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General Complaints Procedure

Practice: In Touch With Health Osteopaths
Practice Manager / Complaints Lead: Claire Piper, Practice Owner
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1. Purpose

In Touch With Health Osteopaths is committed to providing safe, effective and professional osteopathic care. We welcome feedback and complaints as an opportunity to listen to patients, address concerns, learn from experience and improve the services we provide.

We aim to deal with complaints fairly, promptly, openly and confidentially, while ensuring that nobody is treated unfairly as a result of making a complaint.

This procedure applies to complaints about the care, treatment, conduct, communication or services provided by the practice.

2. Who can make a complaint?

A complaint may be made by:

- a current or former patient;
- a parent, guardian or other person acting on behalf of a patient;
- a representative authorised by the patient;
- an advocate or other person where appropriate.

Where a complaint is made on behalf of another person, we may need the patient's consent before discussing confidential information, unless there is a lawful reason why consent is not required.

Where the patient lacks capacity to make a complaint themselves, the practice will consider the circumstances and act in accordance with applicable legal and professional requirements. Any action taken will be in the patient's best interests

3. How to raise a concern

Where appropriate, patients are encouraged to raise concerns as soon as possible with the osteopath or member of staff involved. Many concerns can be resolved quickly through an explanation, discussion or practical action.

A patient does not have to raise a complaint directly with the person involved. They may instead contact the Practice Owner.

A complaint can be made:

- verbally, in person or by telephone;
- in writing, including by letter or email; or
- using the practice's complaints form (available on request)

Complaints should, where possible, include:

- the patient's name and contact details;
- the date(s) of the relevant appointment or event;
- a description of what happened;
- the names of staff involved, if known;
- the outcome the complainant is seeking; and
- any relevant supporting information or documents.

Reasonable assistance will be provided to anyone who requires help to make a complaint.

4. Immediate or serious concerns

Some concerns should not wait for the normal complaints process.

If a complaint raises an immediate risk to patient safety, safeguarding concern, serious professional misconduct or another matter requiring urgent action, the Practice Owner will take appropriate steps to protect patients and others.

Where appropriate, the practice may need to notify or cooperate with relevant external organisations, including the General Osteopathic Council, NHS bodies, safeguarding authorities, the police or other statutory organisations.

The General Osteopathic Council advises patients to contact it immediately in certain serious circumstances, including alleged treatment without consent, serious incompetence, dishonest or violent conduct, sexual/personal relationships with patients, working under the influence of alcohol or drugs, discrimination, or practising as an osteopath without registration.

5. Acknowledgement

The practice will acknowledge a written complaint promptly and normally within **7 working days** of receipt.

The acknowledgement will:

- confirm who is dealing with the complaint;
- explain how the complaint will be investigated;
- identify any further information required; and
- provide an expected timescale for the response.

Where a complaint is made verbally and is resolved immediately to the patient's satisfaction, a formal investigation may not be necessary. A record of the concern and its resolution will nevertheless be made where appropriate.

6. Investigation

The Complaints Lead will ensure that the complaint is investigated appropriately and impartially.

The investigation may include:

- reviewing the patient's clinical records and relevant correspondence;
- speaking to staff involved;
- obtaining statements or further information;
- reviewing relevant policies and procedures;
- considering whether professional or clinical standards were met; and
- identifying whether any patient-safety or safeguarding issues require action.

Where possible, the investigation should be undertaken by someone who was not directly involved in the incident being complained about.

Clinical complaints should be considered by an appropriately qualified person. The investigation will remain proportionate to the seriousness and complexity of the complaint.

The patient will not be disadvantaged in their ongoing care because they have made a complaint.

7. Confidentiality and information governance

Complaints will be handled confidentially and information will only be shared where there is a legitimate reason to do so.

Patient information will be handled in accordance with applicable data protection and confidentiality requirements. We have a Complaints Privacy Notice and this will be provided to any person making a complaint.

Where a complaint concerns another person, the practice may be unable to disclose confidential information about that person, even where the information is relevant to the complaint.

8. Response to the complaint

Following the investigation, the practice will provide a written response within 30 days where appropriate.

The response will normally:

- explain how the complaint was investigated;
- summarise the relevant findings;
- acknowledge any shortcomings identified;

- explain any action taken or proposed;
- provide an apology where appropriate; and
- explain how the complainant can request further review if they remain dissatisfied.

Where the practice is unable to provide a full response within the anticipated timescale, the complainant will be informed of the reason for the delay and given a revised timescale.

9. Review or appeal

If the complainant remains dissatisfied with the response, they may request a review.

The request should normally be made in writing and explain:

- which aspects of the response remain unresolved;
- why the complainant considers the response inadequate; and
- what further outcome they are seeking.

Where practicable, the review will be undertaken by a senior person who was not involved in the original investigation.

The practice will provide a written outcome of the review and explain any further appropriate avenues of complaint.

10. External escalation

General Osteopathic Council

The General Osteopathic Council (GOsC) regulates osteopaths in the UK. It can consider concerns relating to an osteopath's professional conduct, competence, health and fitness to practise. Every practising osteopath in the UK must be registered with the GOsC.

Patients may contact the GOsC if they have concerns about an osteopath, particularly where the concern relates to professional standards or patient safety. The GOsC's Regulation Department can be contacted via its current published contact details.

General Osteopathic Council
Website: https://www.osteopathy.org.uk/
Email: regulation@osteopathy.org.uk
Telephone: 020 7357 6655, extension 224

The GOsC's own process distinguishes between a complaint about a practice's service and a regulatory concern about an osteopath's conduct, competence or fitness to practise.

11. Learning and improvement

Complaints will be used to identify opportunities for improvement.

The practice will consider whether a complaint indicates a need to:

- change a policy or procedure;
- provide additional staff training;
- improve communication;
- review clinical or administrative processes;

- undertake a patient-safety review; or
- take other corrective or preventive action.

Significant complaints and recurring themes will be reviewed by the practice owner.

12. Record keeping

The practice will maintain appropriate records of complaints, including:

- the complaint received;
- date received;
- investigation undertaken;
- relevant evidence;
- outcome;
- actions taken; and
- date the complaint was closed.

Complaint records will be stored securely and retained in accordance with the practice's applicable record-retention and data-protection requirements.

Complaint information will be reviewed periodically to identify trends and opportunities for service improvement.

13. Unreasonable or abusive behaviour

The practice recognises that people making complaints may be upset or distressed. Staff will remain professional and respectful.

The practice may take reasonable steps to protect staff and patients where behaviour becomes threatening, abusive, discriminatory or otherwise unacceptable.

Any restrictions on communication will be proportionate and will not prevent a genuine complaint from being considered.

14. Accessibility

The practice will make reasonable adjustments to enable patients to access the complaints process.

This may include:

- providing information in an alternative format;
- allowing additional time for communication;
- accepting complaints verbally;
- assisting a person to record their complaint; or
- allowing an appropriate representative or advocate to assist.

15. Staff responsibilities

All staff should:

- listen to complaints respectfully;
- remain professional and non-defensive;
- promptly pass complaints to the Complaints Lead;
- maintain patient confidentiality;
- cooperate fully with investigations; and
- identify and report any immediate patient-safety or safeguarding concerns.

The Complaints Lead is responsible for ensuring that complaints are appropriately recorded, investigated, responded to and used for learning.

16. Policy review

This procedure will be reviewed at least annually and sooner if there are significant changes to legislation, professional standards, NHS requirements or the way the practice operates.

Approved by: Claire Piper
Position: Complaints Lead/Practice Principal
Date: 16-09-26
Next review date: 16-09-27