

POLICY FOR HANDLING COMPLAINTS

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1. BACKGROUND & INTRODUCTION

- 1.1 This policy sets out and explains the framework for investigating complaints made against South Staffordshire Primary Care Trust and Independent Contractors within the PCT area, in accordance with NHS Complaints Regulations 2004, as amended and any other relevant NHS Regulations or Directions.
- 1.2 The procedures are based on the following principles:
- it is easily accessible and well publicised
 - it is simple to understand and use
 - complainants are treated courteously and sympathetically by any person to whom they make their complaint
 - complaints are dealt with speedily with established time limits for action and people kept informed of progress
 - complaints are fully investigated and a full response provided to the issues raised
 - clear information is provided on how to pursue the matter further if the complaint is unresolved
 - complainants and staff involved in a complaint are supported and treated fairly with confidentiality preserved
 - complaints are monitored and actions/outcomes identified to ensure service improvements
- 1.3 Where the complainant indicates either orally or in writing that legal action is being pursued, the complaints procedure must cease.
- 1.4 Where a complaint (or any subsequent investigation) alleges fraud or potential fraud, the Complaints Manager will seek guidance from the Local Counter Fraud Specialist (LCFS) and Director of Finance. Should an investigation be pursued by the LCFS, the complaints procedure will cease.

2. SCOPE & OBJECTIVES

- 2.1 The Policy is Trust-wide and applies to all staff. The key objectives are:
- early resolution of a complaint, with the prime aim of resolving the problems and satisfying the concerns of the complainant
 - to achieve local resolution wherever possible, with an honest thorough approach
 - to separate complaints investigation from any disciplinary procedure
 - to use lessons on quality and outcomes from investigations to improve services (and feed into service development) for patients
 - to ensure that the process meets full compliance with assessment requirements i.e. Standards for Better Health, NHS Litigation Authority Risk Management Standards for PCTs.

3. ROLES & RESPONSIBILITIES

3.1 Chief Executive

The Chief Executive has overall responsibility for complaints about the PCT and will be fully satisfied with the scope of the investigation before responding to the complainant.

3.2 Director of Quality & Performance

The Director of Quality & Performance has Board level responsibility for reporting on complaints.

3.3 Complaints Manager

The Complaints Manager will manage the PCT's complaints procedure and ensure complaints files are complete and maintained in line with good record keeping. The Complaints Manager will liaise with Investigating Officers and co-ordinate all information in order to provide a draft response to the complainant.

The Complaints Manager will be readily accessible to the public to provide early and personal contact and be able to give advice on the complaints procedure. This will enable early establishment on agreement of issues identified and clarify aims. In independent contractor complaints the Complaints Manager may act as a mediator to assist in the investigation by the practice. Where appropriate, the Complaints Manager will also arrange for a conciliation service to assist in the resolution of complaints. Information will also be relayed to the complainant regarding advocacy services that are available to assist.

In cases that involve an independent review panel, the Complaints Manager will be the point of contact within the PCT for the Healthcare Commission and will liaise with them in any investigation.

In any case involving alleged fraud; the Complaints Manager will liaise with the LCFS and Director of Finance. The Chief Executive and Communications Manager will be alerted to any complaint that is likely to attract media attention.

In all cases contemporaneous notes should be made of all patient contacts (if not carried out by letter or e-mail).

The Complaints Manager will provide staff training as part of induction and for ongoing awareness raising.

3.4 Investigating Officer

For provider complaints this will be the **Locality Manager/Heads of Service** or their nominated deputies. The respective Manager will be the contact for any purchasing, waiting list, continuing care or prison health issues. Information may also be sought from Lead Officers. If there is likely to be any delay in the investigation, the Complaints Manager should be informed at the earliest opportunity.

4. WHO MAY COMPLAIN

Complaints may be made by the following:

4.1 In PCT complaints

- the patient, or any person who is affected by, or likely to be affected by the action, omission or decision of the PCT
- a representative acting on the patients behalf, with the written consent of that person*
- in respect of a patient who has died, the representative must be a relative or person who had an interest in their welfare (if the representative is deemed to be unsuitable, they will be informed in writing by the Complaints Manager, stating the reasons for refusal).

- in the case of a child, the representative must be a parent, guardian or other adult person who has care of the child.

