



Complaint Policy for non-NHS Patients

1. Introduction

We aim to provide a customer centred approach to managing and resolving complaints to which patients have access, to ensure that guidelines are followed to consistently and effectively manage complaints, to positively welcome and respond to feedback and develop action plans to continually develop and enhance the service we provide.

The purpose of the complaints procedure is to deal with any complaints in relation to any matter reasonably connected with the provision of services and care to private and self pay non NHS patients at any of CES Medical Ltd's locations.

1.1 Who should know this policy?

All staff.

1.2 Responsibilities

The Complaints Manager at CES Medical Ltd, Miss Katie Turkiewicz, is responsible for managing complaints. It is the responsibility of the Complaints Manager to ensure that all staff have read and comply with the policy. It is the responsibility of all staff to ensure that they adhere to this policy and with any guidelines subsequently produced by the practice.

If the complaint is purely clinical in nature, the relevant optometrist/ophthalmologist will be involved in handling the complaint with the Complaints Manager, as appropriate. They may seek the advice of a corresponding professional organisation such as the Association of Optometrists or the College of Optometrists and Royal College of Ophthalmologists.

2. Patient Comments

Feedback is very valuable to us and should be welcomed. Any comments should be recorded and submitted to the Complaints Manager.

3. Complaints

A complaint is considered an expression of dissatisfaction requiring a response.

A complaint subject to the complaint process includes any complaint about the services or care made by the patient, their family or their chosen advocate, made verbally or in writing including email. This excludes oral complaints

responded to verbally, and resolved to the satisfaction of the complainant, by the end of the next working day.

4. Procedure

- Emailed or written complaints should be sent directly to the Complaints Manager: **Miss Katie Turkiewicz, CES Medical Ltd, Maidstone Innovation Centre, Gidds Pond Way, Weaving, Maidstone ME14 5FY.**
- Verbal complaints: The Complaints Manager should aim to provide a first-time resolution (resolved verbally by the end of the next working day) including escalation to the Director, when needed. Details of the concern should be recorded on the complaints log by the Complaints Manager, providing all relevant information and action taken to resolve.
- Verbal complaints that cannot be resolved to the satisfaction of the complainant in accordance with point 2 should be recorded and passed to the Director by the Complaints Manager for further discussion. It will be treated in the same way as a written complaint would be handled.
- All complaints should be given the contact details for the Independent Sector Complaints Adjudication Service (ISCAS) CEDR, 3rd Floor, 100 St Paul's Churchyard, London EC4M 8BU Tel: 0207 536 6091
- Written consent must be sought from the patient if a complaint is being made on behalf of someone else.
- If the patient is not happy with how the complaint has been handled in the first instance by the Complaints Manager, the patient will be advised of their right to take the complaint to the Independent Sector Complaints Adjudication Service.
- The Complaints Manager must acknowledge all complaints no later than 3 working days following receipt of the complaint.
- The Complaints Manager will enter the complaint onto the complaint log.
- The Complaints Manager will forward the complaint and actions required to the responsible manager/clinician and will liaise with the complainant verbally or in writing to:
 - Clarify details of the complaint
 - Agree investigation process
 - Agree timescale for resolution, "the response period". Where the complainant does not agree with the response period the

Complaints Manager will write to the complainant confirming the response period.

- Agree resolution process including meeting complainant, writing and/or telephone calls and maintain regular contact and provide updates.
- It is good practice to send a holding letter to a complainant every 14 days in order to reassure the complainant of our continued attention to their complaint. The Complaints Manager will ensure the standard letters are sent and held on file.
- A clear, written record should be maintained of any investigation taken, detailing discussions with staff, complainant and outside agencies who have been involved. This will include any questions asked and responses given.
- Following a complaints investigation/root cause analysis a written response should be issued to the complainant. The response should fully cover the following:
 1. An explanation of how the complaint has been considered
 2. The conclusions reached in relation to the complaint, including any matters which the complaint specifies, or that remedial action is needed;
 3. The patient's right to contact the Complaints Manager with any outstanding issues
- An electronic file detailing the complaint and all related correspondence and actions should be kept by the Complaints Manager for a period of at least 2 years and be kept separate from the patient's ophthalmic records.
- Copies of all correspondence must be sent to the Complaints Manager for filing at the end of each complaint.

5. Continuous Improvement

Following a complaints investigation, an action plan should be put into place for any improvements that are identified. The Complaints Manager will monitor the plan and a periodical progress report will be provided and discussed at the periodical meetings.

Optometrists and Ophthalmologists dealing with complaints will be responsible for ensuring that anyone acting on their behalf as a complaints handler, has provided all relevant updates to the responsible person.

The following complaints and issues are not required to be dealt with under the Complaints policy:

- Complaints from other organisations or staff members
- A verbal complaint which is responded to verbally and is resolved to the complainant's satisfaction not more than by the end of the next working day after the day on which the complaint was made. Such complaints will continue to be recorded to ensure the necessary service improvements are implemented
- Complaints that have already been dealt with through the complaints procedure.
- Complaints not raised within 12 months that the event occurred, or if later, not raised within 12 months of the complainant becoming aware that they had cause to complain, will be considered on an individual basis (we would consider that all complaints should be responded to where feasible regardless of timescale).

Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If yes, please detail underneath in relevant section and provide priority rating

		Positive Impact	Negative Impact	Reasons
Gender	Men	N	N	<i>The aim of this policy is to describe the processes for implementing the patient experience and complaints policy which the Company will adhere to, to ensure it can continue to deliver its services in a safe manner. On this basis it is not considered that the policy or activities arising from it will have any impact on this group within the protected characteristic of gender</i>
	Women	N	N	As above - with no impact
Race	Asian or Asian British People	N	N	As above
	Black or Black British People	N	N	As above
	Chinese people	N	N	As above

	People of Mixed Race	N	N	As above
	White people (including Irish people)	N	N	As above
Disability	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	N	N	As above
Sexual Orientation	Transgender	N	N	As above
	Lesbian, Gay men and bisexual	N	N	As above
Age	Children	N	N	As above
	Older People (60+)	N	N	As above
	Younger People (17 to 25 yrs)	N	N	As above
Faith Group		N	N	As above

Pregnancy & Maternity	N	N	As above
Equal Opportunities and/or improved relations	N	N	As above

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities that do not appear as separate categories in the Census.