

Complaints Policy

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1 Introduction

1.1 Policy statement

The purpose of this document is to ensure all staff at Elmwood Family Doctors understand that all patients have a right to have their complaint acknowledged and investigated properly. This organisation takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental, and timely manner.

The organisation will maintain communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

In accordance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 16), all staff at Elmwood Family Doctors must fully understand the complaints process. Additionally, the BMA has released guidance titled: Responding to concerns: a guide for doctors who manage staff.

1.2 Status

The organisation will aim to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums, and contractors.

2 Overview

2.1 Legislation and guidance

Every provider of NHS healthcare is required to have a complaints procedure. This process must detail how to complain about any aspect of NHS care, treatment, or service and this is a requirement that is written into the NHS Constitution.

This document follows those processes as established within the following:

- The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16
- The NHS Constitution
- PHSO - Principles of Good Complaint Handling

- PHSO - NHS Complaint Standards
- PHSO – An opportunity to improve
- Good Practice standards for NHS Complaints Handling
- CQC (Care Quality Commission) GP Mythbuster 103 – Complaints Management
- General Medical Council (GMC) ethical guidance
- Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners

2.2 Complaints management team

The responsible person, or complaints lead, is Dr Carol Frankland, GP Partner, and they are responsible for ensuring compliance with the complaints regulations making sure action is taken because of the complaint.

The complaints manager is Graham Brown, Operations Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users. As recognised in A Guide to Effective Complaints Resolution (England), the responsible person and complaints manager can be the same person.

2.3 Definition of a complaint versus a concern

NHS England defines that a concern is something that a service user is worried or nervous about and this can be resolved at the time the concern is raised whereas a complaint is a statement about something that is wrong or that the service user is dissatisfied with which requires a response.

It should be noted that a service user could be concerned about something and raise this matter, however, should it not be dealt with satisfactorily, then they may make a complaint about that concern.

2.4 Formal or informal?

There is no difference between a “formal” and an “informal” complaint. Both are expressions of dissatisfaction.

It is the responsibility of the complaints manager to consider whether the complaint is informal and therefore early resolution of an issue may be possible. If the complaints manager believes an issue can be resolved quickly then this organisation will aim to do this in around ten (10) working days and, with the agreement of the enquirer, we will categorise this as a concern and not a complaint.

However, if the enquirer is clear that they wish to formalise the complaint, then the organisation will follow this complaints policy in full.

2.5 Complaints information

Elmwood Family Doctors has prominently displayed notices in main reception and the

waiting rooms detailing the complaints process. In addition, the process is included on the organisation website and a complaints leaflet is also available from reception.

2.6 A duty of candour

The duty of candour is a general duty to be open and transparent with people receiving care at this organisation. Both the statutory duty of candour and professional duty of candour have similar aims, to make sure that those providing care are open and transparent with the people using their services whether something has gone wrong or not.

Further guidance can be sought from the Duty of Candour Policy and the CQC's [GP Mythbuster 32: Duty of Candour and General Practice \(regulation 20\)](#).

2.7 Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman's role is to make final decisions on complaints that have not been resolved locally by either the organisation or the Integrated Care Board (ICB). The Ombudsman will look at complaints when someone believes there has been injustice or hardship because an NHS provider has not acted properly or has given a poor service and not put things right.

The Ombudsman can recommend that organisations provide explanations, apologies, and financial remedies to service users and that they take action to improve services.

2.8 Complainant options

The complainant, or their representative, can complain about any aspect of care or treatment they have received at this organisation to this organisation via the complaints manager or directly to West Yorkshire Integrated Care Board.

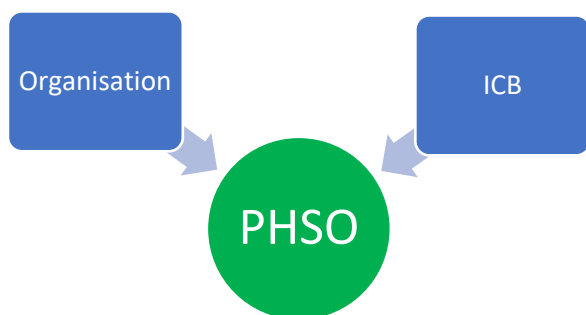
In all circumstances we find it most productive when people with any concerns raise them directly with us. We aim to deal with any complaint sensitively and to resolve any problems as soon as possible, making any appropriate changes to our services.