4.2 In Independent Contractor complaints

- a patient or former patient of the practice
- anyone acting on the patients behalf, with the written consent of that person*
- where a patient has died, by a relative or other adult person who had an interest in the patient's welfare

*Where a patient is unable to act, by reason of physical or mental incapacity, consent shall not be required.

5. PURCHASING/COMMISSIONING COMPLAINTS

5.1 The appropriate PCT to conduct an investigation will be dictated by the area in which the patient's main GP practice is situated (where a patient is not registered with a GP it will be their place of residency).

5.2 The Complaints Manager will contact the appropriate Director/ Manager to establish the necessary information to allow a response to be drafted and sent out within 25 working days.

5.3 The Chief Executive will receive the file to amend/approve and sign the final response to the complainant.

6. PROVIDER COMPLAINTS

6.1 Where a complaint relates to the provision of service, the Complaints Manager will conduct and coordinate the investigation. This includes the following services:

- District Nurses
- Health Visitors
- School Health Advisers
- Speech & Language Therapists
- Podiatrists/Chiroprodists
- Dieticians
- Physiotherapists
- Out of Hours/Minor Injuries Service
- Community Hospitals
- Community Dentistry
- Contraceptive & Sexual Health Services
- Free Nursing Care/ Continuing Care
- Prison Health Services

6.2 The Complaints Manager will assess the complaint and contact the appropriate Investigating Officer to commence an investigation (using root cause analysis techniques where required), asking for a response within 15 working days. A copy of the complaint will also be forwarded to the relevant Director for information purposes. On receipt of the information from the Investigating Officer, the Complaints Manager will ensure that all the issues have been addressed and draft a response (ensuring any technical terminology has an explanation in lay terms) to be sent out within 25 working days from the date of receipt of the complaint.

6.3 The Chief Executive will receive the file to amend/approve and sign the final response to the complainant.

- 6.4 Where a complaint is investigated by the employing PCT, but involves a resident in a different PCT area, copies of the complaint and final response will be sent for information by the Complaints Manager to the Chief Executive of that particular PCT.
- 6.5 A copy of the final response will be sent to the Investigating Officer and relevant Director for information.

7. INDEPENDENT CONTRACTOR COMPLAINTS

- 7.1 All independent contractors are required by their contract or terms of service to operate an in-house complaints procedure that complies with national criteria. The PCT may become involved in terms of mediation or conciliation, if local resolution at practice level should fail.

The Complaints Manager will provide advice on the NHS Complaints procedure to both complainants and practitioners when required.

8. FREEDOM OF INFORMATION/DATA PROTECTION COMPLAINTS

- 8.1 Where a formal complaint relates to non-compliance with either a request for information, or the disclosure of information, under the Freedom of Information (FOI) Act 2000 or the Data Protection Act (DPA)1998, the complaint process will mirror the local resolution stage of the NHS Complaints Procedure as follows:

- The complaint will be acknowledged in writing by the Complaints Manager within 2 working days and an investigation carried out in conjunction with the Lead Director and Lead Officers.
- The Lead Director for FOI is the Director of and the Director ofleads on Data Protection.
- A full response will be sent out from the Chief Executive and the PCT will aim to respond within 20 working days

- 8.2 The letter of response will give details of the right to approach the Information Commissioner, should the matter remain unresolved.

9. PRISON HEALTH CARE COMPLAINTS

All complaints relating to prison healthcare are investigated by the relevant healthcare manager in the first instance. If the complaint remains unresolved the complainant has the right to revert to the NHS complaints process as operated by the PCT, with ultimate recourse to the Healthcare Commission. The process is shown in more detail at Appendix 5.

10. LOCAL RESOLUTION OF PCT COMPLAINTS

10.1 Verbal Complaints

Concerns raised about any aspect of NHS care or treatment provided by the PCT should, in the first instance, be referred to the Patient Advice and Liaison Service (PALS). If immediate resolution is unsuccessful, the complainant should be advised of their right to make a formal complaint.

Complaints about the PCT may be made orally to the Complaints Manager, who will try to resolve concerns by a preliminary investigation wherever possible, seeking advice from the Chief Executive or relevant Director. Where the matter cannot be resolved after a preliminary investigation and the complainant wishes to pursue the

matter, a summary of the complaint will be drawn up by the Complaints Manager and sent to the complainant for signature and return. The process at 9.2 will then be followed.

10.2 Written complaints

All correspondence will be acknowledged within 2 working days and will contain information and advice on contacting the Independent Complaints Advocacy Service (ICAS) and an indication of when a full response should be dispatched (within 25 working days).

