

NHS BOURNEMOUTH AND POOLE

MAKING EXPERIENCES COUNT REFORM OF THE HEALTH AND SOCIAL CARE COMPLAINTS ARRANGEMENTS

- 1.1 Changes will be made via new regulations which will be published in early 2009 with final regulations coming into force on 1 April 2009. Previous legislation will be revoked as will the legislation that covers complaints handling with the four main care contractor groups – GPs, dentists, pharmacists and optometrists.
- 1.2 Key aspects of the new legislation
- New single complaints system for health and local authority adult social care services;
 - If the complaint is a joint one between health and social care services, 'co-ordinated handling' will be required and a joint response issued;
 - Greater emphasis upon quick resolution with greater use of mediation, built around the needs of the complaint, not the process;
 - Complainant will have the choice of either complaining to the organisation providing the services, or the commissioning body. A discussion will always be had with the complainant about how they wish things to be handled. In all cases, when a complaint comes in, there needs to be a discussion between the provider and the commissioner to clarify who will handle complaint. However, the commissioning body will be expected to retain an overview of how the complaint is handled;
 - The complaints work of the Healthcare Commission will cease at the end of March 2009. After this, if people are not happy with how their complaint has been dealt with at a local level, they can ask the Health Service Ombudsman to look into the matter;
 - A complaint can be investigated even if disciplinary action is being considered or is underway against a staff member;
 - If legal action or police are involved, it must be determined as to whether progressing the complaint might prejudice legal action. If so, it would be put on hold. If not, an investigation into the complaint should take place;
 - Independent advocacy will be a right for anyone needing support in raising a complaint;
 - If complainants are not satisfied with the handling of their complaint, they have the right to take it to the Health Service Ombudsman, however, local resolution is expected for most cases;
 - The four contractor groups will be expected to copy all complaints received to the PCT, whether they are received in writing, email or phone (annotated). This should be done within 3 working days of receipt unless the complaint is resolved on the spot;

- It is expected that the updated regulations will say that a complaint must be made within 12 months from the date on which the matter occurred or came to the notice of the complainant. However, organisations will have discretion to investigate after the cut off date providing there are good reasons for the delay. Where it is decided not to investigate, the complainant will have the opportunity to approach the Ombudsman;
- The new legislation is to be 'light touch';
- Each organisation will have an identified person designated as being responsible for:
 - * the operation of the complaints arrangements and;
 - * ensuring that lessons learned are implemented.
- This could be a combined role, could be the Chief Executive but should be someone senior to the everyday 'complaints handler'. They should operate at Board level;
- The only stipulations in the new legislation around process are likely to be as follows:
 - * complaints to be acknowledged in three working days with an offer to discuss how their complaint will be handled face-to-face or by telephone (the current requirement for all complaints to be completed within 25 days will no longer exist although it is likely that many NHS organisations will wish to keep to this standard);
 - * all complaints must have 'organisational sign off' when action has been concluded i.e. the Chief Executive. However, the process for ensuring that action has been completed may be delegated to a manager acting on their behalf (Complaints Manager);
 - * All organisations (commissioners and providers or services) will be required to produce an annual report and provider organisations should make available a copy of this report to the commissioning organisation.