally accessible to all, PALS will also look at mechanisms to ensure that it is accessible and appropriate to the needs of vulnerable and disadvantaged groups.

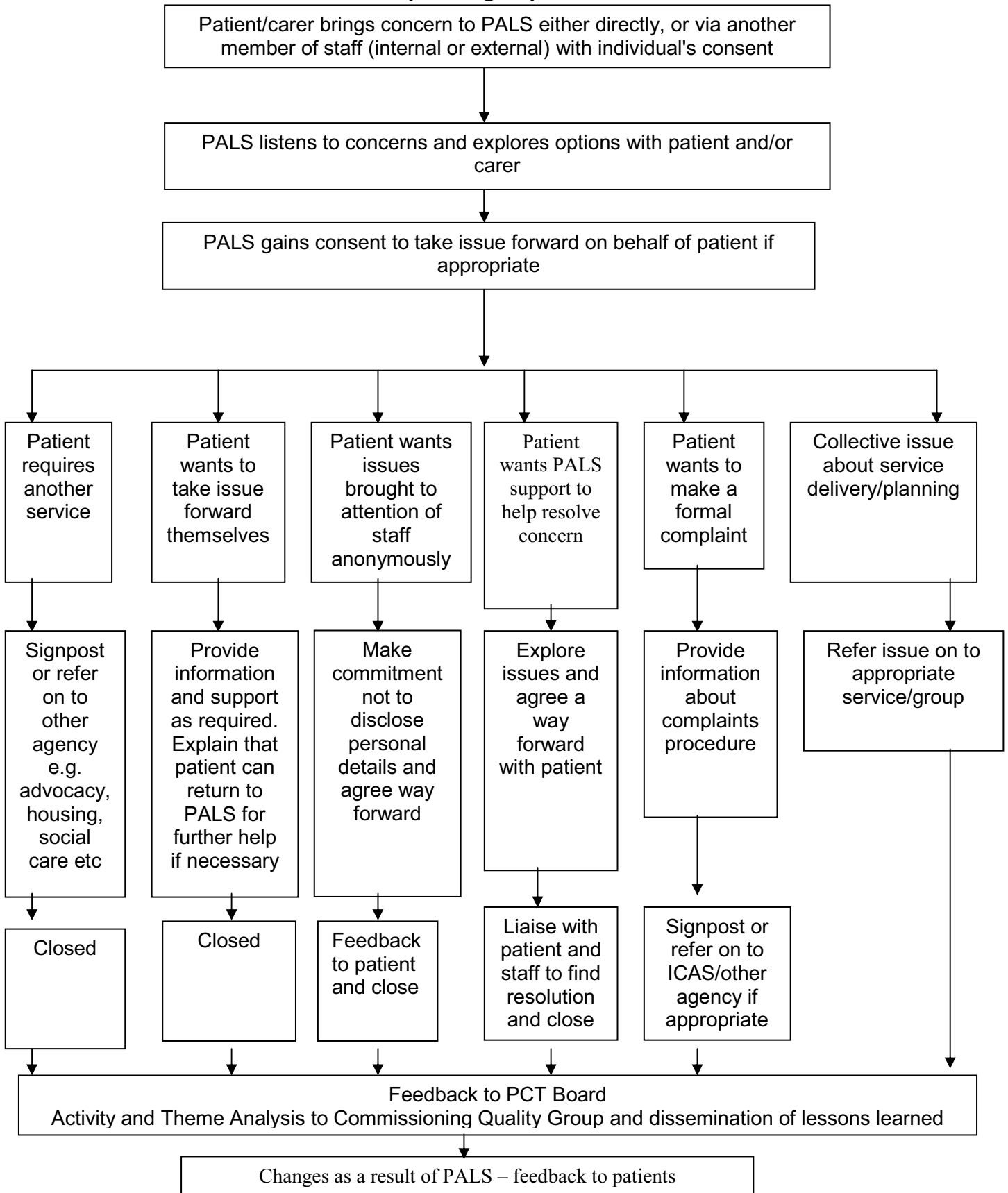
18.7 **Website.** Information about PALS and how to access the service is available on the PCT website. There is a PALS e-mail address for sending comments/questions.

18.8 **Referrals to PALS.** PALS is accessible by telephone, face to face meeting, via email or by letter. In the absence of the PALS /Complaints Manager, callers can speak to another member of the team or leave a message which will be picked up on their return. Face to face meetings with the PALS Manager will be available where appropriate. Although home visits will be available if required, for safety reasons, the use of community premises will be encouraged.

All staff who act as the first point of contact for patients and carers (e.g. receptionists, clerical staff, clinicians) should be able to provide information to resolve patient and carer concerns as quickly and effectively as possible. Where patient or carer concerns cannot be managed in this setting or where they choose to take their concern to someone other than PALS, staff should give them information on and contact details of PALS, the complaints manager and the Independent Complaints Advocacy Service (ICAS), where appropriate.

All clients will be treated as individuals and PALS will offer a quality, patient-centred service (see 'flowchart for resolving individual's concerns' overleaf). PALS will always endeavour to find a resolution at a local level. This may mean that PALS will initially wish to liaise with the member of staff responsible for the individual's care (e.g. community nurse or GP). If contact with the responsible member of staff is not possible or appropriate, PALS will approach the senior person on duty or the service manager

PALS flowchart for responding to patient and carer concerns



- 18.9 **PALS referrals to other organizations.** In accessing NHS services, patients, carers and families do not necessarily understand geographical or service boundaries, while concerns often relate to more than one area of health and social care. To ensure the client gets the most appropriate help, it may be necessary to pass the issue to PALS in a different Trust or other organisation external to the NHS. This will only be done with the client's consent.

