



THE SCOTTISH OFFICE
Department of Health

ISD LIBRARY E044
Common Services Agency
NHS in Scotland
Trinity Park House
South Trinity Road
Edinburgh EH5 3SQ

NHS
MEL(1996)24

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
13 March 1996

Dear Colleague

IMPLEMENTATION OF NEW NHS COMPLAINTS
PROCEDURES: FINAL GUIDANCE

Summary

1. Interim Guidance on the implementation of the new NHS complaints procedures was published in November 1995 under cover of MEL(95)76. Since then the NHS in Scotland has been proceeding to make arrangements to implement the system. Final Guidance is now issued under cover of this letter. It refines and in some respects expands on the earlier advice in the light of comments received. The Guidance complements and supports the legal framework of the new procedure, which is contained in secondary legislation in the form of Directions and Regulations which are being published separately.

Action

2. Implementation of the new complaints procedures should receive high priority. Board General Managers and NHS Trust Chief Executives are asked to bring the Final Guidance to the attention of managers responsible for complaints and associated training and to take appropriate measures locally to ensure successful implementation and development of the new procedures. Board General Managers are also asked to ensure that the Guidance is brought to the attention of GP Fundholders within the Board area and the Secretary of the GP Sub-Committee of their Area Medical, Dental, Optical and Pharmaceutical Committees.

Other Information

3. Further information on the Final Guidance and the implementation of the new system is contained in the Annex attached to this letter.

