

Complaints and Feedback Management Policy

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1. Introduction

- 1.1 GPhC is committed to providing a high quality, transparent and accessible service to everyone we deal with. In order to do this we need you to tell us when we get things wrong. We want to help resolve your complaint as quickly as possible.
- 1.2 We handle any expression of dissatisfaction with our service which calls for a response as a complaint. We listen to your complaints, treat them seriously, and learn from them so that we can continuously improve our service.
- 1.3 Positive Feedback is equally important to us as it helps us understand what we're doing well and what we can do further improve the services we provide.

2. Principles of good practice

- 2.1 Recommendation 113 of the Francis Report into Mid Staffordshire NHS Foundation Trust (Mid Staffs) Public Inquiry concluded that: "Trusts should consider the recommendations and standards developed by the Patients Association.
- 2.2 Appendix A explains the Patients Association Good Practice Complaints Standards (2013). The first eight standards relate to the handling of an individual complaint case. They can be used by any organisation which has to handle formal complaints. The last four standards are organisational standards.

3. Purpose of the policy

- 3.1 The purpose of this policy is to describe GPhC's approach to managing complaints about the organisation in accordance with national guidance. The Policy explains the means by which a complainant or their representative can raise a complaint and the responsibilities of staff in dealing with the complaint.
- 3.2 The Policy also describes how to provide positive feedback so that we can further improve service provision.

4. What is a complaint?

- 4.1 The Patients Association defines a complaint as: “An expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response.” Complaints are resolved as early as possible.
- 4.2 Where it is appropriate complaints or requests for assistance can be resolved on the spot. If the complaint can be resolved quickly, within twenty four hours of it being raised, then the case will still be recorded but then closed. These complaints are classified as negative feedback; they are normally received by telephone or email and they are monitored to identify their volume and any themes that emerge. Formal complaints are recorded as those that cannot be resolved informally or that are received in writing.

5. Scope

- 5.1 The Policy is aimed at enabling anyone who is directly affected by GPhC services to complain. We refer to these complaints as "organisational complaints". The Policy also outlines how to submit positive feedback to the organisation.
- 5.2 This Policy covers complaints about:
- The standard of service you should expect from us.
 - The behaviour of our staff in delivering that service.
 - Any action, or lack of action, by our staff or others engaged on GPhC business.
- 5.3 The Policy also covers anonymous complaints.
- 5.4 This Policy does not cover:
- Comments about our policies or policy decisions.
 - Complaints about pharmacists, pharmacy technicians or pharmacies or the outcome of an investigation, please follow the link for these complaints:
<https://www.pharmacyregulation.org/form/reporting-concern?wssl=1>
 - Matters that have already been fully investigated through this complaints procedure.

6. Time limits for making a complaint

- 6.1 It is important that complaints are made as soon as possible after the event occurs. This enables us to appropriately consider, investigate and act on any issues raised. We will normally only investigate complaints made up to 12 months from the date on which the matter complained about occurred or, if later, when it came to the complainant's notice.

7. Third party reporting

- 7.1 Where a complainant is communicating through a third party, (e.g. an independent advocacy service provider, Member of Parliament or a solicitor) we need written consent to that effect.
- 7.2 The organisation will establish the boundaries of communication e.g. does the complainant wish to be copied into correspondence? Would they still be interested in a face to face meeting? What amount of personal/sensitive information can be released to the third party?
- 7.3 A letter from a solicitor does not prevent an organisation from attempting to establish good relationships with a complainant, including offering to meet still and copy in correspondence.

8. Confidentiality

- 8.1 All complaints received will be dealt with confidentially and in accordance with the requirements of the Data Protection Act 1998, subject to the need to disclose information as required by statutory authorities, and/or as a result of statutory, legal or parliamentary obligations placed on GPhC.

9. Record keeping

- 9.1 GPhC will maintain a log of all complaints and positive feedback on a system that is separate from other systems and with restricted access. This will be done using secure, dedicated software.

