

Complaints (and compliments).

If you haven't had one of the former yet you are very lucky. Most of us working in the front line of general practice can expect several of these each year. Most doctors, and GP's in particular find them to be particularly stressful and upsetting.

Question: Why do we as doctors find complaints from patients so difficult to cope with? (this makes a great MRCGP oral question!).

How can you get into trouble?

Doctors often refer to the term "triple jeopardy". This means that a patient can (if they feel that you have upset them:

1. Complain about you through the NHS complaints procedure (leaflet available on: <http://www.doh.gov.uk/complaints/complaintsleaflet.htm>)
2. Complain about you to the GMC
3. Take legal (usually civil) action against you.

Or.... A combination of 2 or more....

Every year we have a great (if somewhat sobering) workshop, led by an ex-Bath GPR Peter McKenzie. He works for the MDU, and is an expert on the latter two.

Bill's Hobby Horse:

GP's are 13 times more likely to face litigation now than 10 years ago according to the MPS. Final settlements are now higher than in the US (where high initial awards are usually negotiated down). At a recent meeting I was told that on average, each of us will be sued every 2 years we practice...

Task: Go on-line to www.google.co.uk and enter the search terms "medical" and "negligence". Count the number of solicitors firms which come up, and are presumably keen to take on a new case.

Most of these cases are funded by legal-aid. The decision as to whether a case has merit (and thus receives funding from the legal-aid budget) is currently made by the plaintiff's solicitor, who clearly stands to gain from taking on a case. (A conflict of interest perhaps?). About 98% of cases of medical litigation are ultimately unsuccessful but the NHS cannot be awarded legal fees from such cases.

Questions:

1. *Who pays for legal aid?*
2. *Who reimburses MDU/MPS fees for GP's through the annual pay system? (clue the answers to 1 and 2 are the same).*
3. *Who benefits most from the current system?*

I will however leave the rest of this to Pete (in case I give myself a stroke) and now only discuss the NHS complaints procedure.

The NHS complaints procedure.

Over the last decade NHS complaints have steadily increased. In 1997 for example there was an average of just over 1 complaint for each GP in England & Wales. Two thirds of these were resolved locally within 4 weeks.

A flip through the above website will give you the basics. Briefly:

- Patients have 6 months to complain (or 6 months after they found out they could complain, to a maximum of 12m following the event).
- They initially have to engage in a process called “local resolution”, at practice level. The idea is that this should be prompt and efficient, thus avoiding endless minor complaints at health authority level or above. This was introduced in 1996, and has dramatically cut the number of complaints dealt with at higher levels.
- If they are unhappy still, they can request an “independent review” coordinated by a trained member of the PCT known as a “convenor”. S/he considers the complaint and if felt necessary convenes a panel of worthies to consider the case further. The panel can interview all concerned. It is highly stressful for those at the sharp end, and doctors summoned usually have advice from a member of the LMC, or sometimes their defence organisation. It has to be said however that the latter aren't very keen to get involved in this side of things. The patient will receive a detailed letter outlining the findings of the panel. The panel has the power to reprimand, withhold remuneration from a doctor, or refer the case on to the GMC etc.
- Finally, if the patient is still dissatisfied, they can ask for the Health service commissioner (ombudsman) to review the case. S/he is independent of the NHS entirely, but can make binding recommendations.

A few other key points: Each practice has to have a written complaints procedure for the local resolution stage of the process. The patient has a right to have their complaint promptly acknowledged, and dealt with in less than 4 weeks from the date of complaint. There must be a designated person in the practice to oversee the process (often the PM or senior partner).

If legal action is being taken, then the NHS complaints procedure is generally suspended at that stage.

Tasks:

- 1. Talk to your practice manager – how many complaints has the practice received during the last 12m or so? What were they about?**
- 2. Review the complaints procedure at your training practice. Be familiar with its key areas.**
- 3. Finally (and with some delicacy please) discuss with your trainer a complaint that s/he has been involved with recently. Find out how well the procedure worked, and specifically how the doctor felt at the time. How well do you feel they were supported by the other practice members?**

Compliments (yes we do get these occasionally!)

These tend to be ignored, but can be useful for morale, and as an antidote to an apparently endless stream of complaints. Many practices have a system for sharing these within the practice, and keep a record of them.

Question: Does your practice have such a system? How well does it work?

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