A complaints leaflet is available for the complainant, available at **Annex D**, detailing the complaints process.

If you prefer to make a complaint to West Yorkshire ICB, information on how to do this can be found on their website: www.westyorkshire.icb.nhs.uk

If dissatisfied with the response from either the ICB or the organisation, then the complainant may wish to escalate their complaint to the PHSO. This process is as detailed within the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) where it states that there should be two stages of dealing with complaints.

See below image that further explains the route of any complaint:



Stage 1

The complainant may make a complaint to either the organisation or to West Yorkshire ICB. This is classed as a local resolution.

Stage 2

If dissatisfied with the initial Stage 1 response, the complainant may then escalate this to the PHSO.

It should be noted that neither the organisation nor the ICB will investigate any complaint should this have been responded to by the other.

2.9 Timescale

The time constraint for bringing a complaint is 12 months from the occurrence that you wish to make a complaint regarding, or 12 months from the time that the complainant becomes aware of the matter about which they wish to complain.

If, however, there are good reasons for a complaint not being made within the timescale detailed above, consideration may be afforded to investigating the complaint if it is still feasible to investigate the complaint *effectively* and *fairly*.

Should any doubt arise, further guidance should be sought from the complaints manager at Elmwood Family Doctors, or the WY ICB.

2.10 Responding to a concern

Should the complaints manager become aware that a patient, or the patient's representative, wishes to discuss a concern, then this is deemed to be less formal and should be responded to as detailed below.

Points that should be considered are that:

- Should the patient be on the premises, then there will need to be a degree of interaction sooner than if it was a telephone call or email.
- All facts need to be ascertained prior to any conversation.
- Time management always needs to be considered.
- Many of the concerns raised are not a true complaint, simply a point to note or a concern and this will still be investigated, and an answer ordinarily given within 10 working days. In doing this and with agreement with the enquirer, this would not need to be logged as a complaint as it can be dealt with as a concern.

Whilst each concern will warrant its own response, at Elmwood Family Doctors the outcome will always be to ensure that the best response is always provided.

2.11 Responding to a complaint

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager at Elmwood Family Doctors will provide an initial response to acknowledge any complaint within five (5) working days after the complaint is received.

All complaints are to be added to the complaints log in accordance with Section 2.29.

There are no timescales when considering a complaint, simply that it must be investigated thoroughly, and that the complainant should be kept up to date with the progress of their complaint.

At Elmwood Family Doctors, should any response not have been provided within six (6) months, we will write to the complainant to explain the reasons for the delay and outline when they can expect to receive the response. At the same time, we will notify the complainant that they have a right to approach the PHSO without waiting for local resolution to be completed.

The MDU advises in its document titled How to respond to a complaint that a response or decision should be made within six (6) months with regular updates during the investigation. If it extends beyond this time, then the complainant must be advised.

CQC GP Mythbuster 103 states the following:

- The tone of a response needs to be professional, measured, and sympathetic.
- Patient confidentiality should be considered, and timescales agreed.
- A complaint can be either written or verbal, practices cannot insist that complainants 'put their complaints in writing.'
- Verbal complaints (not resolved in 24 hours) should be written up by the provider. They should share this with the complainant to agree content.

2.12 Meeting with the complainant

To support the complaints process, BMA guidance suggests that a meeting should be arranged between the complainant and the complaints lead. Having a meeting is considered as best practice due to there often being a more positive outcome.

2.13 Verbal complaints

If a patient wishes to complain verbally and should the patient be content for the person dealing with the complaint to deal with this matter and if appropriate to do so, then complaints should be managed at this level. After this conversation, the patient may suggest that no further action is needed.

Should this be the case, then the matter can be deemed to be closed.

Having this acknowledgement of the verbal complaint will be deemed as being sufficient and therefore the complaints manager does not need to subsequently respond in writing. However, the verbal complaint must be recorded in the complaints log to enable any trends

to be identified and improvements to services made if applicable. The complaints manager should record notes of the discussion (for reference only) which may be used when discussing complaints at meetings.

Further information on logging complaints can be sought at Section 2.29.