- 9.2 Good record keeping assists in improving accountability and provides for transparent decision-making.

10. How to make a formal complaint

- 10.1 A formal complaint can be received by post, face to face, electronically, by telephone or by completing the form at Appendix C.
- 10.2 Where the formal complaint is received by telephone, the Governance team will send the complainant a written summary of their concerns, to allow for this to be checked before we start to investigate.

11. How to provide Positive Feedback

- 11.1 When you think we are doing things well, please also let us know via the address below and we will make sure we keep doing those things.

12. Contact us

- 12.1 All complaints and requests for review under our complaints procedure should be sent to:

Governance Team

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

Email: feedback@pharmacyregulation.org

Tel: 020 3713 7810

13. Organisational complaints procedure

- 13.1 GPhC has a two-stage organisational complaints handling procedure explained at Appendix B below. At each stage it will help us to resolve your complaint quickly if you can give us as much clarity and detail as possible, including providing any documents and correspondence and stating that you are making a complaint.

13.2 The Governance Team is responsible for managing the handling of organisational complaints including notifying you of the outcome.

- Stage 1 - This is the first opportunity for us to resolve your dissatisfaction. We expect the majority of complaints to be resolved at this stage. On receipt of your complaint we will contact the relevant Head of Function from the most appropriate directorate and ask them to respond to your complaint.
- Stage 2 - If you are dissatisfied with the response at stage 1, you may request a review. This will be carried out by a responsible Director (or their nominated deputy). Your request together with all subsequent correspondence relating to it should be sent to the Governance Team who will forward your request to the relevant Director to be reviewed.

14. Investigation protocol

14.1 GPhC will investigate a complaint in a manner appropriate to resolve it as efficiently as possible. All complaints will be acknowledged no later than three working days after the day the complaint is received.

14.2 The complainant can expect that:

- They will be kept up to date.
- They will be treated impartially and without unlawful discrimination or prejudice.
- Complaints will be investigated thoroughly and fairly to establish the facts.
- Decisions are proportionate, appropriate and fair.
- Complaints are reviewed by someone not involved in the events leading to the complaint.

14.3 The response will include:

- An explanation of how the complaint has been considered
- An apology where appropriate
- Whether the complaint in full or in part is upheld
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate.

14.4 A key consideration is to make arrangements flexible with a focus on satisfactory outcomes, organisational learning and that those lessons should lead to service improvement.

15. Next steps

15.1 If you remain dissatisfied there is no further remedy at the GPhC. You can contact the Professional Standards Authority (PSA), which oversees the work of the GPhC and other health and social care regulatory authorities, or seek legal advice. PSA's contact details are as follows:

- Tel: 020 7389 8030
- <http://www.professionalstandards.org.uk/contact/raising-a-concern>

John Allsop, Risk and Assurance Manager, Governance

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Agreed by: Executive Board on 28 April 2015