Yours sincerely

KEVIN J WOODS
Director of Purchasing

Addressees

For action:
General Managers,
Health Boards

Chief Executives,
NHS Trusts

General Manager,
Common Services Agency

General Manager,
State Hospitals Board for Scotland

For information:
General Manager,
Health Education Board for Scotland

Executive Director, SCPMDE

Health Service Commissioner for
Scotland

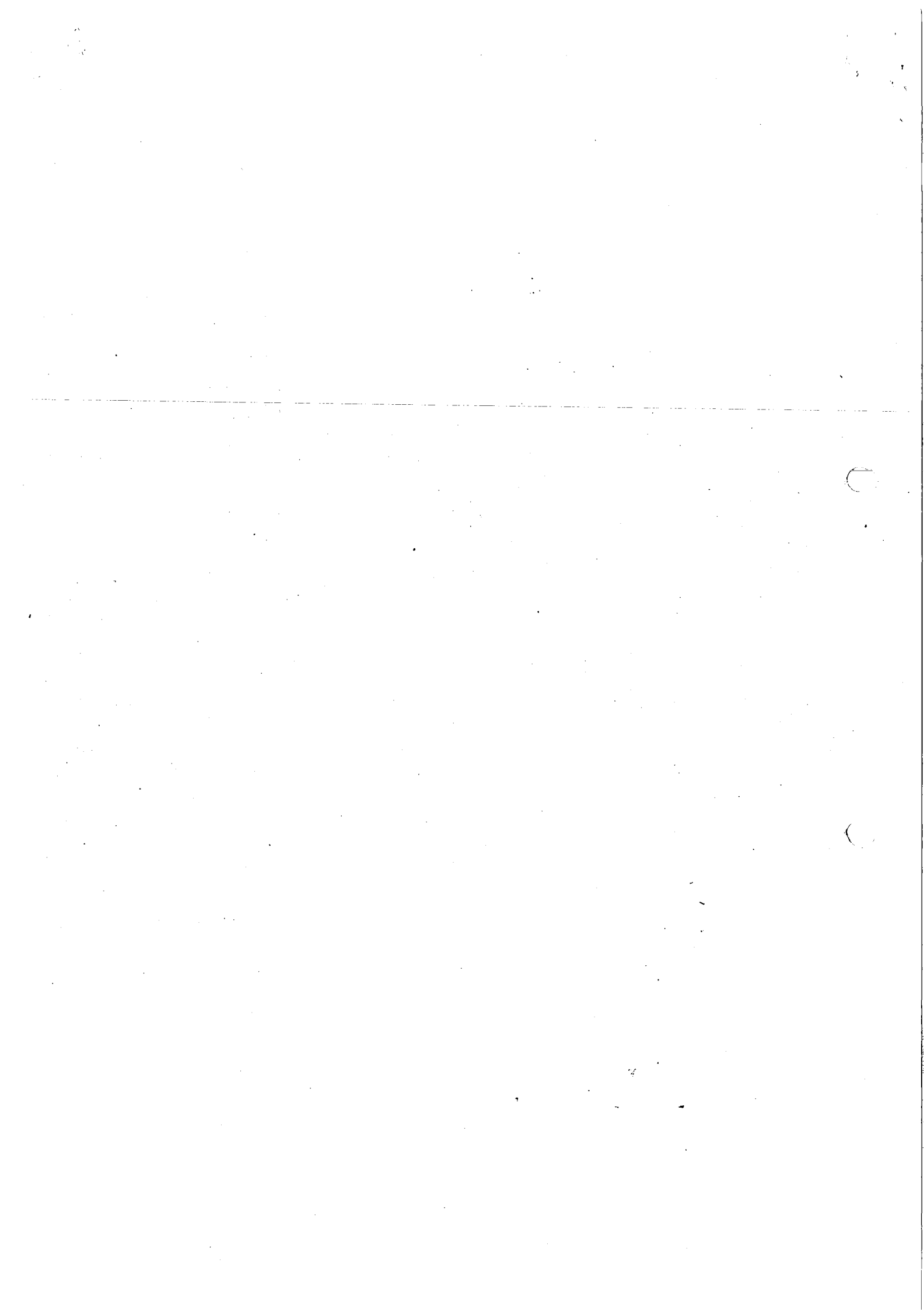
Scottish Association of Health
Councils

Chief Officers/Secretaries
Local Health Councils

Scottish Association of GP
Fundholders

Enquiries to:
Miss Uriel Jamieson
Health Gain Division
SODoH
Room 41
St Andrew's House
EDINBURGH EH1 3DG
Tel: 0131-244 2468
Fax: 0131-244 2372

Additional Copies from:
Shirley Anderson
Health Gain Division
SODoH
Room 52, St Andrew's House
EDINBURGH EH1 3DG
Tel: 0131-244 2378
Fax: 0131-244 2372



GUIDANCE

Changes to Guidance

1. The attention of those responsible for implementing and managing the new complaints procedure is drawn particularly to the following points that are now covered in the Final Guidance:

- the option exceptionally for retired NHS staff, including clinical staff, to be recruited as conveners is retained (*paragraph 4.25*);
- lay panel chairmen and members, to be recruited by Health Boards, will not include existing or recently retired clinical staff (*paragraph 7.3*);
- Trusts and Health Boards may recruit non-executive helpers to act as conveners, bearing in mind that at least one of their non-executives must also be appointed as a convener; and Health Boards may recruit non-executive helpers for the third panel member role (*paragraph 7.3*);
- every Trust and Health Board must have a designated complaints officer, with responsibility for the overall management of the complaints procedure, but the detailed duties may vary as laid down by local complaints procedures (*paragraph 4.17*);
- time limits (*paragraph 4.12*);
- attention is drawn particularly to the transitional arrangements set out in Section 12.

Payments to Panel Members

2. Panel chairmen and members (and non-executive helpers) will be eligible to receive travel expenses, together with loss of earnings and subsistence allowances. Conveners who are already non-executive directors and receive remuneration in this respect, will not receive any additional payment other than travel expenses and subsistence allowances. Trusts and Health Boards should make their own arrangements when appointing people as additional conveners and third panel members.

Payments to Clinical Assessors

3. Ministers have considered an appropriate level of honorarium for undertaking clinical assessors' duties and have now decided that £150 (£175 in the case of consultant medical and dental staff) will be an appropriate daily rate. They note that this is some 18% (38% in the case of consultants) higher than the present daily rate paid to consultants who take part in the

Independent Professional Review process, which is the best current analogy with the new assessor role. Because the assessor's duties will now involve explaining the findings of their report to a lay panel, and the possibility of their report itself being the subject of further review by the Ombudsman, Ministers accept that the level of the honorarium should be somewhat higher. In making this judgement, they are also mindful that the honorarium will be paid in addition to the assessor's NHS remuneration, and that Trusts and Health Boards have the ability to cross-charge for the costs of locum cover, where this is appropriate. All assessors will be eligible for NHS travel expenses and subsistence allowances.

Locum Cover Arrangements

4. In the case of primary care services practitioners, an allowance for invoiced locum expenses up to a maximum of £154.80 per day will be payable in addition to the personal daily fee. For hospital assessors, the releasing Trust may consider reclaiming any significant expenses incurred in providing cover while the assessor is away advising the panel. The expectation that Trusts will invoice for locum cover in every case should not be the norm: they should not initiate a paper chase in pursuit of small amounts. Trusts and Health Boards are expected to make arrangements for cover, where possible from existing resources.

Extension of the Ombudsman's Powers

5. A Bill to extend the Health Service Commission's jurisdiction to investigate complaints about issues arising from the exercise of clinical judgement, and about primary care, is currently before Parliament and is making good progress. Subject to Parliamentary approval, arrangements will be made to bring it into force on 1 April 1996.

Practice-based guidance for Primary Care Services Practitioners

6. Guidance booklets for primary care services practitioners have been prepared and the guidance booklet for general medical practitioners and general dental practitioners have been distributed. Those for opticians and pharmacists will follow shortly.

Training

7. As part of the national training initiative, a training resource pack in respect of Local Resolution was distributed on 25 January. Arrangements are being put in hand for training seminars for conveners and panel chairmen and members. Training packs will be available at these seminars. Following evaluation of the packs, they will be made more widely available in June.

8. Work is in progress on the preparation of a distance learning pack for clinical assessors, which is also planned to be available in June 1996.

9. Details of national training courses for Training Officers in Health Boards and NHS Trusts and for conveners and lay panel members will follow shortly.

Evaluation

10. The NHS Management Executive's Implementation Advisory Group on Complaints intends to meet in the Autumn of 1996 to take stock of the initial introduction of the new procedure in the light of experience.