Where there is likely to be any delay in forwarding a response within the stated time, the complainant should be contacted by the Complaints Manager and agreement reached on any extension period. This should be confirmed in writing to the complainant.

The Chief Executive will personally sign the final response to the complainant, which should also include advice on how to pursue the complaint further with the Healthcare Commission, should they remain dissatisfied.

10.3 First Class post will be used in correspondence to parties and marked "Private & Confidential"

11. CONCILIATION

11.1 Conciliation is a method of involving an impartial third party to facilitate dialogue to resolve an issue. The PCT is able to provide a conciliation service and has access to trained Lay Conciliators. Arrangements will be made via the Complaints Manager as and when required.

11.2 Copies of the correspondence held on file will be shared with the Conciliator, and contact details given for both parties. The conciliator will only report back to the Complaints Manager on outcomes and agreed action points and not disclose the substance of any discussions.

11.3 When making arrangements for meetings or particularly home visits, consideration should be given to health and safety/lone worker issues when meeting the parties separately or at any joint meeting.

11.4 The conciliation process is confidential, however, where information is raised within that process regarding a child protection or patient safety issue, the Conciliator may have to breach confidentiality and seek further advice via the Complaints Manager

11.5 Conciliation fees are paid on a sessional basis and reviewed annually in line with Advance Letter (MD) – Fees & Allowances payable to doctors for sessional work.

12. INDEPENDENT REVIEW

12.1 A request for an independent review should be made to the Healthcare Commission either orally or in writing within 6 months of the final response being sent out.

12.2 Where a request for independent review is received directly by the PCT, the PCT will forward it to the Healthcare Commission within 2 working days.

12.3 The PCT will assist the Healthcare Commission in their investigations, as and when requested, at initial review and full investigation or panel stage.

12.4 The PCT will consider any recommendations made by the Healthcare Commission, including any remedial action to resolve the complaint.

13. TIME LIMITS

13.1 A summary of time limits for the submission and investigation of complaints is shown at Appendix 3.

13.2 Where a complaint is made outside the time limit specified, it will be at the designated Complaints Manager's discretion to decide whether an investigation should take place by extending the time limit. For complaints against the PCT this will be the Complaints Manager. For independent contractor complaints it will be the person responsible for dealing with complaints within the practice. Before refusing an investigation, the complainant should be asked for their reasons for not submitting the complaint within the time limits

13.3 Where an investigation is refused, the complainant may request the Healthcare Commission to consider the complaint.

14. NHS REDRESS SCHEME

Draft Regulations introducing the NHS Redress Scheme are anticipated in 2006. It will provide a mechanism for the swift resolution of low monetary value claims in tort arising out of, initially, NHS hospital services (*for the purposes of the scheme "hospital" has the same meaning as in the NHS Act 1977*), with a view to extending it to primary care in the future. It will also apply to commissioners of care where care is commissioned from providers outside England. The NHS Litigation Authority will manage the Scheme, but there will be a requirement for providers of care to actively identify cases that may be eligible under the scheme. For that reason, complaints could be one of the triggers and should be scrutinised where the scheme may be applicable.

15. CONFIDENTIALITY

15.1 All information relating to specific complaints will be treated as confidential and only divulged to authorised staff involved in the investigation of the matter on behalf of the Chief Executive.

15.2 Where a request to investigate a complaint is received from a third party e.g. Member of Parliament or the Independent Complaints Advocacy Service, written authorisation from the named individual will be requested before the release of any confidential information.

15.3 Data held on computers will conform to the principles and practices of the Data Protection Act 1994 and 1998. Computers will be password protected and access to computers holding data will be limited to authorised staff.

16. MONITORING/PERFORMANCE MANAGEMENT

16.1 The Complaints Manager will monitor the progress of all complaint investigations and ensure responses are not overlooked. Monitoring and ensuring compliance with the relevant core and development standards contained in the Standards for Better Health (and provision of supporting evidence) will also be required.

16.2 All clinical complaints and outcomes will be reported on a regular basis to the.....

- 16.3 The Board will receive quarterly reports on complaints against the PCT, its provider services and FHS practitioners in order to
- monitor arrangements for complaints handling
 - consider significant trends in complaints that may require a particular corrective action
 - consider any lessons which can be learned from complaints, particularly for service improvement

A copy of the quarterly report will also be forwarded to the Lead Officer for Patient & Public Involvement and the Local Authority Health Scrutiny Committee.

