

**To: Chief Executives - Health Authorities
Regional Office - Primary Care Leads
Regional Office - Complaints Leads**

28 July 1998

Dear Colleague

**DIRECTIONS TO HEALTH AUTHORITIES ON DEALING WITH COMPLAINTS
ABOUT FAMILY HEALTH SERVICES PRACTITIONERS AND PROVIDERS OF
PERSONAL MEDICAL SERVICES**

The NHS Directions to Health Authorities concerning the Implementation of Pilot Schemes (Personal Medical Services) required Pilots to have in place a complaints procedure for handling complaints made by patients or former patients. The Directions also required Pilots to co-operate with any investigation of the complaint by the health authority beyond local resolution stage.

The enclosed Directions extend the role of health authorities to require the provisions relating to conciliation and Independent Review of complaints to include Primary Care Act Pilots.

Any enquiries about the Directions should be addressed in the first instance to Regional Complaints Leads.

Addendum

Please note typing error in paragraph 20(3)(a). This should read "of the investigation of the complaint is sent to the complainant"

Yours sincerely

Jenny Smith
General Medical Services Branch

NATIONAL HEALTH SERVICE, ENGLAND AND WALES

DIRECTIONS TO HEALTH AUTHORITIES ON DEALING WITH COMPLAINTS ABOUT FAMILY HEALTH SERVICES PRACTITIONERS AND PROVIDERS OF PERSONAL MEDICAL SERVICES

The Secretary of State, in exercise of powers conferred on him by section 17 of the National Health Service Act 1977(a), and sections 9(2) of the National Health Service (Primary Care) Act 1997(b), hereby gives the following Directions:

PART I

COMMENCEMENT AND INTERPRETATION

Commencement

1. These Directions shall apply to Health Authorities and shall come into force on 29 June 1998.

Interpretation

2.-(1) In these Directions-

“arrangements” means the arrangements which are required to be made by these Directions;

“complainant” means a person who makes a complaint under a practice based complaints procedure or under a pilot scheme complaints procedure and “complaint” shall be construed accordingly;

“complaints manager” means the person appointed under article 7;

“conciliation services” means the services provided under Part III;

(a) 1977 c.49; see section 128(1) as amended by the National Health Service and Community Care Act 1990 (c.19), section 26(2)(g) and (l), for the definitions of “prescribed” and “regulations”. Section 17 was substituted by the Health Authorities Act 1995 (c.17), Schedule 1, paragraph 8.

(b) 1997 c.46.

“convener” means a person appointed under article 18;

“disciplinary proceedings” means any reference by a Health Authority of any matter under regulation 5(1) of the National Health Service (Service Committees and Tribunal) Regulations 1992(a);

“family health services practitioner” means a person undertaking to provide general medical services, general dental services, general ophthalmic services or pharmaceutical services under the National Health Service Act 1977 and “family health services” means the services so provided;

“member of a supplementary profession” means a person included in any register maintained by the relevant Board under the provisions of section 2 of the Professions Supplementary to Medicine Act 1960(b)

“NHS Tribunal” means the Tribunal established under section 46 of the National Health Service Act 1977(c);

“panel” means a panel appointed in accordance with Part V of these Directions;

“patient” shall be construed,

(i) where the complaint is made under the pilot scheme complaints procedure, in accordance with the definition of “patient” in the pilot scheme agreement; or,

(ii) where the complaint is made under the practice based complaints procedure, in accordance with the relevant terms of service except in respect of the provisions of general pharmaceutical services where “patient” means a person to whom a chemist has provided pharmaceutical services;

“person subject to complaint,” means the family health services practitioner who has undertaken to provide the family health services which are the subject of the complaint;

“pilot scheme agreement” means an agreement which constitutes, or is one

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- (a) S.I.1992/664; relevant amending instrument is S.I.1996/703.
- (b) 1960 c.66.
- (c) Section 46 of the National Health Service Act 1977 was amended by the National Health Service Amendment) Act 1995 (c.31), sections 1 and 3.

of the agreements which together constitute, a pilot scheme(a);