If the matter demands immediate attention, the complaints manager should be contacted who may then offer the patient an appointment or may offer to see the complainant at this stage. Staff are reminded that when internally escalating any complaint to the complaints manager then a full explanation of the events leading to the complaint is to be given to allow any appropriate response.

Note: a verbal complaint may simply be a concern. Should this be a less formal concern and, in agreement with the enquirer, then the process at Section 2.10 should be followed.

2.14 Written complaints

Although this is not the preferred option due to the timescales involved from both parties, it is the complainant's choice, and they may either write or verbalise their concerns.

Therefore, they are not to be persuaded or dissuaded from putting it in writing and when a complaint is received, the response is to be as per Section 2.11.

2.15 Who can make a complaint?

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- Is a child (an individual who has not attained the age of 18)

In the case of a child, this organisation must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and furthermore that the representative is making the complaint in the best interests of the child.

- Has died

In the case of a person who has died, the complainant must be the personal representative of the deceased. This organisation will require to be satisfied that the complainant is the personal representative.

Where appropriate, the organisation may request evidence to substantiate the complainant's claim to have a right to the information.

- Has physical or mental incapacity

In the case of a person who is unable by reason of physical capacity or lacks capacity within the meaning of the Mental Capacity Act 2005 to make the complaint themselves, the organisation needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- Has given consent to a third party acting on their behalf

In the case of a third party pursuing a complaint on behalf of the person affected, the organisation will request the following information:

- Name and address of the person making the complaint
- Name and either date of birth or address of the affected person
- Contact details of the affected person so that they can be contacted for confirmation that they consent to the third party acting on their behalf

The above information will be documented in the file pertaining to this complaint and confirmation will be issued to both the person making the complaint and the person affected.

- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs
- Is an MP, acting on behalf of and by instruction from a constituent

Should the complaints manager believe a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, they will discuss the matter with either the Medical Protection Society (MPS) or NHS Resolution to confirm prior to notifying the complainant in writing of any decision.

2.16 Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within the complaints leaflet at **Annex D**. Additionally, the patient should be advised that the local Healthwatch – Healthwatch Kirklees - can help to find an independent complaints advocacy services in the area.

Independent advocacy services include:

- POhWER – a charity that helps people to be involved in decisions being made about their care. POhWER's support centre can be contacted via 0300 456 2370
- Advocacy People – gives advocacy support. Call 0330 440 9000 for advice or text 80800 starting message with PEOPLE
- Age UK – may have advocates in the area. Visit their website or call 0800 055 6112
- Local councils can offer support in helping the complainant to find an advocacy service.

The PHSO provides several more advocates within its webpage titled Getting advice and support.

2.17 Investigating complaints

This organisation will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance. Furthermore, we will adhere to the following standards when addressing complaints:

- The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking are established at the outset.
- The complaint undergoes initial assessment, and any necessary immediate action is taken. A lead investigator is identified.
- Investigations are thorough, where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks.
- The investigator reviews, organises and evaluates the investigative findings.
- The judgement reached by the decision maker is transparent, reasonable, and based on the evidence available.
- The complaint documentation is accurate and complete. The investigation is formally recorded with the level of detail appropriate to the nature and seriousness of the complaint.
- Both the complainant and those complained about are responded to adequately.
- The investigation of the complaint is complete, impartial, and fair.
- The complainant should receive a full response or decision within six (6) months following the initial complaint being made. If the complaint is still being investigated, then this would be deemed to be a reasonable explanation for a delay.

2.18 Conflicts of interest

The complaints manager and/or investigating clinician must consider and declare whether there are any circumstances by which a reasonable person would consider that their ability to apply judgement or act as a clinical reviewer could be impaired or influenced by another interest that they may hold.

This could include, but is not limited to, having a close association, having trained, or appraised the person(s) being complained about, and/or being in a financial arrangement with them previously or currently.

Should such circumstances arise, the organisation should seek to appoint another member of the organisation as the responsible person with appropriate complaint management experience.

2.19 Final formal response to a complaint

A final response should only be issued to the complainant once the letter has been agreed by NHS Resolution

(Note, it is not a mandatory requirement to forward all complaint response letters to the defence union prior to sending to the complainant. This has simply been added to reduce any potential risk of litigation. Organisations may therefore wish to continue to forward only the most significant complaints to the defence union.)