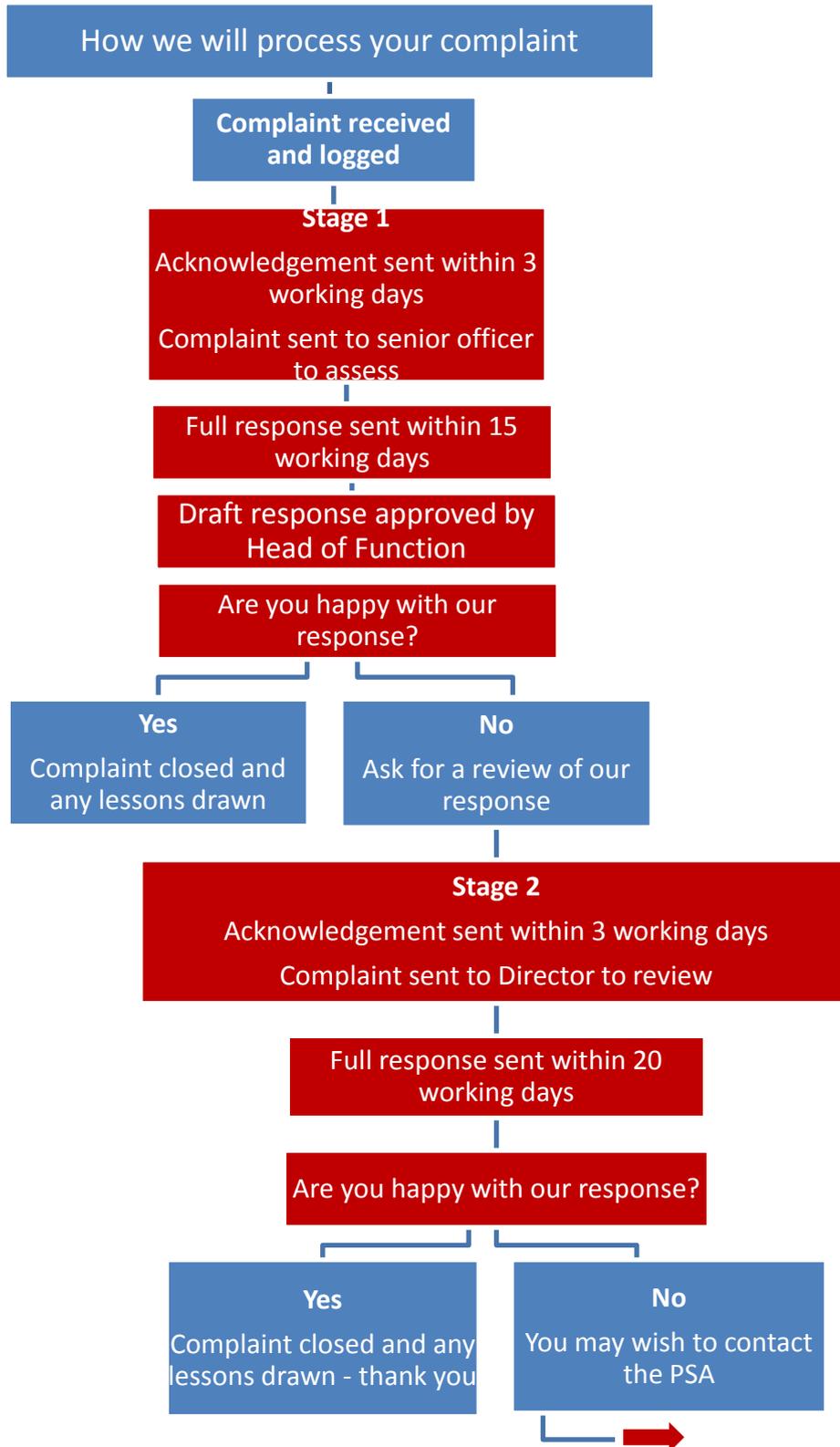
Appendix A – The Patients Association’s Good Practice Standards (2013)

Standard	Requirement	Details
Standard 1	The Complainant has a single point of contact in the Organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.	Complainants are provided with a named individual, a single point of contact with whom they can liaise. There is equality of access for all complainants, with particular consideration for those people who may find it more difficult to use the process.
Standard 2	The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	The complexity and seriousness of the complaint should influence the extent of any investigations. The level of seniority of the person leading any investigation must match the level of severity of the complaint i.e. the more serious the complaint, the more senior the investigating officer. Where conflict of interest issues arise, it is good practice to engage the services of a person who is external to the Organisation.
Standard 3	Investigations are thorough, where appropriate including independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	After the initial assessment, the nature and scope of the investigation is determined and the approach to it planned. Statements, interviews, reviews of notes etc. will usually constitute the bulk of an investigation but third party sources of independent evidence to evaluate findings against will also be obtained. The investigator is chosen and sufficient evidence should be gathered.
Standard 4	The investigator reviews, organises and evaluates the investigative findings.	The role of the investigator is also to gather and analyse all the relevant facts and opinions pertaining to the complaint and at the end of the fact finding exercise, report back and, if appropriate, make relevant recommendations. Their role is to provisionally prove or disprove any matter of fact raised by the complainant and to highlight key points for the decision maker to consider.