“pilot scheme complaints procedure” means a procedure established by the pilot scheme provider for dealing with complaints made by or on behalf of those who are receiving or who have received personal medical services(b); under the scheme;

“pilot scheme performer” means a person, who may also be a pilot scheme provider, whose performance of personal medical services is subject to a complaint;

“pilot scheme provider” means a person, other than an authority, who is a party to a pilot scheme agreement;

“practice based complaints procedure” means a complaints procedure established in accordance either with the relevant terms of service or with the national Health Service (Fund-holding Practices) Regulations 1996;

“put in writing” means either written by or on behalf of the complainant and, in either case, signed by the complainant;

“recognised fund-holding practice, shall be construed in accordance with section 14 of the National Health Service and Community Care Act 1990;

“relevant Health Authority” means,

(i) where a complaint is made under the practice based complaints procedure, the Health Authority on whose list a family health services practitioner’s name appears, and

(ii) where a complaint is made under the pilot scheme complaints procedure, the Health Authority with whom the provider has entered into a pilot scheme agreement;

“relevant local representative committee” means, in relation to a family health services practitioner, a local representative committee recognised under section 44 of the National Health Service Act 1977 in relation to the category of family health services provided by that practitioner;

“relevant terms of service” means, in relation to a family health services practitioner, the terms of service set out in the Regulations specified in paragraph (2) which apply to that practitioner.

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- (a) “Pilot scheme” is defined in section 1(1) of the National Health Service (Primary Care) Act 1997 (c.46).
- (b) “Personal medical services” are defined in section 1(8) of the National Health Service (Primary Care) Act 1997 (c.46).

(2) The Regulations referred to in the definition of “relevant terms of service” in paragraph (1) are -

- (a) the National Health Service (General Medical Services) Regulations 1992(a);
- (b) the National Health Service (General Dental Services) Regulations 1992(b);
- (c) the National Health Service (Pharmaceutical Services) Regulations 1992(c);
- (d) the National Health Service (General Ophthalmic Services) Regulations 1986(d).

(3) In these Directions a family health services practitioner is on a Health Authority’s list if his name is included in that Authority’s medical, dental, ophthalmic or pharmaceutical list.

(4) Unless the context otherwise requires, any reference -

(a) in these Directions -

(i) to a numbered Part is a reference to the Part bearing that number in these Directions;

(ii) to a numbered article is a reference to the article bearing that number in these Directions; and

(b) in an article in these Directions to a numbered paragraph is a reference to the paragraph bearing that number in that article.

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- (a) S.I.1992/635; relevant amending instrument is S.I.1996/702.
 - (b) S.I.1992/661; relevant amending instrument is S.I.1996/704.
 - (c) S.I.1992/662; relevant amending instrument is 1996/698.
 - (d) S.I.1986/975; relevant amending instrument is 5.1.1996/705.

PART II

GENERAL

Application of Directions.

3. These Directions apply to any complaint made on or after 1st April 1998.

Arrangements in writing

4. Any arrangements which are required to be made by these Directions shall be in writing and a copy of the arrangements shall be given, free of charge, to any person who makes a request for one.

No investigation of complaint

5. A matter which is the subject of a complaint shall not be investigated or shall cease to be investigated in any case where in relation to that matter the complainant has stated or states, orally or in writing, that he intends to pursue a remedy by way of proceedings in a court of law.

Objectives

6. Arrangements shall be such as to ensure that complainants and practitioners are treated courteously and sympathetically by any person dealing with complaints and that complaints are properly addressed.

Complaints manager

7. Every authority shall appoint a complaints manager to perform the functions of the complaints manager under the arrangements required to be made under Part III of these Directions.

Person who may make a complaint

8.-(1) A complaint may be made by, or on behalf of with his consent, a patient or former patient of a family health services practitioner or of a pilot scheme provider, or

(a) where the patient is a child -

(i) by either parent, or in the absence of both parents, the guardian

or other adult person who has care of the child; or

(ii) where the child is in the care of an authority to whose care he has been committed under the provisions of the Children Act, 1989 or in the care of a voluntary organisation, by that authority or voluntary organisation; or

(b) where the patient is incapable of making a complaint, by a relative or other adult person who has an interest in his welfare.