PALS will always ensure that all services they refer to provide quality information and service.

When referring to organisations external to the NHS PALS will:

- Explain to the client why it is necessary to refer them onto another organisation
- Obtain their consent to do so
- Explain any cost implications to the client
- If required, contact the organisation on the client's behalf to make the introduction/appointment (explain to the organisation reason for referral, information the client already has and any special needs they may have)

Where it is necessary to refer an issue to other PALS, the lead will normally be taken by the PALS for the Trust where the majority of the issue rests. In these cases, the receiving PALS will:

- Acknowledge the issues raised and discuss the action planned with the client
- Discuss the options available with the client
- Obtain their consent to share information about their issue with a third party
- Refer to the appropriate PALS colleague, ensuring that data protection guidance is adhered to

Where more than one PALS is involved in resolving an issue, agreement will be reached on who will be the main contact for the client (i.e. who will provide feedback and be available as the future contact point). This should be clearly communicated to the client.

For monitoring purposes, the receiving PALS should be informed of progress and outcome of issues by the PALS with lead responsibility. Equally, the organisation with responsibility for provision of the service where the concern originated needs to have full information in order that the issue can be reported accordingly (and lessons learned from this).

- 18.10 **Consent, confidentiality and data protection.** When contacted by a patient or carer, procedures about consent, confidentiality, recording, referral and reporting are explained to the client. It is also explained that occasionally, information may need to be disclosed to others in order for their concern or query to be resolved. In accordance with Data Protection and Caldicott, any information obtained by PALS is stored safely and securely and clients are

informed about how their details may be used, who it may be shared with and why.

Where information about a client's condition, care or treatment is required from patient records, verbal or written consent, as appropriate, is obtained from the client. A consent form is available for this purpose (see appendix 8).

Where PALS is approached by carers, friends or relatives on behalf of patients, verbal or written consent must be given that the patient is agreeable to the matter being discussed with PALS and for PALS to become involved in seeking to resolve the concern. A consent form is also available for this purpose (see appendix 8).

PALS will obtain the explicit consent of its clients before disclosing their identity to any other party and will ensure that the other party understands that it may not be shared further without such consent.

Exchange of appropriate information between respective PALS, and PALS and NHS staff, including independent contractors and their staff, is in accordance with Data Protection and Caldicott requirements.

18.11 Accountability and reporting

18.11.1 **PCT Board** . PALS will report activity and outcomes formally to the Board as part of the Patient Experience paper. Individual PALS reports will be provided as required.

18.11.2 **Record keeping** . PALS caseload records are kept on an information management system (database) shared between PALS, complaints and risk management. Any supporting documentation relating to PALS cases is stored safely and securely in accordance with Data Protection and Caldicott guidelines.

18.11.3 **Reporting**. Where appropriate, outcomes of individual concerns raised and issues dealt with by PALS are routinely reported back to individuals/teams.

18.12 **PALS and Complaints**. It is the choice of the individual to use either PALS or the NHS Complaints Procedure; there should be no requirement for service users to use the PALS first if they wish to make a formal complaint.

There is a close collaboration between the PALS Manager, and the Complaints Manager to ensure a coherent and seamless approach to resolving clients concerns. However, there is a clear differentiation of the roles of PALS and Complaints. PALS does not investigate complaints and their role is clearly to inform and support people to access the complaints procedure when requested.

There may be occasions when patients, their carers or relatives contacting PALS have previously made a formal complaint, or taken other action to gain resolution regarding an issue. Clients should not use PALS to pursue a concern once the complaints procedure has been exhausted. PALS staff may decide that no action they can take will provide an effective and speedy resolution, and that the issue is outside their remit. PALS should provide information regarding appropriate independent advocacy or alternative means of pursuing the matter. It is important that PALS are able to work in an independent way and inform people of all their options and rights.

Contacts with PALS may initially frame their concern in the form of a complaint but the PALS staff should seek to identify if the concern can be dealt with informally through PALS. In all cases the choice of action should be agreed with the person raising the concern or issue.

- When patients first have a concern or issue they wish to raise, their first point of contact will often be with a member of staff or PALS.
- PALS will act as quickly and creatively as possible to support service users, their carers and families to deal with their problems, before they become more serious.
- Concerns may be resolved by listening, providing relevant information, or by liaising on behalf of individuals.
- A key PALS role is to help people to talk through their concerns so that they can identify the nature of the problem and work out various options, including use of the formal complaints procedure, for resolving the issue, explaining the potential consequences of each option.
- PALS will provide a service for service users which aims to improve their satisfaction and reduce any confusion or anxiety they may have.

Using PALS will not remove the right of clients to pursue the complaints option at any stage; however, it is not appropriate to use PALS and the complaints process simultaneously to address the same problem. PALS will act as a gateway to the complaints service in the Trust. In certain cases it will be necessary to refer an individual to the complaints procedure. For example:

- The person chooses to use the complaints procedure rather than the informal process;
- The issue cannot be resolved through the informal process;
- Allegations of staff assault or incidents of similar seriousness.