Following this, and upon completion of the investigation, a formal written response will be sent to the complainant and will include the following as detailed within NHS Resolution document titled Responding to complaints:

- Be professional, well thought out and sympathetic.
- Deal fully with all the complainant's complaints.
- Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required.
- Set out what details are based on memory, contemporaneous notes, or normal practice.
- Explain any medical terminology in a way in which the complainant will understand.
- Contain an apology, offer of treatment or other redress if something has gone wrong.
- The response should also highlight what the organisation has done, or intends to do, to remedy the concerns identified to ensure that the problem does not happen again.
- The response should inform the complainant that they may complain to the PHSO should they remain dissatisfied.

Consideration must be given to the fact that the response is likely to be read by the complainant's family and possibly legal advisers.

A full explanation and apology may assist in avoiding a claim. However, if a patient subsequently brings a claim for compensation, the complaint file is likely to be used in those proceedings so it is important that any response to a complaint is clear and well explained and can be supported by evidence.

The full and final response should ordinarily be completed within six months, signed by the responsible person, although should it be likely that this will go beyond this timescale, the complaints manager will contact the complainant to update and give a projected completion timescale.

A template example of the final response letter can be found at **Annex F**.

2.20 Confidentiality in relation to complaints

Any complaint is investigated with the utmost confidence and all associated documentation will be held separately from the complainant's medical records.

Complaint confidentiality will be maintained, ensuring only managers and staff who are involved in the investigation know the particulars of the complaint.

2.21 Persistent and unreasonable complaints

Management of persistent and unreasonable complaints is covered in the separate Persistent and/or Unreasonable Contact Policy.

2.22 Complaints citing legal action

Should any complaint be received and the content states that legal action has been sought then, prior to any response, consideration should be given to contacting the defence union for guidance.

- It is strongly suggested that should any organisation receive a complaint that highlights that legal action has been taken then they should be cautious.
- By doing nothing with any complaint of this type, this could affect the outcome of a CQC assessment and/or the relationship with your ICB.
- Should any complainant cite legal action that refers to an incident after 1 April 2019, contact NHS Resolution and they will assist under the Clinical Negligence Scheme for General Practice (CNSGP). Refer to the NHS Resolution Guidance for general practice document.
- It is strongly suggested that organisations make a record of everything involving the complaint.

2.23 Multi-agency complaints

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 state that organisations have a duty to co-operate in multi-agency complaints.

If a complaint is about more than one health or social care organisation, there should be a single co-ordinated response. Complaints managers from each organisation will need to determine which the lead organisation will be, and the lead organisation will then be responsible for co-ordinating the complaint, agreeing timescales with the complainant.

If a complaint becomes multi-agency, the organisation should seek the complainant's consent to ask for a joint response. The final response should include this and, as with all complaints, any complaint can be made to the provider/commissioner but not both.

2.24 Complaints involving external staff

Should a complaint be received about a member of another organisation's staff, then this is to be brought to the attention of their complaints manager at the earliest opportunity. The complaints manager will then liaise with the other organisation's manager.

2.25 Complaints involving locum staff

Elmwood Family Doctors will ensure that all locum staff, be it GPs, nurses or administrative staff, are aware of both the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left the organisation (keeping in mind the 12-month time frame to complain).

Locum staff must receive assurance that they will be treated equally and that the process will not differ between locum staff, salaried staff, or partners.

2.26 Significant events

When a complaint is raised, it may prompt other considerations, such as a significant event analysis (SEA). SEAs are an excellent way to determine the root cause of an event and Elmwood Family Doctors can benefit from the learning outcomes because of the SEA.

If the complainant, their carers, and/or family wish to be involved in the SEA process then they may request to do so. This helps to demonstrate to the complainant that the issue is being taken seriously and investigated by Elmwood Family Doctors.

2.27 Fitness to practise

When a complaint is raised, consideration may need to be given to whether the complaint merits a fitness to practise referral and advice may need to be sought from the relevant governing body.

At this organisation, Dr Carol Frankland, GP Partner, will be responsible for firstly discussing the complaint with the clinician involved prior to seeking any guidance from the relevant governing body if applicable.

2.28 Staff rights to escalate to the PHSO

It should be noted that any staff who are being complained about can also take the case to the PHSO. An example may be that they are not satisfied with a response given on their behalf by a commissioning body.

2.29 Logging and retaining complaints

All organisations will need to log their complaints and retain as per the Records Retention Schedule.