(2) Where a patient has died a complaint may be made by a relative or other adult person who had an interest in his welfare or, where the patient was as described in subparagraph (a)(ii) of paragraph (1), by the authority or voluntary organisation.

PART III

CONCILIATION

Requirement to provide conciliation

9. Every Health Authority shall make arrangements in accordance with the following provisions of this Part to provide, in any of the circumstances set out in article 12, conciliation services to the persons specified in article 8 and to persons subject to complaint or pilot scheme providers.

Appointment of conciliators

10.-(1) Every Health Authority shall appoint one or more persons to be known as conciliators for a period, to be agreed between the Authority and any conciliator, of not more than one year, (but without prejudice to any re-appointment), to conduct the process of conciliation and, where the complaint is made under the practice based complaints procedure, the Health Authority shall consult with the relevant local representative committee before making the appointment.

(2) A person who is or has been a registered medical practitioner, a registered dental practitioner, a registered optician, registered pharmacist, member of a supplementary profession or a person who is or has been included in the register maintained by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting under section 7 of the Nurses, Midwives and Health Visitors Act 1997(a) shall not be appointed as a conciliator.

(a) 1997 (c.24)

Nomination of professional advisers

11.-(1) Every Health Authority shall establish and maintain a list of persons, known as professional advisers, from among whom a conciliator may nominate a person to assist him, as necessary, in the process of conciliation in relation to any matter.

(2) In establishing or maintaining a list of professional advisers, under sub-paragraph (1), for the purpose of assisting in matters relating to complaints under the practice based complaints procedure, the Health Authority shall consult with the relevant local representative committee.

(3) A person nominated under sub-paragraph (1), to be a professional adviser, shall be a member of the same profession as the practitioner who is the person subject to a complaint or, where the complaint is under the pilot scheme complaints procedure, the pilot scheme performer in relation to whom the complaint has been made.

Circumstances in which conciliation to be provided

12. The circumstances referred to in article 9 are that -

(a) a person wishes to make a complaint under a practice based complaints procedure or a pilot scheme complaints procedure and, in the opinion of the Health Authority, it would be unreasonable in the circumstances of the case to expect the person to make the complaint directly to the family health services practitioner or pilot scheme provider about whom the person wishes to complain;

(b) a complaint is in the course of investigation under a practice based complaints procedure or a pilot scheme complaints procedure;

(c) the investigation of a complaint under a practice based complaints procedure or a pilot scheme complaints procedure has been completed and the complainant is dissatisfied with the result of that investigation;

(d) the complainant has made a request to the convener under article 20(1) for a panel to be appointed and the convener considers that the matter subject to complaint is suitable for and likely to be resolved by conciliation,

and in each case both the complainant and the person subject to complaint or pilot scheme provider have agreed that conciliation services should be provided.

Request for conciliation

13. A request for conciliation services may be made, orally or in writing, by a person specified in article 8 or by the person subject to complaint or the pilot scheme provider.

Reference of request to conciliator

14. Where a request for conciliation services has been made under article 13, the complaints manager of the Health Authority shall, as soon as practicable, refer the matter to the conciliator.

Conciliation procedure

15. The conciliator may adopt such procedures as he determines are most appropriate for conducting the conciliation process.

Reports on conciliation

16.-(1) The Health Authority shall require the conciliator to submit to it, at such intervals as it shall determine, a report on all matters referred to him under article 14 during the period covered by the report.

(2) In relation to any matter reported on in accordance with paragraph (1), the report -

(a) shall include a statement of the result of the conciliation process; and

(b) shall not identify the patient, or any person who made the request for conciliation services on behalf of the patient or the person subject to complaint or the pilot scheme provider.

Conclusion of conciliation

17. On conclusion of a conciliation process, the conciliator shall notify the result of the process in writing to the complainant and to the family health services practitioner or to the pilot scheme provider.

PART IV

CONVENING

Requirement to make arrangements for convener

18. Every Health Authority shall make arrangements in accordance with the following provisions of this Part for the appointment of a convener to consider whether a panel should be appointed to investigate a complaint further where the complainant is dissatisfied with the results of -

- (a) an investigation under a practice based complaints procedure or a pilot scheme complaints procedure; or
- (b) a conciliation process carried out under Part III.

