



# Overseas Healthcare Provider Complaint Handling Policy

## Objective

- 1.1 The principal objective of the Overseas Healthcare Provider Complaint Handling Policy is to lay out the procedural requirements for handling complaints about overseas providers.
- 1.2 The procedures will also allow One HMG Healthline to monitor trends and/or review individual complaints about the services provided overseas.

## Scope

- 2.1 This Overseas Healthcare Provider Complaint Handling Policy for One HMG Healthline only applies to complaints made about service delivered by overseas providers. Complaints about Partners Across Government (PAG) policies will not be considered under this policy.

## Definition

- 3.1 A complaint is defined as:

*“an expression of dissatisfaction whether justified or not, from, or on behalf of, a person about the provision of, or failure to provide, a healthcare facilitated service, which alleges that the complainant has suffered (or may suffer) dissatisfaction with healthcare delivery/facilitation, distress or inconvenience”*

- 3.2 Any expression of dissatisfaction no matter how insignificant which is expressed by a patient in relation to the activities of an overseas healthcare provider will be deemed to be a complaint and should be reported. A complaint does not have to be justified. One HMG Healthline has a responsibility to ensure a complaint is recorded and the person given a written response to the complaint submitted.

## Receipt of Complaints

- 4.1 Overseas Healthcare Provider Complaints should be sent in the first instance to the One HMG Healthline mailbox [Healthline@healix.com](mailto:Healthline@healix.com). The Contract Manager or other manager will assign the complaint to a member of the team to acknowledge, investigate and either reply directly to the complainant or prepare a draft for the appropriate manager's signature.
- 4.2 A complaint received on any day other than a business day, or after close of day on a business day, may be treated as received on the next business day.

## Constraints Overseas

- 5.1 Complainants are to be aware One HMG Healthline does not have jurisdiction in managing another nation's healthcare providers. Complaints and concerns can be raised with a provider and in extremis patients may be directed to cease using a provider. Providers who do not address repeated concerns may be removed from One HMG panel lists.

# Responding to Complaints

6.1 Upon receipt of a complaint the complainant will be directed to do the following:

- Approach the healthcare provider in the first instance and share the poor experience<sup>1</sup>.
- Use the provider's published complaint process (if any) to report poor service.
- Report to the CLO at post if comfortable to share.
- Feedback the provider's response to One HMG Healthline.

## Recording of Complaints

7.1 An Overseas Healthcare Provider Complaint database is maintained within One HMG Healthline. The Complaints Database must be kept up to date in order to facilitate the monitoring and reporting of complaints.

7.2 The manager or team member who is reviewing the complaint will enter the details in the Overseas Complaint Database. Details recorded in the database will be:

- Date complaint received
- Reason for the complaint
- Date of response (if any) by provider
- Note of outcome including any lessons learned

## Monitoring of Complaints

8.1 The One HMG Healthline Contract Manager should review the complaints database quarterly, at the same time as the customer satisfaction surveys and request updates of on-going overseas provider complaint trends.

## Reporting

9.1 Quarterly reports will be produced containing information about:

The total number of complaints received and broken down according to the following categories:

- Misleading or unsuitable advice (including medical advice)
- Poor customer service
- Patients unhappy with the provider
- Contention over costs incurred/ due
- Failure to carry out instructions (i.e. sent with Guarantees of Payment)
- Reports of dangerous or negligent care
- Sentinel events reported (unexpected death)

## Action after Review of Complaint

10.1 Complaints must be analysed to identify any trends or potential rogue healthcare providers. If the underlying matter is identified as something which might reoccur, One HMG Healthline management must address by either direct liaison, visiting the provider (if possible) or in extremis removing from the post panel list.

---

<sup>1</sup> This is the preferred first action and meets the CQC and NHS E standard in permitting a provider to address shortfalls in care provided.