18.13 Advocacy Links. PALS have established links with organisations that have a particular advocacy remit as well as organisations which can assist patients and carers to self advocate or advocate on their behalf.

The aim of PALS is to resolve issues before they escalate into serious problems. Emphasis is placed on providing support to clients and liaising on their behalf rather than providing formal in-depth, ongoing advocacy support. PALS should not be viewed as a substitute for independent advocacy services but as a way of enhancing what already exists. Importantly, PALS will not

replace mental health advocacy services and user led advocacy developed in Mental Health Trusts. Consequently, it will be beneficial for PALS to work closely with user led initiatives.

PALS will work with independent advocacy services (ICAS and specialist advocacy as appropriate) to develop formal referral and communications protocols. PALS will provide information about independent advocacy services to the service users and carers who approach the service and refer individuals when requested.

In complex cases the Complaints/PALS Manager may need to maintain contact with the agency supporting the service user to ensure that the matter has been resolved, and to ensure that any lessons are fed back to the service.

- 18.14 **Monitoring of PALS** The Commissioning Quality Group is responsible for receiving all action plans related to PALS and for providing feedback to commissioning teams and staff.

The Quality and Clinical Standards Manager is responsible for ensuring compliance with the policy and monitoring that the process is adhered to. The Complaints / PALS Manager is accountable for implementing the policy.

The Quality and Clinical Standards Manager will review the policy annually to ensure NHS complaints procedures are accurately reflected within the policy. Any amendments will be approved by the Commissioning Quality Group.

Where to get help

- Your local staff.
- Your local Manager (ask staff).
- Patient Advice and Liaison Service (PALS) 0800 052 6088
- The PCT Complaints Line, 01865 336786.
- ICAS (see below)
- Leaflets re Complaints from the National Health Service Executive and leaflets re the Ombudsman can be obtained from local staff or the Complaints Manager or by telephoning the Health Literature Line 0800 555 777.

Leaflets are available in a variety of languages.

If your concerns are about your GP or NHS Dental Service, please contact the local practice, or if you prefer, the Complaints Manager on 01865 336786.

ICAS: The Independent Complaints Advisory Service

Kingfisher Exchange - 3rd Floor
Kingfisher House, Walton St
Aylesbury, HP21 7AY

Tel No: 01296 468170 Fax: 01296 468171
Email: Aylesbury.icas@seap.org.uk

This leaflet explains how you can bring matters that concern you to the attention of our staff – they are all willing to listen and help, so please don't be afraid to speak up.

We will improve!

Complaints provide us with valuable information that help us improve the service. Complaints are regularly monitored and reviewed by the PCT Board. We value your feedback as we strive to constantly improve our healthcare services

If the complainant is not happy with the outcome they can apply for a review of their complaint by an independent panel. The Ombudsman will only become involved if things are still not right.

Are we looking after you?

Listening .. Acting .. Improving

What to do when we get it right ...

What to do when things go wrong ...


Advice on how to express a concern, offer a compliment or make a complaint

The Oxfordshire Primary Care Trust provides a wide range of health care services in the community - either in people's homes or in local facilities such as health centres and community hospitals

"Oxfordshire Primary Care Trust treats thousands of people every year. I realise that things can go wrong from time to time. If you are dissatisfied with any of our services, I would ask that you let me know. You have a right to an explanation and an apology. We have a duty to put things right as quickly as possible, with the minimum of fuss, and to improve our services as a result." A message from the Chief Executive

Are we looking after you well?

If the answer is 'yes', please tell us. By knowing about your positive views we can be sure that we are giving you the best quality of care and service. This will encourage us to ensure you can continue to receive a good service. If you have suggestions about how our services could be improved we would like to hear from you - simply tell any member of staff or write to the Chief Executive of the Primary Care Trust at:

 Oxfordshire Primary Care Trust
Jubilee House, 5510 John Smith Drive
Oxford Business Park South, Cowley
Oxford OX4 2LH

What can I do if I am unhappy?

We sometimes make mistakes - but we want to put them right. If you have a concern that you wish to feed back to us, but don't wish to make a complaint, please contact the Patient Advice and Liaison Service (PALS) on 0800 052 6088. If you wish to make a complaint please read the following information.

We will act

Our aim is to try to resolve things as quickly as possible so we try to put things right at the local level there and then. If staff can do this they will check that you are happy with the outcome.

Patient and Public Involvement

If you want to be more involved in your local NHS and help improve services for everyone, you can contact us for more details about our patient and public involvement groups. Call 01865 336787

If you wish to make a complaint

You can speak to or write to any member of staff who will take the details of your complaint and what you wish us to do to put things right for you. It is important that you make your complaint as soon as possible after the event.

If you would prefer to speak to somebody more senior either ask a member of staff for details or telephone the PCT complaints representative on 01865 336786. You can ask our staff for help in making a complaint, or writing your letter, or you may wish to contact ICAS (see overleaf).

You can write to the Chief Executive at the Oxfordshire Primary Care Trust address.

You can be certain that your treatment and future care will not be affected in any detrimental way.

We use complaints to make improvements, by reflecting on what we can do to make your experience better.

What happens when I make a written complaint?

- You will receive an acknowledgement within two working days.
- An investigation takes place immediately.
- We aim to have completed the investigation within 25 working days.
- You will receive a full confidential response from the Chief Executive.