The convener

19. Every Health Authority -

- (a) shall appoint one of its members who is not an employee of the Authority; and
- (b) may appoint any other person who is not an employee of the Authority,

to carry out the functions of the convener under the arrangements.

Request for a panel

20.- (1) A complainant who is dissatisfied with the result of an investigation of a complaint under a practice based complaints procedure or a pilot scheme complaints procedure, whether or not a conciliation process has been carried out under Part III before or during that investigation, may request the convener, orally or in writing, within the period specified in paragraph (3), to consider whether a panel should be appointed to investigate the complaint further provided that the condition specified in paragraph (4) is satisfied.

(2) The convener shall acknowledge in writing the receipt of a request made under paragraph (1).

(3) Subject to paragraph (5), the period referred to in paragraph (1) is twenty-eight days beginning with the day on which the result -

(a) of the investigation of the complaint is sent to the complaint -

(i) under the practice based complaints procedure, under the relevant terms of service; or

(ii) under the pilot scheme complaints procedure, in accordance with the pilot scheme agreement; or

(b) of the conciliation is sent to the complainant under article 16,

whichever is the later.

(4) Subject to paragraph (5), the condition referred to in paragraph (1) is that the complaint was made to the family health services practitioner or the pilot scheme provider -

(a) six months from the date on which the matter which is the subject of the complaint

occurred; or

(b) six months from the date on which the matter which is the subject of the complaint came to the complainant's notice provided that the complaint was made no later than twelve months after the date on which the matter which is the subject of the complaint occurred.

(5) Where the convener is of the opinion that -

(a) having regard to all the circumstances of the case, it would have been unreasonable to require the complainant to make a complaint within the period specified in paragraph (4) or to make a request within the period specified in paragraph (3); and

(b) notwithstanding the time that has elapsed since the date on which the matter which is the subject of the complaint occurred or came to the complainant's notice or since the day on which the result of the investigation or the conciliation was sent to the complainant, it is still possible to investigate the complaint properly,

the complaint shall be treated as having been made within the period specified in paragraph (4) or the request shall be treated as having been received during the period specified in paragraph (3).

(6) The convener shall not take action with respect to the request until he has received a statement that has been put in writing setting out the complaint and why the complainant is dissatisfied with the result of the investigation or conciliation process referred to in paragraph (1).

(7) Where the matter which is the subject of the complaint occurred before 1st January 1996, the convener shall not take action with respect to a request made under paragraph (1) unless he is of the opinion that, having regard to all the circumstances of the case, it would have been unreasonable to require the complainant to make the complaint within thirteen weeks from the date on which the matter which is the subject of the complaint occurred.

(8) The convener shall send a copy of any statement referred to in paragraph (6) to the person subject to complaint or the pilot scheme provider and to any other person named in the complaint.

Action by convener

21.-(1) On receipt of a request for a panel and the statement referred to in article 20(6) a convener shall either -

(a) having regard to the criteria specified in paragraph (4), determine that a panel should be appointed to investigate the complaint further;

(b) ask the Health Authority to consider whether the complaint discloses any matter which the Authority considers should be referred to one or more of the following -

(i) the professional regulatory body of the family health services practitioner or, where the complaint is made under the pilot scheme complaints procedure, the pilot scheme performer in relation to whom the complaint has been made;

(ii) where the complaint is made under a practice based complaints procedure, the NHS Tribunal; or

(iii) the police.

(c) where he is of the opinion that further action by the family health services practitioner or by the pilot scheme provider in the form of conciliation may resolve the complaint, refer it back to the family health services practitioner or pilot scheme provider for further investigation or to the conciliator; or

(d) determine that no further action be taken.

(2) The professional regulatory bodies referred to in paragraph (1) are -

(a) the Council for Professions Supplementary to Medicine(a);

(b) the Statutory Committee of the Royal Pharmaceutical Society of Great Britain (b);

(c) the United Kingdom Central Council for Nursing, Midwifery and Health Visiting(c);

(d) The General Medical Council (d);

(e) The General Dental Council (e);

(f) The General Optical Council (f).