- 16.4 A report will be published annually by the PCT on the handling of complaints under these arrangements and will send copies to:

- NHS West Midlands
- The Healthcare Commission
- Local Authority Health Scrutiny Committee
- ICAS locality office

- 16.5 The above reports will avoid any possible breaches of patient confidentiality.

17. STORAGE AND RETENTION OF FILES

- 17.1 All complaint files will be retained for a minimum of 10 years.

- 17.2 Archived files will be stored in a secure manner in order to preserve confidentiality.

- 17.3 Current complaint files will be held in a locked cabinet within the relevant department, not in a central filing system.

- 17.4 Data held electronically will be password protected and access restricted.

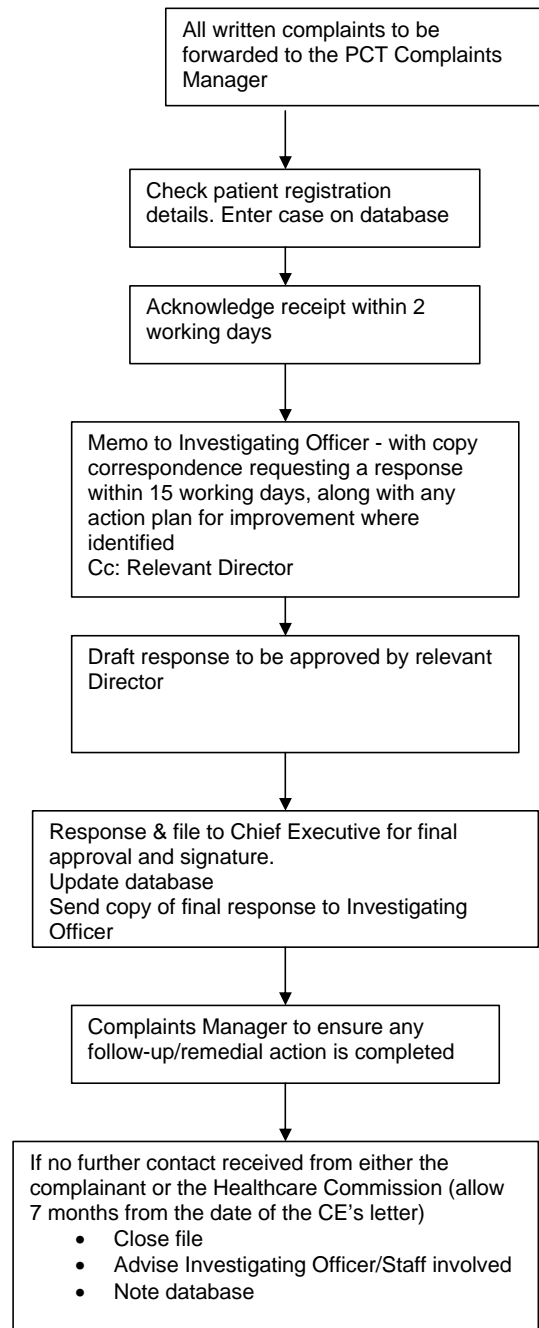
18. LINKS TO OTHER POLICIES

(policies currently in existence to be used by staff until adapted, approved and reissued by South Staffordshire PCT)

Claims Handling Policy
Policy for Disclosure of Health Records
Freedom of Information Policy
Policy for handling Vexatious or Habitual Callers
Risk Management Strategy and Policy
Incident Investigation Policy