If the response does not answer your complaint you may take it further by:

- 1) Further contact (in writing or by phone) with the PCT Complaints Representative on (01865) 336786, who will explore ways with you of resolving the matter.
- Or* If you remain dissatisfied:
 - 2) Contact the Healthcare Commission on 0845 601 3012

FREEPOST NAT 18958,
Complaints Investigation Team,
Manchester M1 9XZ
or email: complaints@healthcarecommission.org.uk
or via the Website:
www.healthcarecommission.org.uk/contact-us/complaints.cfm

The Chief Executive is responsible for ensuring that a quarterly report is produced, complaints are reviewed and lessons learnt and staff are kept aware of their responsibilities.

So what are my responsibilities?

You are an ambassador for the Primary Care Trust - you represent the Primary Care Trust and your initial response to a complaint affects us all.

- Listen and apologise for any distress caused.
- Try to put things right.
- Ensure that the person's immediate health care needs are being met.
- Remember to treat all information relating to a complaint as strictly confidential.
- Report all complaints, suggestions and commendations to your manager immediately (remember the majority of our work is of an excellent standard).

Take your concerns to your manager

Complaints can help us learn, use them pro-actively as a learning experience to improve

- Be helpful to complainants - give them the leaflet "Are We Looking After You?", explain the process, remind them that they can contact ICAS (the Independent Complaints Advice Service 01296 468170) or the Health Service Ombudsman 0171 276 2035 or the Primary Care Trust Complaints Representative 01865 336786.

Changes expected.

The NHS Plan identifies changes that will improve patient and public involvement and these are the subjects of current development.

Useful documents:

- Primary Care Trust Concerns, Complaints and Accolades Policy August 2003, which includes the procedure and your responsibilities
- Primary Care Trust "Are We Looking After You?" leaflet April 2008
- Making Things Better - D.O.H. 2003

Handling Complaints

A staff Guide

Why have I been given this leaflet?

Oxfordshire PCT is committed to involving people in our service by listening to them and by responding appropriately.

All staff have a very important role to play in helping with the suggestions and commendations we receive, as well as handling concerns and complaints.

Concerns should be directed to the Patient Advice and Liaison Service (PALS) 01865 336787.

A complaint should be dealt with through the NHS complaints process.

What is a complaint?

If anyone is dissatisfied with any aspect of our service, it can be regarded as a complaint. Written or verbal complaints should be viewed with equal importance and shared learning should occur from both.

What should I do if I receive a complaint or if someone complains to me?

LISTEN - People need to know they can tell you their side of things. Establish what the person is telling you / asking you.

DON'T BE DEFENSIVE -

People may feel aggravated and feel that you are trying to cover something up or are "closing ranks". This can also be reflected in your body language as well as what you say and the manner in which you say it!

APOLOGISE - We all make mistakes and we should all say we're sorry.

HELP - Find out what is needed to put things right. What does the person want to see happen?

EXPLAIN - Explain to the person how their complaint can be dealt with.

ACT - Try and put things right there and then or decide whether to pass an oral complaint on, depending on the seriousness and possible need for independent assessment / investigation.

USE INFORMATION - Use the information to learn from complaints to help your team develop / improve the service you offer.

What do I do with verbal complaints?

People will criticise systems and procedures, the environment and peoples' attitudes, so try to establish if the problem is relatively minor (e.g. "it's so cold in here today") - if it is, then you can act quickly to resolve the whole thing!

Remember to check with the complainant that they are happy with the result and to offer them the leaflet "Are We Looking After You?"

Then, remember to record the incident on the PCT standard individual verbal complaints form and submit to your line manager.

What do I do if the complaint is serious or is a written complaint?

People may make complaints that allege abuse, discrimination, incompetence, negligence or criminal acts. If you receive such a complaint ask the person if they would prefer to speak or write to a senior member of staff or if they are happy for you to pass on the details (the complaints procedure ceases if a person indicates intention to take legal action in respect of their complaint - but please remember this is a rare situation).

If this occurs or if you receive a written complaint of any kind you should notify your manager immediately or telephone the PCT complaints representative on 01865 336786 immediately.