(3) Where a complaint consists of more than one separate item of complaint the convener may make different determinations under paragraph (1) in relation to the separate items.

(4) Subject to article 30(1), a convener shall not determine under paragraph (1)(a) that a panel be appointed if he is of the opinion that -

(a) Section 1 of the Professions Supplementary to Medicine Act.

(b) Section 7 of the Pharmacy Act 1954.

(c) Section 1 of the Nurses, Midwives and Health Visitors Act 1979.

(d) Section 1 of the Medical Act 1983.

(e) Section 1 of the Dentists Act 1984.

(f) Section 1 of the Opticians Act 1989.

(a) further action can be taken by the family health services practitioner, by the pilot scheme provider or by the Health Authority towards satisfying the complainant without appointing a panel to investigate the complaint; or

(b) the family health services practitioner, the pilot scheme provider or the Health Authority has taken all the action which it is practical to take towards satisfying the complainant and no further benefit would be achieved by appointing a panel.

(5) Where a convener takes action under paragraph (1)(b) of this article and the Health Authority determines that the matter should not be referred to the professional regulatory body, the NHS Tribunal or the police, a panel may be appointed.

(6) Where the convener takes action under paragraph (1)(b) of this article and the Health Authority determines that the matter should be referred to the professional regulatory body, the NHS Tribunal or the police, the convener shall cease to take any action in connection with any matter which is so referred but, as to any other matter which is a subject of the complaint, shall consider what action should be taken under paragraph (1)(a), (c) or (d).

(7) Investigation of a matter which has ceased under paragraph (6) may resume if it is decided by any body to which the matter has been referred that no action should be taken in connection with the matter.

(8) Where a complaint has been referred back to the family health services practitioner, the pilot scheme provider or the conciliator under paragraph (1)(c) and, after the further action has been taken, the complainant remains dissatisfied, he may make a request under article 20(1) for the appointment of a panel.

Consultation by convener

22.-(1) Before making a decision under article 21(1), the convener shall consult -

(a) in any case where he considers that the complaint concerns, wholly or partly, the exercise of clinical judgement, a person whose name is included in a list of persons kept by the Secretary of State for the purposes of this article and,

(i) where the complaint is against a family health services practitioner, such a person shall have been nominated by the relevant local representative committee in relation to the family health services practitioner who is the person subject to complaint; or

(ii) where the complaint is against a pilot scheme provider, such a person shall be a member of the same profession as the pilot scheme performer in relation to whom the complaint has been made; and

(b) in every case, a person nominated by the Secretary of State from a list of persons kept by him for the purposes of this article.

(2) Before making a decision under article 21(1) in any case which the convener considers may not concern, wholly or partly, the exercise of clinical judgement, the convener may consult a person referred to in paragraph (1)(a).

Notification of convener's decision

23.-(1) The decision of the convener under article 21(1) shall be notified in writing to

(a) the complainant;

(b) the person subject to complaint or the pilot scheme provider;

(c) any person named in the complaint other than the person subject to complaint or the pilot scheme provider; and

(d) the Health Authority.

(2) Where the convener determines under article 21(3) that any part of the complaint should be investigated by a panel, his decision under paragraph (1) shall include a statement specifying the matters to be investigated by a panel.

(3) Where the convener determines under article 21(1)(d) that no further action should be taken he shall notify -

(a) the persons referred to in sub-paragraph (1) of the reasons for his determination; and

(b) the complainant of his right to complain to the Health Service Commissioner under the Health Service Commissioners Act 1993.

Health Service Commissioner

23.-(1) A decision not to exercise the discretion in article 20(5) (extension of time limits) or article 21(1)(a) (appointment of panel) in a complainant's favour may be reconsidered and a complaint continue to be investigated in accordance with these Directions if the conditions in paragraph (2) are satisfied.

(2) The conditions referred to in paragraph (1) are that -

(a) a complaint has been made to the Health Service Commissioner that the discretion in either article 20(5) or article 21(1)(a) has not been exercised in the complainants favour; and

(b) the Health Service Commissioner has recommended that the decision not to exercise the discretion be reconsidered.

