Dealing with Concerns

"PUTTING THINGS RIGHT"

An Information Leaflet for General Medical Practice in Wales

Background

The Putting Things Right (PTR) Regulations apply to **all** NHS services in Wales including General Medical Practice.

Concerns – and particularly complaints – can be distressing for both patients and staff. If at all possible it is best to handle them promptly and effectively at practice level so that they do not escalate.

The complaints process to be used by General Practice in Wales was updated in April 2011 and is outlined in the Putting Things Right (PTR) regulations and guidance.

Putting Things Right (PTR) broadly defines **concerns** as expressions of dissatisfaction or complaints from patients, and reports of adverse incidents from staff. Concerns can be written or verbal.

General Practitioners and their staff should ensure that the process and timescale to deal with practice concerns and/or complaints follows the PTR process.

Introduction

PTR aims to provide a straightforward way for patients (or their relatives / carers) to raise concerns about any aspect of their care, and to have these concerns dealt with promptly and appropriately.

Concerns can be notified by anyone who has used NHS services or facilities, or a relative, friend or CHC Advocacy Service on behalf of a patient. The time limit for raising a concern is 12 months, although the PTR Regulations offer flexibility when there is a valid reason for delay. Where a patient's relative or friend raises a concern the patient is required to give consent to receive a response. (The Mental Capacity Act details how to support patients who are not able to give consent because they lack capacity).

General medical practices should provide information on PTR to patients and service users. This includes bilingual leaflets for the waiting room.

A designated complaints manager (for example the Practice Manager) in the practice should be the initial and ongoing co-ordinating point of contact for the patient or representative. It is advisable that this person understands the regulations and is competent in dealing effectively and efficiently with concerns and complaints.

The practice complaints manager should be able to access prompt clinical advice when required to effectively deal with the concern; some practices have a designated GP partner who deals with complaints. It is also advisable to record **all** concerns (verbal and written, formal and informal) to help the practice identify common themes and make changes to learn and improve from concerns and to reduce potential risks to patient safety.

Context

The GMC document "Raising and Acting on Concerns about Patient Safety" (2012) states that "All doctors have a responsibility to encourage and support a culture in which staff can raise concerns openly and safely".

The guidance goes on to state:

"Concerns about patient safety can come from a number of sources, such as patients' complaints, colleagues' concerns, critical incident reports and clinical audit. Concerns may be about inadequate premises, equipment, other resources, policies or systems, or the conduct, health or performance of staff or multidisciplinary teams. If you receive this information, you have a responsibility to act on it promptly and professionally. You can do this by putting the matter right (if that is possible), investigating and dealing with the concern locally, or referring serious or repeated incidents or complaints to senior management or the relevant regulatory authority".

The NHS (General Medical Services Contracts) (Wales) Regulations 2004, as amended, require that "the contractor shall establish and operate a complaints procedure to deal with any complaints in relation to any matter reasonably connected with the provision of services under the contract"

The Regulations state that a practice leaflet should include "how patients should make a complaint or comment on the provision of service" and that "the contractor should review its practice leaflet at least once every 12 months and make any amendments necessary to maintain its accuracy".

Main stages for managing a concern

1. Local Resolution

The patient can raise a concern with the practice or the Health Board. As a rule, it is helpful for the practice team to deal with the concern at the outset – this may "nip things in the bud" and resolve matters quickly and effectively.

If the concern is raised in writing it should be acknowledged in writing **within two working days** of receipt, with a full response provided **within 30 working days**. If it is not possible to complete an investigation within this timescale, the person raising the concern should be told the reason for the delay and when they can expect to receive a reply (this can be verbally or in writing but must be recorded).

All General Medical Practices are required contractually to have a practice based system for managing concerns, and are required to assist the Health Board in the investigation of any concerns received directly by the Health Board.

It is good practice to offer to meet the complainant. A meeting gives all parties an opportunity to discuss the issues and may lead to speedy resolution. A meeting may be helpful at any stage of the process, but can be particularly useful at an early stage. It is usually helpful to acknowledge the distress felt by the complainant and a wish on behalf of the practice to understand what happened and put right any processes or actions that have caused a problem. This does not mean that at this stage the practice is agreeing it has been at fault or admitting liability. If there is clear fault on the part of the practice, an early apology if appropriate, may also be of help. Minutes should be taken and can form part of a written reply.

The PTR regulations (Regulation 19-21) state that the Health Board cannot investigate a concern that has already been formally investigated and responded to by the practice. If the complainant is dissatisfied following a response by the General Practitioner, the complainant should refer the concern to the Public Services Ombudsman for Wales.

2. Public Service Ombudsman for Wales

Complainants who remain dissatisfied or feel they have suffered hardship or injustice can contact the Public Service Ombudsman for Wales and ask for further investigation.

Staff may also contact the Ombudsman if they feel that they have been unfairly treated by the concerns process.

The Ombudsman will not usually accept a case which is older than 12 months unless there is good reason why the complaint could not have been made earlier. The Ombudsman has no power to enforce recommendations or impose sanctions but will report the results of their investigations to the Welsh Government. The Ombudsman can direct that a primary care provider considers making what they believe to be appropriate redress[1] which may include a financial payment.

3. Serious concerns

On rare occasions, concerns are raised regarding practice and/or practitioner performance that requires more in-depth investigation. These investigations are co-ordinated by the Health Board via a separate process which is outlined in the Operational Policy for LHBs on the Management of Performance Procedures for doctors on the Performers List.

4. Further help and advice

The PTR website provides information on all aspects of the regulations and process, including information leaflets for patients. Each Health Board has a concerns team who can also be contacted for more information.

The PTR leaflet (which can be downloaded from the website) should be available in the waiting room and should also be given (with a copy of the practice complaints policy) to patients who raise a concern formally with the practice.

Support is available to practitioners from your Local Medical Committee (LMC) and/or Medical Defence Organisation (MDO) at any stage in the concerns process.

[1] Redress can comprise of:

- A written apology
- A report on the action which has or will be taken to prevent similar concerns arising
- The giving of an explanation
- The offer of financial compensation and/or remedial treatment, on the proviso that the person will not seek to pursue the same through further civil proceedings