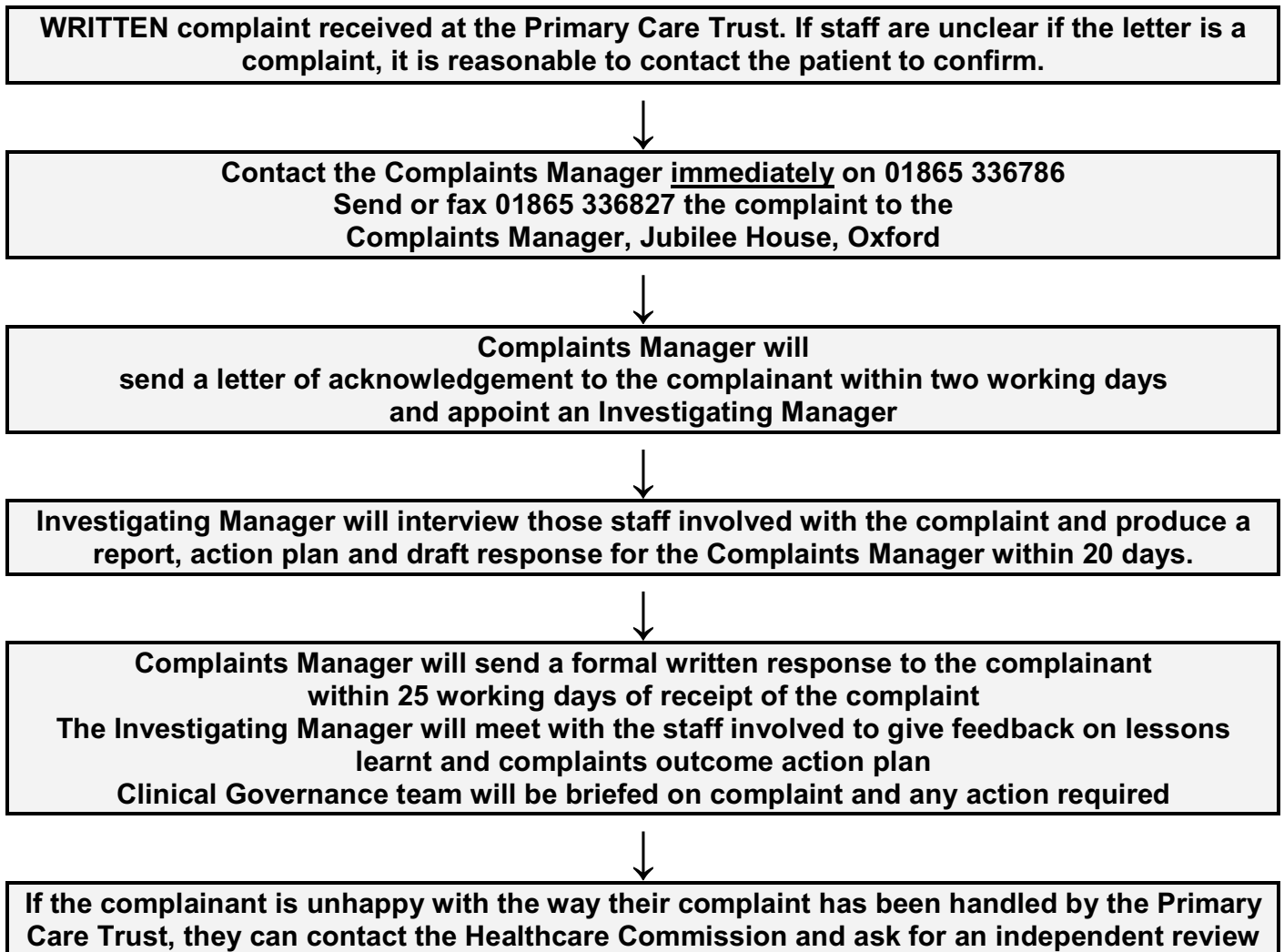
Remember to explain to the complainant what will happen and give them an explanatory leaflet.

How are complaints handled now?

For written complaints an acknowledgement must be sent within 2 working days on behalf of the Chief Executive.

The Chief Executive is responsible for ensuring that a prompt, thorough and fair investigation is carried out. The Chief Executive of the Primary Care Trust must respond in writing (within 25 working days, if possible) to all written complaints and all serious oral complaints that are subsequently put in writing.