THE PANEL

Interpretation

25. In this Part of these Directions -

(a) “the complaint” means either the statement of complaint referred to in article 20(6) or the item of complaint specified in the statement referred to in article 23(2) whichever is appropriate;

(b) “participant” means the complainant or a person subject to complaint or a pilot scheme provider.

Requirement to make arrangements for Panel

26. Every Health Authority shall make arrangements in accordance with the following provisions of this Part for the appointment of a panel to investigate a complaint further where a convener has determined that this should be done.

Appointment of panel

27.-(1) Where the convener has determined under article 21(1)(a) that a panel should be appointed, the Health Authority shall appoint a committee of the Authority in accordance with article 28 to perform the functions set out in article 30.

(2) A committee appointed under this article shall be known as a panel.

Members of panel

28.-(1) A panel shall consist of three members of whom -

(a) two shall be persons nominated by, the Secretary of State from a list of persons kept by him for the purposes of this article; and

(b) the other member shall be the convener.

(2) One of the members appointed under paragraph (1)(a) shall be nominated as the chairman of the panel by the Secretary of State.

Assessors

29.-(1) Where the complaint concerns, wholly or partly, the exercise of clinical judgement, the Health Authority shall appoint at least two assessors to perform the functions set out in article 31.

(2) At least two of the assessors appointed under paragraph (1) shall be persons nominated by the Secretary of State from a list of persons kept by the Secretary of State for the purposes of this article and, where the complaint is against a family health services practitioner, such persons who have been proposed by the relevant local representative committee.

Functions of the panel

30. The functions of the panel shall be -

(a) to investigate the complaint; and

(b) to make a written report to the Health Authority of the findings of its investigation.

Functions of the assessors

31.-(1) The functions of the assessors shall be -

(a) to advise the panel on matters relating to the exercise of clinical judgement by the person subject to complaint or, where the complaint is made under the pilot scheme complaints procedure, the pilot scheme performer in relation to whom the complaint has been made; and

(b) to make a written report to the panel of their advice.

(2) The assessors may make a joint report under paragraph (1) or each assessor may make a separate report.

Procedure of panels and assessors

32.-(1) In carrying out its investigation of the complaint under article 30(a) the panel may adopt such procedures as it determines are most appropriate for dealing with the complaint and in particular may determine that -

(a) the participants be interviewed together or separately;

(b) the assessors should interview the participants and that the participants be interviewed jointly or separately.

(2) The panel shall ensure that participants are given an opportunity to present their cases orally or, if a participant so wishes, in writing.

(3) Before the panel determines to adopt a procedure for dealing with a complaint, it shall consult the assessors.

(4) Where the panel or a member of the panel interviews any of the participants for the purpose of discussing matters relating to the exercise of clinical judgement, at least one of the assessors shall be present at the interview.

(5) In the event of any disagreement as to the procedure should be adopted for dealing with the complaint, the decision of the chairman of the panel shall prevail.

(6) The panel or a member of the panel may interview any person who is not a participant and whom the panel considers may be able to provide information relevant to the complaint.

(7) At any interview or meeting with a panel member or assessors, the complainant and any other person interviewed may each be accompanied by a person chosen by him, who may, with the chairman's consent and at the chairman's discretion, speak to the panel or the assessors, provided that, where such person is legally qualified, he does not assume the role of a lawyer for the person whom he accompanies.

(8) Any meeting of the panel or the assessors or of any member of the panel or individual assessor either with each other or with any of the participants shall be in private.

Report of the panel

33.-(1) The report of the panel shall include -

- (a) findings of fact relevant to the complaint;
- (b) the opinion of the panel on the complaint having regard to the findings of fact;
- (c) the reasons for the panel's opinion;
- (d) the report of the assessors; and
- (e) where the panel disagrees with any matter included in the report of the assessors, the reason for its disagreement.

(2) The report of the panel may include suggestions which the panel considers, as a result of the findings of its investigation, would improve the services provided by the family health services practitioner who is the person subject to complaint or the pilot scheme provider.