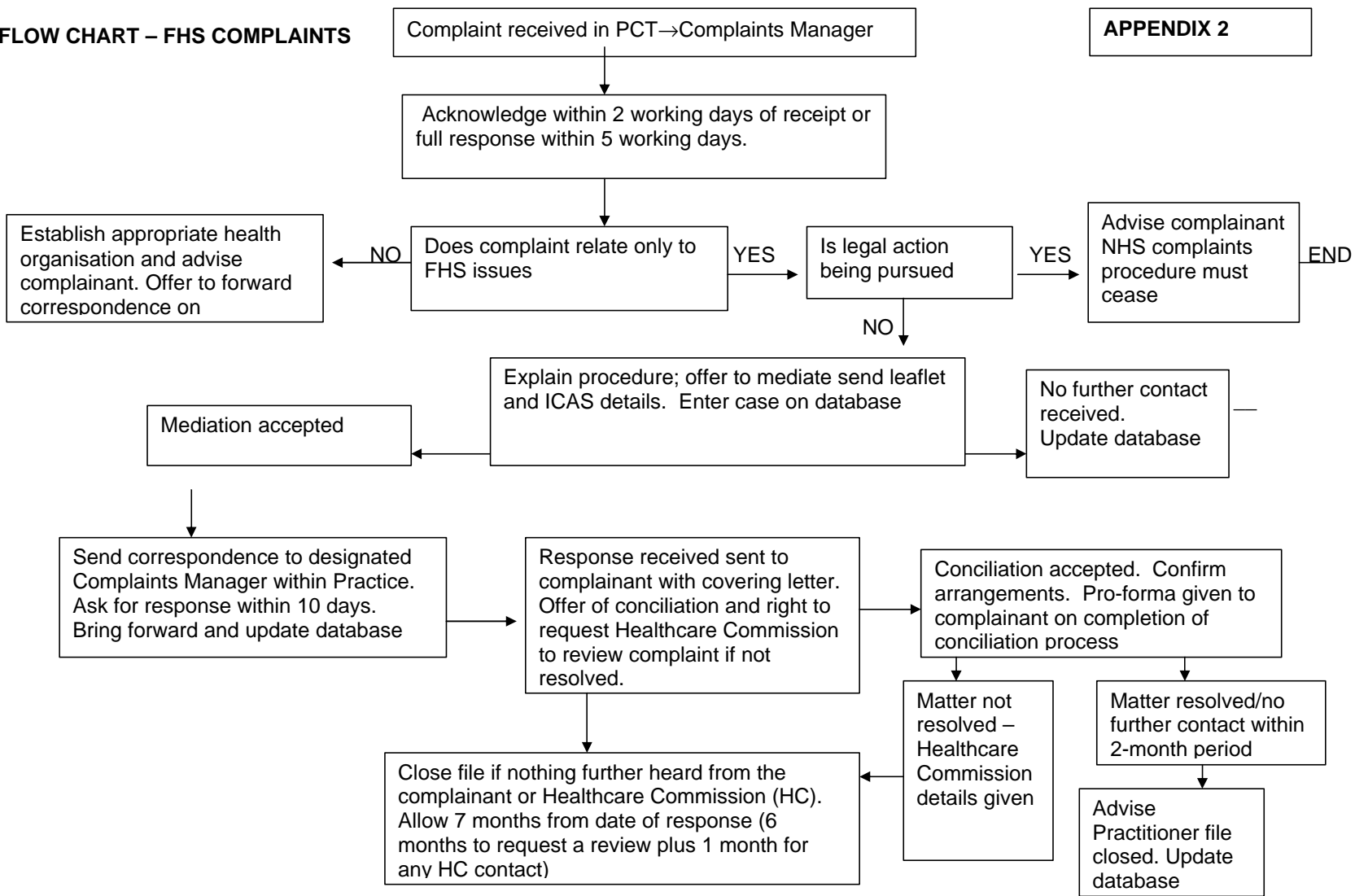
FLOW CHART – PCT COMPLAINTS

APPENDIX 1



FLOW CHART – FHS COMPLAINTS

APPENDIX 2



SUMMARY OF TIME LIMITS/ PERFORMANCE TARGETS

EVENT	TIME ALLOWED
Original complaint	6 months from event, or 6 months of becoming aware of a cause for complaint, but no longer than 12 months from the event: discretion to extend
LOCAL RESOLUTION	
Oral complaint	Dealt with on the spot or referred
Acknowledgement	2 working days of receipt
Full response by PCT, or FHS practitioner	25 working days of receipt, or 10 working days for practice-based complaints, with extended time if PCT involved, or 20 days
If complaint relates to Freedom of Information or Data Protection	
If investigated under NHS Complaints Procedure - complainant to apply to Healthcare Commission for Independent Review.	6 months from sending response to local resolution.
If complaint relates to Freedom of Information or Data Protection – complainant to contact Information Commissioner for assessment.	2 months from sending a response regarding refusal of access or any other non-compliance/failure.