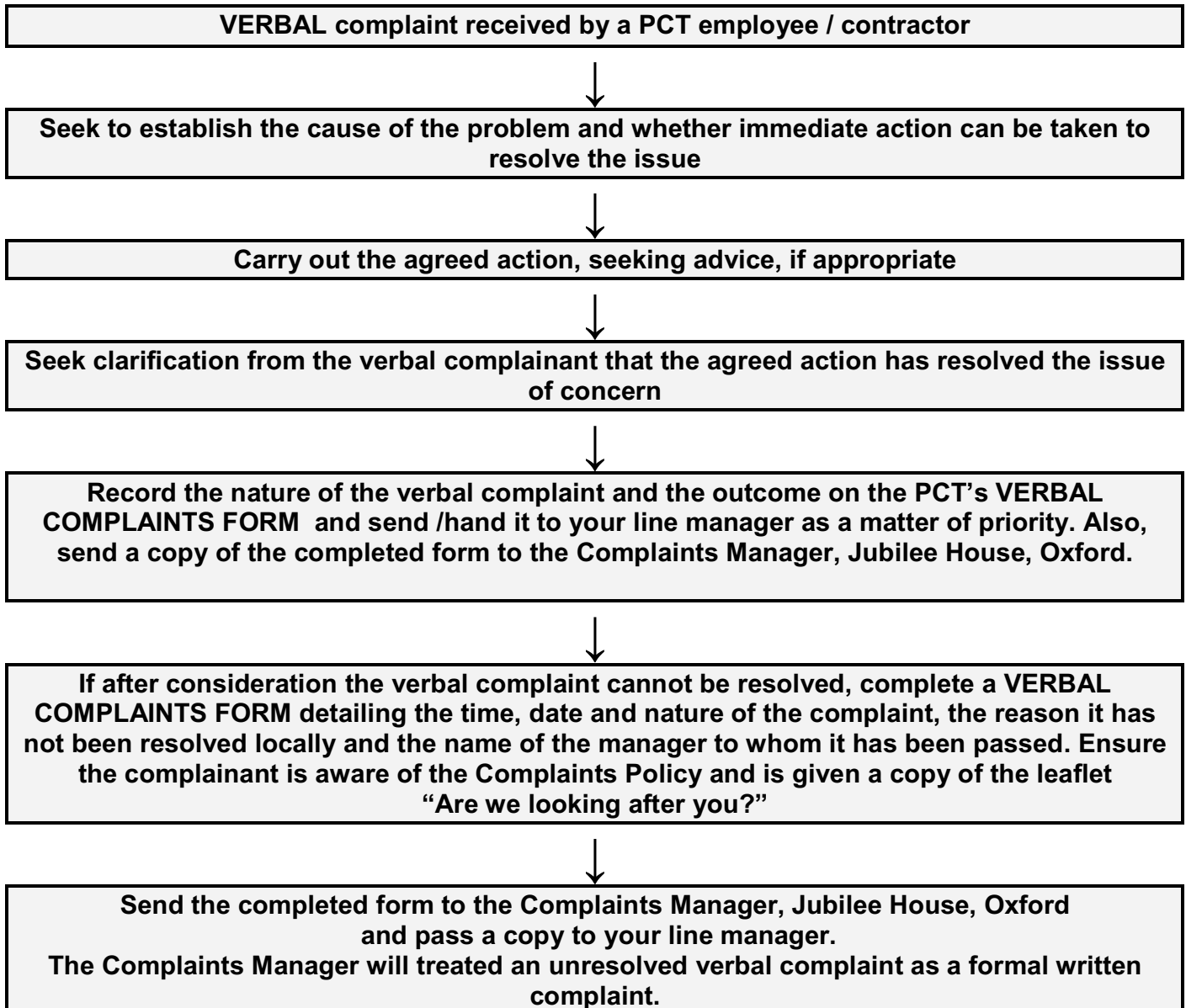
WRITTEN COMPLAINTS FLOW CHART



If you have any concerns or questions regarding complaints in general, or a specific complaint, please contact:-

Complaints Manager on 01865 336786

VERBAL COMPLAINTS FLOW CHART



**If you have any concerns or questions regarding complaints in general, or a specific complaint, please contact:-
Complaints Manager on 01865 336786**

POLICY FOR HANDLING HABITUAL OR VEXATIOUS COMPLAINANTS

1. Introduction

1.1 Habitual and/or vexatious complainants, whilst few in number, can present real dilemmas for NHS staff. The difficulty in handling such complaints is that they can place a strain on time and resources and cause undue stress for staff who may need support in difficult situations. Whilst NHS staff are trained to respond with patience and sympathy to the needs of all complainants, there are times when there is nothing further which can reasonably be done to assist or to rectify a real or perceived problem.

1.2 In determining arrangements for handling such complaints staff are presented with two key considerations:

To ensure that the complaints procedure has been correctly implemented so far as possible **and that no material element of a complaint is overlooked or inadequately addressed** and to appreciate that **even habitual or vexatious complaints may have aspects which contain some genuine substance** and

To ensure an equitable approach to the situation by having an approved policy which is formally incorporated into the complaints procedure.

1.3 It is envisaged that this policy will only be implemented in exceptional circumstances.

2. Aim of the Policy

2.1 The aim of this policy is to identify situations where a complainant might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

3. Definition of a Habitual or Vexatious Complainant

3.1 Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they meet **TWO OR MORE** of the following criteria:-

Where complainants –

- **Persist in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted (e.g. where an investigation has been denied as “out of time”, or where the Healthcare Commission has declined a request for Independent Review);
- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints);

- **Are unwilling to accept documented evidence** of treatment given as being factual, e.g. drug records, General Practitioner manual or computer records, or nursing records, or **deny receipt** of an adequate response in spite of correspondence specifically answering their questions, or **do not accept that facts can sometimes be difficult to verify** when a long period of time has elapsed;
- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of PCT staff and, where appropriate, the Independent Complaints Advocacy Service to help them specify their concerns, **and/or where the concerns identified are not within the remit** of the PCT to investigate;
- **Focus on a trivial matter** to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a “trivial” matter can be subjective and careful judgement must be used in applying this criterion);
- **Have threatened or used actual physical violence** towards staff or their families or associates at any time – this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication. (All such incidents should be documented);
- Have in the course of addressing a registered complaint, had **an excessive number of contacts** with the PCT placing unreasonable demands on staff. (A contact may be in person or by telephone, letter or fax. Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case);
- Have **harassed** or been personally **abusive or verbally aggressive** on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment);
- Are known to have **recorded** meetings or face-to-face/telephone **conversations without the prior knowledge and consent** of the other parties involved;
- **Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable** (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

4. Options for Dealing With Habitual or Vexatious Complaints

- 4.1 Where complainants have been identified as habitual or vexatious in accordance with the above criteria, the Chief Executive and Chairman (or appropriate deputies in their absence) will determine what action to take. The Chief Executive (or deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. practitioners, conciliators, Independent Complaints Advocacy Service (ICAS), Member of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious.
- 4.2 The Chief Executive and Chairman (or deputies) may decide to deal with complaints in one or more of the following ways:-

- Try to resolve matters, before invoking this policy, by drawing up a signed “agreement” with the complainant (and if appropriate involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the PCT is to continue processing the complaint. If these terms were contravened consideration would then be given to implementing other action as indicated in this section;
- Once it is clear that complainants meet any **one** of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants, copy this policy to them, and advise them to take account of the criteria in any further dealings with the PCT. In some cases it may be appropriate, at this point, to suggest that complainants seek advice in processing their complaint, e.g. through ICAS;
- Decline contact with the complainants either in person, by telephone, by fax, by email, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party. (If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times, drawn up on a case by case basis);
- Notify the complainants in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered;
- Inform the complainants that in extreme circumstances the PCT reserves the right to pass unreasonable or vexatious complaints to the PCT’s solicitors;
- Temporarily suspend all contact with the complainants or investigations of a complaint whilst seeking legal advice or guidance from the Strategic Health Authority, or other relevant agencies.