Evidence required includes:

- a. Logging, updating, and tracking for trends and considerations
- b. Details of all dates of acknowledgement, holding and final response letters and the timely completion of all correspondence relating to the complaint
- c. Compliance with the complaints in the categories that are required to complete the annual KO14b submission to NHS Digital

This data is submitted by the Operations Manager to NHS E within the KO14b complaints report annually and then published by NHS Digital. Any reporting period covers the period from 1 April until 31 March.

Evidence of complaints can be compiled within the KO14b Complaints Log Toolkit.

3 Use of complaints as part of the revalidation process

3.1 Outlined processes

As part of the revalidation process, GPs must declare and reflect on any formal complaints about them in tandem with any complaints received outside of formal complaint procedures at their appraisal for revalidation. These complaints may provide useful learning.

The Royal College of General Practitioners (RCGP) has produced appraisal guidance for this purpose.

Nurses may also wish to use information about complaints as part of their NMC (Nursing and Midwifery Council) revalidation. This feedback can contribute towards submissions about organisation related feedback, and it can also be part of a written reflective account. Likewise, pharmacists and other healthcare professionals may wish to consider using complaints and their management as part of their revalidation process.

4 CQC regulatory complaint assessment during inspection

4.1 Overview

The CQC will inspect the organisation to ensure it is safe, effective, responsive, caring, and well-led under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 16) and expect all staff to fully understand the complaints process.

When assessing complaints management, the CQC will seek to be satisfied of the following, as directed within the GP Mythbuster 103 – Complaints management:

- People feel comfortable, confident and are encouraged to make a complaint and speak up.
- The process is easy to use so people understand how to make a complaint or raise concerns.
- The practice offers help and support where necessary, using accessible information.
- The complaints process involves all parties named or involved in the complaint and they have an opportunity to be involved in the response.
- The complaints are handled effectively, including:
 - Ensuring openness and transparency
 - Confidentiality
 - Regular updates for the complainant
 - A timely response and explanation of the outcome
 - A formal record
- Systems and processes protect people from discrimination, harassment, or disadvantage.

- Complaints are monitored to assess trends that are used for learning and shared with the wider team or externally as appropriate to make changes and drive continuous improvement.

The complaints manager will advise the complaints procedure to the complainant or their representative. In many cases, a prompt response and, if the complaint is upheld, an explanation and an apology will suffice and will prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

5 Further information

Further relevant information is available within both:

- The Data Protection Act 2018
- Public Interest Disclosure Act 1998

6 Summary

The care and treatment delivered by Elmwood Family Doctors is done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things can go wrong.

By having an effective complaints process in place, this organisation can investigate and resolve complaints in a timely manner, achieving the desired outcome for service users whilst also identifying lessons learned and improving service delivery.

Annex A – Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations, and names of any organisation staff (if known). Continue on a separate page if required.

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SECTION 3: OUTCOME

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SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

SECTION 5: ACTIONS

Passed to management	Yes/No
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Annex B – Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only*.