SHROPSHIRE & STAFFORDSHIRE HEALTH NETWORK

DRAFT

PROTOCOL FOR THE HANDLING OF MULTI-AGENCY (COMPLEX) COMPLAINTS

South Staffordshire Primary Care Trust
North Staffordshire Primary Care Trust
Stoke-on-Trent Primary Care Trust
Shropshire County Primary Care Trust
Telford & Wrekin Primary Care Trust
Burton Hospitals NHS Trust
Good Hope Hospitals NHS Trust
Mid-Staffordshire Hospitals NHS Trust
North Staffordshire Combined Healthcare NHS Trust
South Staffordshire Healthcare Foundation NHS Trust
Staffordshire Ambulance Service NHS Trust
University Hospitals of North Staffordshire NHS Trust
Staffordshire County Council Health & Social Care Directorate

Agreed by: Complaint Managers Network Group
Date Agreed:
Review: Annual
To be reviewed by: Complaint Managers Network Group

1 INTRODUCTION

- 1.1 It is likely that in the future more complainants will have concerns that span different health organisations. Navigating around different complaint systems should be the responsibility of the organisations involved and not the complainant.
- 1.2 The following protocol does not remove or supersede any of the organisations' own procedures carried out in accordance with the NHS (Complaints) Regulations 2004, as amended, and each organisation is responsible for ensuring its own procedures comply with the relevant Regulations.
- 1.3 These arrangements are designed to ensure that a full and comprehensive response is given to the complainant, and that all necessary co-operation is in place between different NHS organisations to resolve the complaint speedily and efficiently.

2 PROTOCOL

MIXED NHS COMPLAINTS

- 2.1 The Complaints Manager of the receiving NHS organisation will determine whether other health organisations are involved in the matters being complained about (this includes primary care providers i.e. GP's, dentists, pharmacists and opticians).
- 2.2 The following process will be adopted by each organisation included at Appendix 1. The receiving health organisation will:
 - Acknowledge the complaint in writing within 2 working days and advise the complainant that their complaint has been sent to the other relevant NHS organisation
 - Send a copy to any of the other NHS organisations involved (contacts as listed at Appendix 1) within 2 working days.
 - Within 5 working days discuss the most appropriate and effective way forward with the relevant designated Complaints Manager(s), giving consideration to both complainant and staff on the process adopted. The process will include:
 - Agreeing the lead body/lead person to handle, consider and co-ordinate an investigation - this will be determined in most cases by whichever organisation the main aspect of the complaint refers
 - Agreement on who will sign off a response
 - Agreeing a timescale for the receipt and collation date for responses from other organisations, bearing in mind the 25-day timescale
 - Lead body to notify the complainant of the decision on process
 - Ensuring the lead body is advised of any delay in the proposed response date
 - The lead body to keep the complainant informed about progress or delays in an investigation and to negotiate any extension to the 25-day timescale.

- The lead body to ensure that all aspects of the complaint are addressed in the final response.
 - That the response notifies the complainant of the right to refer the matter directly to the Healthcare Commission
 - That the lead body forward the draft response for approval by all contributors before distribution
 - That a copy of the final response will be circulated to all contributors as a reference
- Where appropriate, agree to the sharing of a lay conciliator (and any associated costs)
 - Where a letter of complaint relates to an NHS Trust and a Primary Care Provider, the primary care element of the complaint should be directed to the appropriate Primary Care Trust for liaison and investigation with the practice involved. The lead body will collate the final response in accordance with this protocol.
 - Where appropriate, following discussions with other organisations involved and the complainant, a complaint may be referred directly to the Healthcare Commission or the Health Service Commissioner for consideration (with the agreement of the Healthcare Commission)
 - Where a complex case relates to a concurrent investigation (i.e. intention to take legal proceedings; where disciplinary proceedings are already proposed or taken by an NHS organisation, or where the matter has been referred to the police or health regulatory body), the lead body should, in conjunction with the other organisations and the complainant, consider how the complaint should be handled. (see Regulation 18)
 - Where any of the organisations involved receives a request for independent review, the complaints manager will forward the request to the Healthcare Commission within 2 working days and notify the lead body and any other organisation involved. The lead body should forward a copy of all paperwork relating to the complaint to the Healthcare Commission as soon as possible.

NHS/LOCAL AUTHORITY COMPLAINTS

- 2.3 On receipt of a complaint involving both NHS and Local Authority issues, the receiving Complaints Manager must, within 10 days, ascertain from the complainant whether they wish details of their complaint to be sent to the other NHS/Local Authority(LA) for investigation.
- 2.4 Once confirmation is received, the Complaints Manager should send details to the NHS/LA Complaints Manager as soon as reasonably practicable (*suggest within 5 days*) and the following process should be adopted:
- Agree which organisation will take the lead and coordinate responses, sharing relevant information and attending any joint meetings to facilitate resolution of the complaint.