5. **Withdrawing ‘Habitual’ or ‘Vexatious’ Status**

- 5.1 In ascribing the status of ‘habitual’ or ‘vexatious’ to a complainant, the PCT shall, at the same time, include a mechanism for withdrawing this status at a later date if, for example, he/she subsequently demonstrates a more reasonable approach or submits a further complaint for which normal procedures would appear appropriate.
- 5.2 It is intended that this policy should ensure discretion in habitual or vexatious status is recommended. Discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Executive and/or the Chairman (or their deputies). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

VERBAL COMPLAINTS FORM

APPENDIX 6

Section 1 : Details of Complaint

Date: Time :

Ward / Department :

Location / Hospital :

Nature of Complaint :

.....

Outcome / Action taken :

Does the complainant confirm that the agreed action / action taken has resolved the complaint ? : **Yes : No**
(please delete where not applicable)

If "No", the complaint will be treated as a Written Complaint once the form has been received by the Complaints Manager (see forwarding address details at bottom of this form)

Names of people involved :

Name of manager informed of outcome / form passed to :

Section 2 : Details of Complainant

Name : Tele No :

Address :

.....

Details of person complaint pertaining to (if different from above) :

Name : Tele No :

Address :

.....

Relationship to complainant :
(husband/wife/son/daughter/mother/father/brother/sister/friend/carer (please delete where not applicable)
other (please specify)

Name of person completing form (PRINT)



Contact the Complaints Manager immediately on 01865 336786
Send or fax 01865 336827 the complaint to the
Complaints Manager, Jubilee House, Oxford

“FAIR AND EQUAL ACCESS TO HEALTH CARE ACROSS ETHNIC GROUPS”

Explanation

The Department of Health has undertaken to monitor NHS complaints categorised by ethnic groups, under the monitoring requirements of the Race Relations Act 1976. This information will be important in gauging fair and equal access to health care across all ethnic groups. Where evidence from monitoring shows unequal outcomes between minority groups, public authorities are required to take action to promote greater equality and prevent discrimination.

What you should do:

Please could you take a moment to fill in the information on the attached sheet.

Please state the name of the patient (who is making the complaint) and the most appropriate group with regard to ethnic category that best applies to them.

Please note that this information will be treated in the strictest confidence, and information regarding individual complaints is not supplied to the Department of Health.

Please note that monitoring of individual staff complained against is also being recorded with regards to ethnic group.

Your co-operation in this matter is greatly appreciated.



IN CONFIDENCE

1. Name:.....
2. I consider the most appropriate group with regard to ethnic category that best applies to me to be:

Please circle one group below

- | | | |
|-------------------------------|---|-------------------------|
| White | - | British |
| | - | Irish |
| | - | Other White |
| Mixed | - | White & Black Caribbean |
| | - | White & Black African |
| | - | White & Asian |
| | - | Other Mixed |
| Asian or Asian British | - | Indian |
| | - | Pakistani |
| | - | Bangladeshi |
| | - | Other Asian |
| Black or Black British | - | Black Caribbean |
| | - | Black African |
| | - | Other Black |
| Other Ethnic | - | Chinese |
| | - | Other Ethnic Category |
| Not Stated | - | Not Stated |

3. Signed.....
4. Date:.....

Private & Confidential

Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford
OX4 2LH

Tel: 01865 336786
Fax: 01865 336827
Email: deborah.dunn@oxfordshirepct.nhs.uk
Website: www.oxfordshirepct.nhs.uk

Appendix 8

CONSENT FORM

Please print your details clearly below

I, **(name)**.....

Of :

(address).....

.....

.....