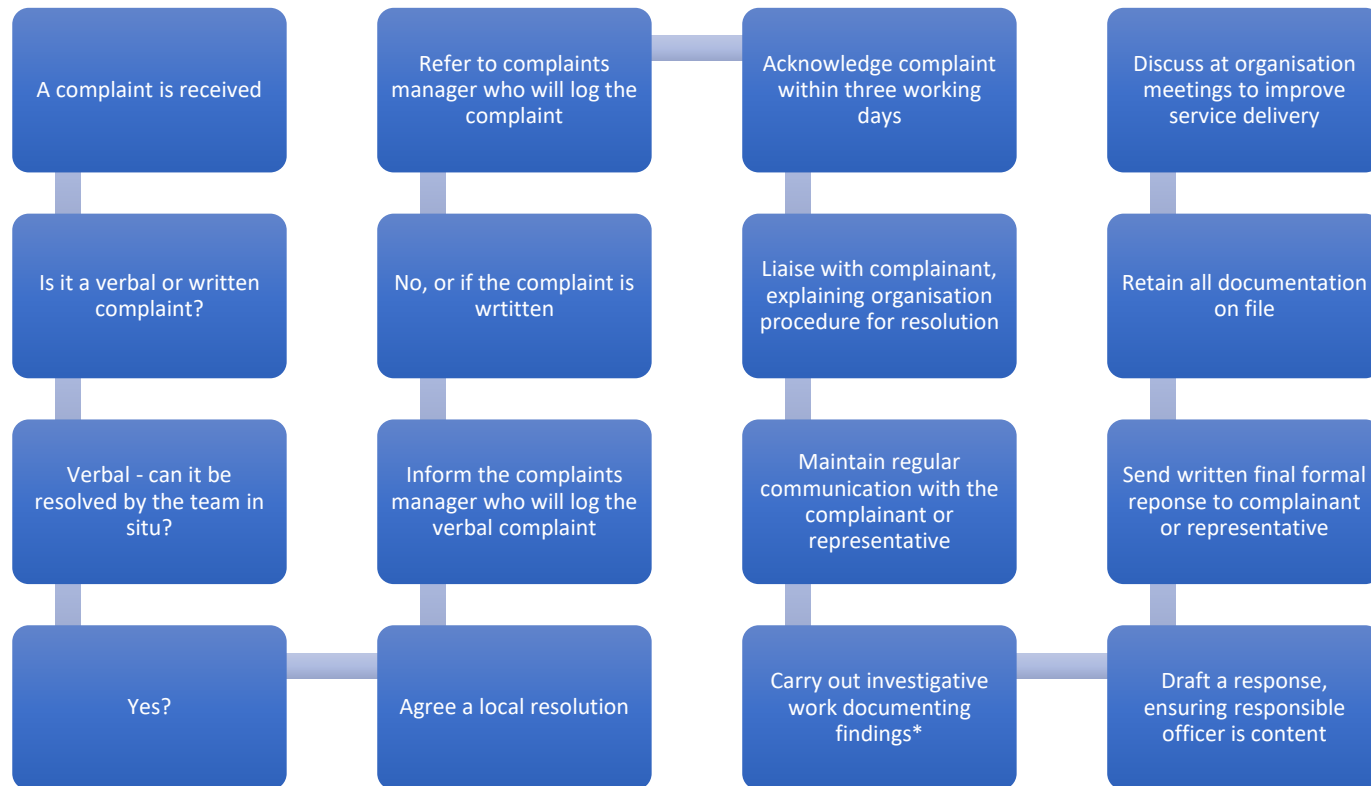
Where a limited period applies, this authority is valid until/...../.....
(Insert date).

(*Delete as necessary)

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

Annex C – Complaint handling desktop aide-memoire



* It may be necessary to liaise with external third parties such as hospitals to gather additional information or to formulate a joint response. Where this is the case, the patient or their representative must be advised accordingly.

Annex D – Complaints Leaflet

Advocacy support

- POhWER support centre can be contacted via 0300 456 2370
- Advocacy People gives advocacy support on 0330 440 9000
- Age UK on 0800 055 6112
- Local Council can give advice on local advocacy services
- Other advocates and links can be found on the PHSO webpage: www.ombudsman.org.uk

Further action

If you are dissatisfied with the outcome of your complaint from either West Yorkshire ICB or this organisation, then you can escalate your complaint to Parliamentary Health Service Ombudsman (PHSO) at:

Tower 30, Millbank
LONDON
SW1P 4QP

Tel: 0345 015 4033
www.ombudsman.org.uk

Elmwood Family Doctors
Huddersfield Road
Holmfirth, West Yorkshire, HD9 3TR
01484 943000

The Complaints Process

Elmwood Family Doctors



Annex D – Complaints Leaflet

Please talk to us

Although we aim to offer the best possible service to all our patients, we understand that we may not always get everything right. If you have a complaint about the service you have received from any of our staff, please let us know.

Who to talk to?

We hope most problems can be sorted quickly and easily, ideally at the point they occur and with the person involved. If this isn't possible, please ask to speak to our Operations Manager to discuss the matter further. You can also write a letter addressed to our Operations Manager to lodge a formal complaint.

We always prefer to deal with complaints directly but if you'd rather not speak to a member of our practice, then you can request that the Integrated Care Board (ICB) investigates your complaint. They will contact us on your behalf:

West Yorkshire ICB Complaints Team
White Rose House West Parade
Wakefield, WF1 1LT
01924 552150
wyicb.pals@nhs.net

What happens next?