Standard	Requirement	Details
Standard 5	The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	Ideally the investigator and decision maker should not be the same person. The quality of any decision will depend on the decision maker's knowledge, experience and integrity. After evaluating the findings, the decision maker will exercise their discretion in deciding whether the complaint can be upheld or not. This decision will be based on the civil standard (proof on the balance of probabilities).
Standard 6	The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	Good documentation is fundamental to effective complaints handling. All information should be maintained centrally as there are risks to effective record keeping and decision making if supporting documentation is kept in a number of different locations. Documentation should be such that it permits evaluation of the conduct of an investigation and would enable an independent observer to draw the same conclusion as the decision maker.
Standard 7	Both the complainant and those complained about are responded to adequately.	Many complaints are resolved through the provision of an explanation, detailed information and an apology where needed. Responses to complainants are often incomplete and do not offer adequate explanation. Some letters contain factual errors; others make no acknowledgement of a mistake being made. It is important that the response letter addresses all the matters arising from the complaint.
Standard 8	The investigation of the complaint is complete, impartial and fair.	Complaints need to be examined in a fair, impartial and objective manner. Investigators should approach people and issues with tolerance and an open mind. They should respect people as individuals and ensure that anti-discrimination, fairness and equity principles are applied throughout the process. The investigation must be conducted by someone independent of the events giving rise to the complaint. They must not have, or be perceived to have any conflict of interests. Unbiased decisions should be made based upon

Standard	Requirement	Details
		sufficient evidence.
Standard 9	The organisation records, analyses and reports complaints information throughout the organisation and to external audiences.	
Standard 10	Learning lessons from complaints occurs throughout the organisation.	
Standard 11	Governance arrangements regarding complaints handling are robust.	
Standard 12	Individuals assigned to play a part in a complaint investigation have the necessary competencies.	

Appendix B – Service Complaints Procedure



Appendix C - Making a complaint about GPhC Services

- You can use this form if you wish to make a complaint or give us feedback about the service you have received from GPhC. You can print this form and complete it by hand, or you can complete the form electronically and return it by email.
- You do not have to use this form. Alternatively, you can write to us or email us providing as much information about your complaint as possible.
- Further information about the complaints process is available on our website at: <http://www.pharmacyregulation.org/content/feedback-about-gphc>
- If you wish to discuss your concerns please telephone 020 3713 7810 Please note that we may not be able to give you an immediate response to your concerns over the telephone, but we can discuss the process with you.

1. Your details

Name	
Registration number (if applicable)	
Address	
Telephone number	
Email address	

2. Details of complaint

Choose a Category
Summary of the complaint
Summary of contact with the GPhC (including date / time and employee spoken to if known)

Please provide a description of what happened

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3. Supporting documentation

Have you attached or enclosed any additional documents?	Yes		No	
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If so please provide a summary below and attach copies of any supporting documents.

Supporting documentation

When you think we are doing things well, please let us know and we will make sure we keep doing those things!

Once you have completed this, please send it to:

Governance Team

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

Email: feedback@pharmacyregulation.org

Tel: 020 3713 7810

We aim to acknowledge your feedback within 3 working days of receipt.

Appendix D - Complaint Categories

1. GPhC Policy/Process

- Delays
- Outcome of a Concern/GPhC decision

2. Information & Data

- Quality of communication/information
- Loss of information/documentation
- Information Security

3. myGPhC

- Accuracy of recorded information
- Availability of and access to the Portal

4. Staff Conduct

- Failure to respond
- Behavioural Framework
- Unacceptable Behaviour

5. Equality and Diversity

- Discrimination

6. Standards & Assessment

- GPhC Standards
- Registration Assessment
- CPD Issues

7. Fees

- Incorrect payment
- Direct Debit arrangements

8. Other