

Complaining about Private Healthcare

If you are unhappy about treatment you have received in a private hospital or clinic, there are a number of options open to you:

- Discuss your concerns with your treating consultant.
- Make a formal complaint to the hospital or clinic (ask for details of their complaints procedure, which should be similar to that used by the NHS). The IHAS (The Independent Healthcare Advisory Services) has a code of practice for handling patients' complaints, however this will only apply to private healthcare providers who are members of the IHAS.
- If for any reason you are unable to get the private health provider to respond to a complaint, or if you are unhappy with their response, you can make a complaint to the Quality Standards Commission, the body now responsible for regulating private healthcare providers.
- If the issue is about an individual health professional's fitness to practise, make a complaint to the relevant professional regulating body such as the General Medical Council (for doctors) or Nursing and Midwifery Council. See the separate information sheet on Professional Misconduct.

Discuss your concerns with your consultant

If you are concerned with the outcome of your treatment, then you should try and talk to your treating consultant in order to obtain an explanation and advice. If your consultant is unhelpful or unresponsive, and you believe you are in need of further treatment, you should talk to your GP about your concerns and possible treatment options. This may include obtaining a referral for a second opinion.

Making a formal complaint about care received in a private hospital/clinic

Under the Health and Social Care (Community Health and Standards) Act (2003), the Care Quality Commission is now responsible for regulating and inspecting independent healthcare in England. Under this Act, hospitals and clinics must operate a complaints procedure. This should follow the same pattern as with NHS complaints. First of all attempt local resolution by speaking or writing to the organisation concerned. If there is a head office for the company running the hospital or clinic, it is a good idea to copy your complaint to the chief executive there. If the organisation whom you wish to complain about is a member of the **Independent Healthcare Advisory Service** in accordance with their code of practice they are required to investigate your complaint and provide you with a full and detailed response. Under this code the healthcare provider can:

- Carry out an investigation and offer an explanation for what happened
- Offer to make an apology, or some other statement of regret
- Take steps to put matters right and reassure the complainant that they have done so
- Managing the complaint

The IHAS Code of Practice has three progressive stages:

- Stage 1 - local resolution
- Stage 2 - internal appeal
- Stage 3 - independent external adjudication

At the local resolution stage (stage 1) it is the responsibility of the member hospital concerned to look into and respond to the complaint. The aim is to try and sort out any problems as quickly and informally as possible. In some cases a discussion with an appropriate member of staff may be all that is needed to put things right. If the complaint is about a clinician or independent practitioner, it should be addressed to the clinician or practitioner, and to the registered hospital manager. You can make a verbal complaint but it is advisable to make your complaint in writing. You should receive a written acknowledgement within 2 working days and a full response within 20 days. If you are given the opportunity of a meeting it is advisable to discuss arrangements how you would like it to be conducted before agreeing.

If you are not satisfied with the outcome of stage 1 you can request an internal review (stage 2) which should be made in writing within 20 days of your final written response and addressed to the Chief Executive or Managing Director.

The complaint will be considered by the Investigating Director and the correspondence and handling of the local resolution stage will be reviewed. The Investigating Director will either uphold the original decision or offer an alternative course of action.

If you are dissatisfied with the outcome you can write to the Independent External Adjudication Secretariat for an independent external adjudication (stage 3) within 25 days of receiving the Investigating Director's final response. A Principal/Deputy Adjudicator has been appointed who is independent of The Independent Healthcare Advisory Service. If the Adjudicator decides to hear your case a panel may be convened to review your complaint. You will be notified of the outcome as soon as possible within 60 days. If your complaint is upheld the panel will decide what remedial action needs to be taken which may include compensation if it is considered appropriate. Their contact address is:

The Independent External Adjudication Secretariat
C/o Independent Healthcare Advisory Services
Centre Point
103 New Oxford Street
WC1A 1DU
020 7379 8598

info@independenthealthcare.org.uk

It is important to reiterate that the above procedure will only apply to independent healthcare providers who are members of the Independent Healthcare Advisory Service. It would therefore be advisable to check this before embarking on making your complaint.

If the Healthcare Provider is not a member of IHAS and you remain dissatisfied with the outcome of the investigation of your complaint you can contact the Quality Care Commission. However, they have no statutory powers to investigate any complaints that patients or other members of the public make about independent healthcare services, nor do they have a regulatory role to manage, arbitrate or resolve their complaints, concerns or allegations. However, they take account of all information that they receive from the public. If they suspect that the provider has committed an offence under the Care Standards Act or a breach under the regulations, they are required to take action to bring about improvement. The Quality Care Commission should acknowledge your concerns in writing within seven working days of receiving it and explain to you what will happen next. If they feel that your concerns warrant further investigation they should contact you again with 20 working days. Their contact details are as follows:

The Care Quality Commission
St Nicholas Building
St Nicholas Street
Newcastle upon Tyne
NE1 1NB

Telephone: 03000 616161

Email: enquiries@ccq.org.uk

You should also be aware that private practitioners do not need to be registered if they only provide medical services in prisons or only provide subcutaneous injections for cosmetic purposes. They should be registered if they provide other cosmetic surgery services.

Private Health Insurers

If your treatment was paid for by private health insurance, it may be worth contacting the insurer, who should have an interest in the standard of care being provided.

Withholding payment

If you believe that you have a justified complaint and are considering withholding payment for the treatment in question, you should be aware that it is likely that the hospital or practitioner will sue to recover fees and can employ debt collection agencies to pursue this on their behalf. Your credit rating may also be adversely affected and it may be more difficult to get loans or a mortgage.

NB: Some people do have legal expenses cover in household, motor or personal insurance policies that will cover your costs in the event of a compensation claim. Even if you are considering a complaint, you should check all your insurance policies and if there is legal expenses cover, check the policy terms in relation to time limits for making a claim to the insurers. If there is a time limit, you should submit details to the insurers within this period to avoid a refusal of cover at a later stage. If the period for making a claim is not clear, then you should speak to the insurance provider.