

Complaints Code of Practice

1. Purpose and Scope

This document contains Patients Complaints Code of Practice which was approved London Medical in March 2014.

London Medical are members of the Independent Sector Complaints Adjudication Service (ISCAS), and therefore adhere to the necessary standards agreed.

The code applies to patients treated privately at London Medical whether or not they paid for the care directly or through an insurance scheme. The code applies to complaints about doctors and other healthcare professionals working within London Medical, even where they are not employed by the clinic and have practising privileges.

2. Principles

This code reflects the principles of Good Complaint Handling identified by The Parliamentary and Health Service Ombudsman. Good complaint handling means:

1. Getting it right

Quickly acknowledging and putting right cases of maladministration or poor service that led to injustice or hardship. Considering all the factors when deciding the remedy with fairness for the complainant and where appropriate others who also suffered

2. Being customer focused

Apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that take into account individual circumstances

3. Being open and accountable

Clear about how decisions are made, proper accountability, delegation and keeping clear records

4. Acting fairly and proportionately

Fair and proportionate remedies, without bias and discrimination

5. Putting things right

Consider all forms of remedy such as apology, explanation, remedial action or financial offer

6. Seeking continuous improvement

Using lessons learned to avoid repeating poor service and recording outcomes to improve service

3. The process

London Medical operate a three stage complaint process. All complaints should be raised directly with the General Manager at London Medical in the first instance (stage1). Complaints should be made as soon as possible and within six months of the event being complained about. In the event the complainant is unhappy with the response to their complaint, they can escalate their complaint by asking London Medical to conduct a review of its handling (stage 2). Finally, if the complainant remains dissatisfied they can request independent external adjudication of their complaint (stage 3).

A copy of the London Medical Code of Practice for complaint handling can be found on the company web site.

4. Stage 1 : Local resolution

Patients may ask for information, advice and help in making a complaint from anyone they wish.

London Medical London Diabetes welcomes comments and suggestions from patients as to how the Clinic might enhance its effectiveness and/or improve its service. Patients are encouraged to send any suggestions in writing to the General Manager.

If the patient wishes to make a complaint under this code of practice,

they must raise the complaint with the General Manager in writing, within six months of the event concerned.

The Clinic will normally respond to the patients' letter within two working days explaining how the complaint will be processed. The complaint will be investigated fully and the patient will normally receive a written response within 20 working days.

The complainant is to be advised as part of the response that they the right to seek independent or legal advice where any aspect of their complaint might give rise to a clinical negligence claim.

If the complainant is satisfied with the response received, and does not wish to take the complaint further, the information gained from the complaint will be used to improve the service provided by the Clinic.

If the complainant is not satisfied with the response then they should be signposted to the next stage of the complaints procedure – Stage 2. If the complainant wishes to escalate their complaint they must do so in writing within 6 months of the final response of Stage 1.

5. Stage 2 : Complaint Review

At this stage the complaint is reviewed by a company director not related to the complaint and not involved in stage 1. This will typically be the clinical services director.

The clinical services director will review the documentation provided by the General Manager and interview any staff involved as appropriate.

A written acknowledgment to be provided to the complainant with 2 working days of receipt of the complaint.

A full response to be provided with 20 working days or where an investigation is still taking place and letter providing details of the delay in full response.

If the complainant is not satisfied with the response then they should be signposted to the next stage of the complaints procedure – Stage 3. If the complainant wishes to escalate their complaint they must do so in writing within 6 months of the final response of Stage 2.

6. Stage 3: Independent External Adjudication

Provide a written acknowledgement to the complainant of their request for independent external adjudication within 2 working days of the receipt of request.

Stage 3 is handled by Independent Sector Complaints Adjudication Service (ISCAS) and patient should be directed to this service to provide details of their complaint.

ISCAS will:

Check that stage 1 and 2 have been completed and documented.

Assign an independent adjudicator to consider the complaint.

Advise the complainant of the binding nature of the independent external adjudication:

Remind complainants of their right to seek legal independent advice where any aspects of their complaint might give rise to a clinical negligence claim.

The Independent Adjudicator will provide a written acknowledgment within 2 working days of receiving the letter and documentation from ISCAS relating to the complaint.

The Independent Adjudicator will provide full adjudication decision within 20 working days or send a letter explaining the reason for any delay.

Details of the ISCAS Code of Practice can be found at <http://www.independenthealthcare.org.uk/iscas/iscas-publications/iscas-specific-publications/menu-id-643>