(3) The report of the panel shall not suggest that disciplinary proceedings be taken

against any person.

(4) Subject to paragraph (5), the report of the panel shall be sent to the chief executive of the Health Authority who shall send a copy of the report to -

- (a) the complainant;
- (b) the family health services practitioner who is the person subject to complaint or the pilot scheme provider;
- (c) any person interviewed under article 32(5);
- (d) the patient, where he is not the complainant;
- (e) the assessors;
- (f) the chairman of the Health Authority.

(5) The panel chairman may withhold any part of the panel's report where, in his opinion, this is necessary in the interests of -

- (a) protecting the confidentiality of -
 - (i) a patient who is not the complainant;
 - (ii) any third party; or
- (b) the health of the complainant or a patient who is not the complainant.

(6) The report sent to the complainant shall be accompanied by a notice explaining the right to complain to the Health Service Commissioner under the Health Service Commissioners Act 1993.

PART VI

COMPLAINTS ABOUT USE OF ALLOTTED SUM

Interpretation of Part VI

34. In this Part of these Directions-

“allotted sum” shall be construed in accordance with section 15 of the National Health Service and Community Care Act 1990;

“complainant” means a person who makes a complaint about the use of their allotted

sum by the members of a fund-holding practice and “complaints” shall be construed accordingly.

General

35. Part II of these Directions shall apply to a complaint about the use of their allotted sum by the members of a fund-holding practice.

Requirement to make arrangements for further investigation of complaints about use of allotted sum

36. Every Health Authority shall make arrangements in accordance with the following provisions of this Part for the appointment of a convener and a panel to further investigate complaints about the use of their allotted sum by the members of a fund-holding practice where the complaint is dissatisfied with the result of an investigation into the complaint under a practice based complaints procedure.

Convening

37. Part IV of these Directions shall apply to a complaint about the use of their allotted sum by the members of a fund-holding practice as though for article 22(1)(a) there were substituted the following paragraph -

“(a) a person nominated by the Secretary of State and whose name is included in a list of persons kept by the Secretary of State for the purposes of this article and who has the qualifications and experience which, in the opinion of the Secretary of State, best qualify him to advise the convener in the particular case.”

The panel

38.-(1) Part V of these Directions shall apply to a complaint about the use of their allotted sum by the members of a fundholding practice with the modifications specified in paragraph (2).

(2) The modifications referred to in paragraph (1) are:-

(a) for article 29 (2) there shall be substituted the following paragraph -

“The assessors appointed under paragraph (1) shall be persons nominated by the Secretary of State and whose names are included in a list kept by the Secretary of State for the purposes of this article and who have the qualifications and experience which, in the opinion of the Secretary of State, best qualify them to act as assessors in the particular case.”

(b) for article 33 (3) there shall be substituted the following article -

“The report of the panel shall not suggest that disciplinary procedures be taken against any person or, where the use of the allotted sum complained of has been proper and reasonable, that any different use should be made of the sum.”

(c) after sub-paragraph (4)(g) in article 33, there shall be inserted the following sub-paragraph -

“(g) the Secretary of State.”

PART VII

PUBLICITY

Publicity

39. Every Health Authority shall take such steps as are necessary to ensure that patients of any family health services practitioner on its list, or of a pilot scheme provider with whom it has entered into a pilot scheme agreement, and any community health council whose district is wholly or partly within the area of the Health Authority are fully informed of the arrangements for dealing with complaints about any such practitioner and that they and any such practitioner or any such provider are informed of the name of the complaints manager and the address where he can be contacted.

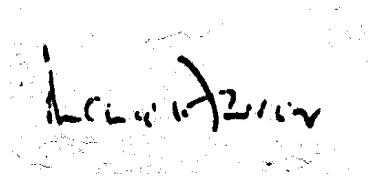
PART VIII

REVOCAATION

Revocation

40. The Directions to Health Authorities on dealing with complaints about family health services practitioners dated 28th March 1996 shall cease to have effect.

Signed by authority
of the Secretary of State for Health

A handwritten signature in black ink, appearing to read 'L. C. ...', is written over a faint, circular official stamp or seal.

29 June 1998

A member of the Senior Civil Service