- The lead Manager will maintain close liaison with their respective colleagues, identifying the responsible body for each aspect of the complaint and keeping the complainant informed of progress
 - The lead Manager will ensure that all aspects of the complaint have been addressed and wherever possible consider issuing a single response signed by the NHS Chief Executive.
 - The Lead Manager will coordinate a comprehensive response within the statutory deadline (aiming to meet whichever is the shorter of the respective complaints procedure timescales).
 - That the response should advise the complainant of their right to pursue the complaint further and provide details of which regulatory organisation would deal with each aspect of the complaint.
 - Where an NHS/LA body receives a complaint solely about actions of the other, the receiving Complaints Manager should contact the complainant within 5 working days to ascertain whether they wish their complaint to be forwarded to the correct body and, if so, forward the complaint as appropriate. Where a complainant does not wish their complaint to be forwarded to the relevant body, they should be advised that the receiving body is unable to deal with the matter and that they must contact the relevant body. All action taken should be recorded in writing by the receiving body.
- 2.5 Where a complainant does not want the details of the complaint to be shared with any other organisation they should be advised on the parts of the complaint that the receiving body is able to deal with, and informed of the contact details for that other body, should they decide to pursue a separate complaint

MIXED SECTOR COMPLAINTS

2.6 Where a complaint involves services provided by an external organisation i.e. nursing homes or about detention under the Mental Health Act, the complainant should be advised in writing of details of the correct agency for that aspect of the complaint and an offer made to forward the letter on to that agency. Each agency should try and resolve the complaint through their respective complaints procedure in a cooperative manner.

3. MONITORING

- 3.1 Each health organisation should record individual aspects of the complaint, which relate to its functions for statistical purposes, even where it is not the lead body.
- 3.2 Monitoring the actions highlighted as a result of a complaint will be undertaken by the individual health organisations.

4. OTHER

- 4.1 Any amendments to contact names, titles, contact details etc. on Appendix 1 must be communicated to any other member of the network as soon as possible, to ensure accurate information is held at all times and shared with members.
- 4.2 Protocol to be reviewed on an annual basis by the Complaint Network Group.

Name of Organisation	Contact for Complaints	Address	Telephone & Fax	E-mail
North Staffordshire PCT				
Shropshire County PCT				
South Staffordshire PCT				
Stoke-on-Trent PCT				
Telford & Wrekin PCT				
Burton Hospitals NHS Trust				
Mid Staffordshire General Hospitals NHS Trust				
University Hospitals of North Staffordshire NHS Trust				
North Staffordshire Combined Healthcare NHS Trust				
South Staffordshire Healthcare Foundation NHS Trust				
Staffordshire Ambulance Service NHS Trust				
Staffordshire County Council Health & Social Care Directorate				

PRISON HEALTH PARTNERSHIP

COMPLAINTS PROCEDURE

Patient fills in current prison complaints form and posts form in prison complaints box

The box is emptied daily by the Prison Complaints Clerk. The complaint is given a number and passed onto the Healthcare Manager that day.

Straightforward complaint
From receipt of the complaint the Healthcare Manager investigates and replies to the patient, with a full response, within 3 working days

APPEALS
From receipt of the complaint the Healthcare Manager investigates and replies to the patient, with a full response, within 7 working days

Complaint impacts on healthcare but concerns regime/prison issues (e.g. missed appointments because of escort problems)

If the complaint is not resolved through local resolution, it is passed to the PCT Complaints Lead (with the patient's consent), for investigation. The PCT Complaints Lead will respond to the patient within 25 working days.

Complaint passed to relevant prison representative to address

If the complaint remains unresolved the patient can apply to the Healthcare Commission using the appropriate complaints form. This will be supplied to the patient by the PCT Complaints Lead. The patient has 6 months, from the date shown on the letter from the PCT Complaints Lead, to apply to the Healthcare Commission

If the complaint involves matters relating to clinical care / professional conduct professional advise can be obtained by the Healthcare Manager from:
TO BE ADVISED
Medical:
Dental:
Podiatry:
Optometry:
Physio:

If the complaint remains unresolved the matter can be passed by the Healthcare Commission on to the Health Service Ombudsmen