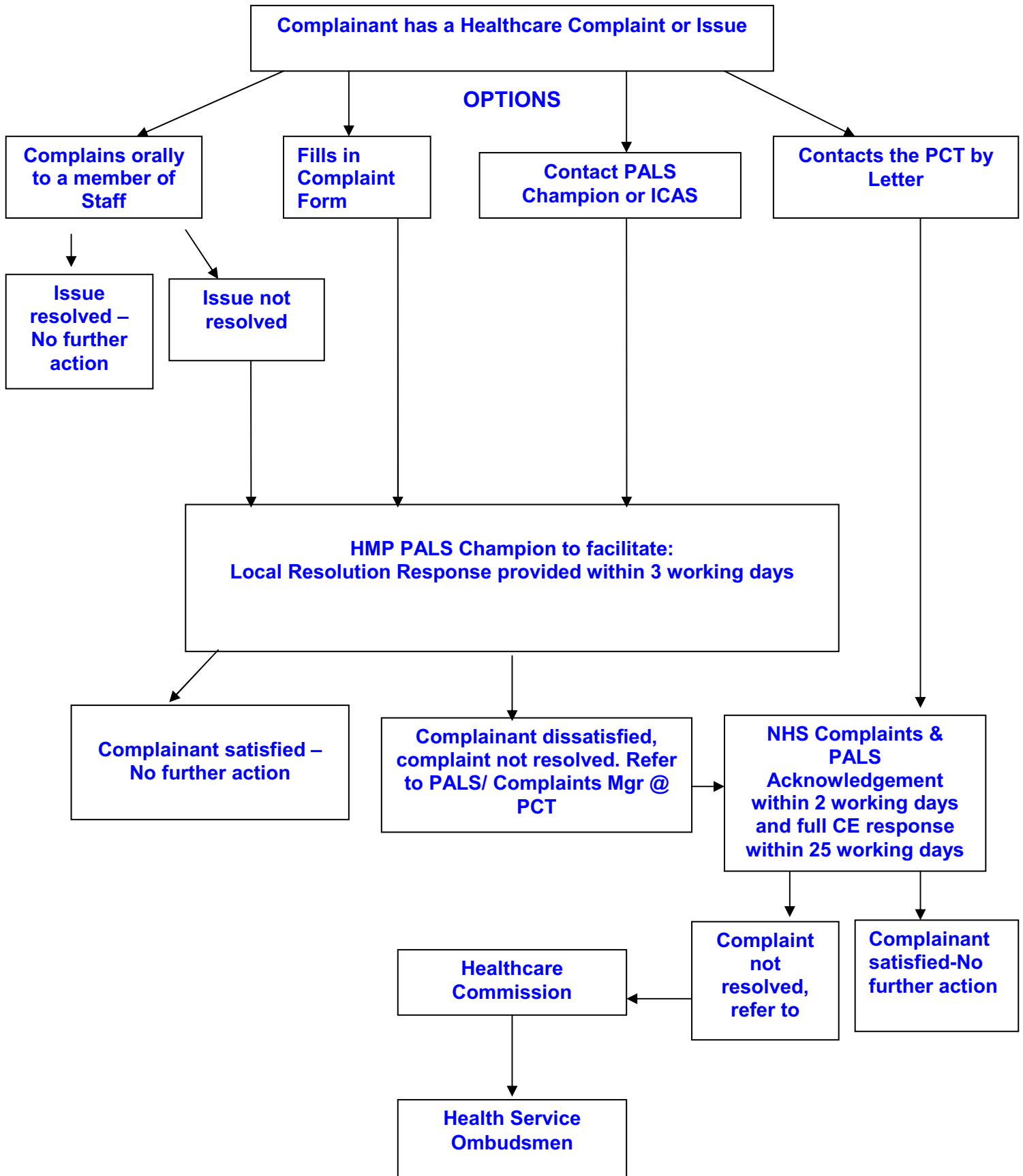
(postcode).....

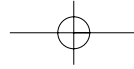
give my consent for :-

Signed:.....

Date:.....

Healthcare Complaints in an Offender Healthcare Unit





Get the right treatment



Pointing you in the right direction

Self-help & Pharmacy

Ask your local pharmacist for on-the-spot advice and treatment for everyday health problems. Always keep medicines in a locked cabinet.

GP Surgery

If you need a prescription or are ill and need medical help, see your family doctor. Visitors can be temporarily registered with a local GP.

Out of hours

☎ 0845 345 8995

Urgent medical care from 6.30pm to 8.00am on weekdays, and 24-hours at weekends and on Bank Holidays.

Urgent dental care from 6.30pm to 10.00pm on weekdays and from 9.00am to 9.00pm at weekends and on Bank Holidays.

Minor Injuries Unit (MIU)

Open every day

Abingdon

☎ 01235 208730
Abingdon Hospital
OX14 1AG
10.00am to 10.30pm

Henley

☎ 01491 637435
Townlands Hospital
RG9 2EB
9.00am to 8.00pm

Witney

☎ 01993 209456
Witney Hospital
OX28 6JJ
10.00am to 10.30pm

First Aid Units

☎ Please call first

Bicester

☎ 01869 604024
Bicester Hospital
OX26 6DU
6.00pm to 11.00pm weekdays
8.00am to 11.00pm weekends

Chipping Norton

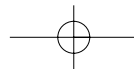
☎ 01608 648450
Chipping Norton Hospital
OX7 5AJ
8.30am to 9.00pm
Open every day

Wallingford

☎ 01491 208513
Wallingford Hospital
OX10 9DU
8.30am to 6.30pm weekdays

www.oxfordshirepct.nhs.uk

Oxfordshire Primary Care Trust, January 2008



Useful contact information

to help you access local NHS services

Is it routine?

Can you treat yourself or do you need help?



Your numbers

District nurse



Health visitor



Local pharmacy



Local dentist



Is it urgent?

Do you need medical advice?



Your numbers

Doctor's surgery



Out of hours



0845 345 8995



NHS Direct

0845 46 47



Minor Injuries Unit

Is it an emergency?



999 for an ambulance

OR visit the Emergency Department for emergencies such as loss of consciousness, severe chest pain, serious accidents or loss of blood. There are Emergency Departments at the John Radcliffe Hospital in Oxford and the Horton General Hospital in Banbury.

Oxford Eye Hospital A&E
(eye emergencies only)



01865 234800

West Wing, John Radcliffe Hospital, Oxford

PALS Patient Advice and Liaison Service



0800 052 6088



pals@oxfordshirepct.nhs.uk

Contact PALS for information in another language or format

Social & Community Services (access team)



0845 050 7666



access@oxfordshire.gov.uk

NHS Direct a 24-hour nurse-led confidential helpline providing advice and information

0845 46 47

www.nhsdirect.nhs.uk