We'd like to be able to respond to complaints as soon as they happen, but if that isn't possible then please let us know the details of the complaint within 12 months of the problem occurring or 12 months from the time you become aware of the problem.

We aim to acknowledge your complaint within 5 working days of receiving it. This will be in writing.

We aim to investigate and provide you with the findings as soon as possible and will provide regular updates regarding the status of your complaint.

Investigating complaints

We will investigate all complaints effectively and comply with legislation and guidance.

Where issues are identified within the practice, we use them to improve our procedures, policies, and ways of working to make sure we provide a better service in the future.

Confidentiality

We make sure all complaints are investigated confidentially and that any documents are held separately from the patient's healthcare record. Complaints are only shared with the people who are involved in the complaint.

Third party complaints

We also allow third parties to make a complaint on behalf of a patient. The patient needs to provide consent for them to do so as this usually involves sharing the patient's personal data. A third-party patient complaint form is available from reception.

Resolution

We will issue a final response to all complainants that will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

Annex E – Acknowledgement of a complaint letter (example)

[Organisation]
[Address]

[Complainant's name]
[Complainant's address] [OBJ]

[Date]

Reference [Enter]

Dear [name],

Acknowledgment of complaint

Thank you for your letter [dated] regarding your complaint. We are sorry that you have felt that the standard of service at Elmwood Family Doctors warranted your complaint. Please be advised that, whilst complaints are infrequent, when received we will thoroughly investigate and will always manage these in line with the NHS contract.

Our promise to you includes that we will:

- Keep you [or your advocate] up to date with the progress of your complaint
- We will attempt to investigate and provide a detailed response as quickly as possible. Some complaints may take longer than others, so we do not want to offer any specific timescale. However, throughout the investigation, this organisation will keep you up to date with the progress and this can be by telephone, email or letter and will be as agreed with you
- You [or your advocate] can expect to receive a quality response
- Should there be any learning outcome, you [or your advocate] will be provided with what actions have been taken to prevent any future recurrence

We are aware that you would wish for a response as soon as possible and we will endeavour to conduct a full and thorough investigation in the shortest period possible.

Please find enclosed a copy of the Complaints Leaflet. This details what you should expect, a list of advocacy services should you need any support and what to do should you not be content with the findings of this complaint.

Yours sincerely,

[Signed]
Graham Brown
Operations Manager

Enc: Complaints Leaflet

Annex F – Final response to a complaint letter (example)

[Complainant's name]

[Complainant's address] [OBJ]

[Date]

Reference [Enter]

Dear [name],

Final response to complaint

Further to my letter dated [enter], please see below the findings following a full investigation into your complaint dated [insert].

[Detail, although the response is to include the following as per section 2.19]

- a. Be professional, well thought out and sympathetic
- b. Deal fully with all the complainant's complaints
- c. Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required
- d. Set out what details are based on memory, contemporaneous notes, or normal practice
- e. Explain any medical terminology in a way in which the complainant will understand
- f. Contain an apology, offer of treatment or other redress if something has gone wrong. The response should also highlight what the organisation has done, or intends to do, to remedy the concerns identified to ensure that the problem does not happen again.

Please be advised that this is the final response. Should you remain dissatisfied with the findings of this investigation, then you may further complain online or in writing to [the Parliamentary and Health Service Ombudsman \(PHSO\)](#) at:

Tower 30
Millbank
LONDON
SW1P 4QP

The PHSO may be contacted via telephone on 0345 015 4033 or by using their [secure online form](#). Further details on how to make a complaint to PHSO can be sought at www.ombudsman.org.uk.

Yours sincerely,

[Signed]

Annex G – Practice Complaints Procedure: Staff Guide

We aim to sort out most complaints out easily and quickly, often at the time they arise and with the person concerned. See the “*Practice Complaints Procedure – for patients*” to ensure you know what patients are entitled to expect.

Complaints – How to Stop One Escalating

You may have to deal with patients at the desk or on the phone who are not happy about something to which you have no immediate solution. Often you will not have been involved in what this is about. Sometimes they may just be reacting to how you have dealt with their requests/demands. Here are eight steps to follow to help you a) avoid a confrontation with the patient and b) perhaps stop a formal complaint:

1. Listen carefully without interrupting.
2. Sympathise with the inconvenience/distress the patient is feeling, and try to make this heard in your voice, but ...
3. ...don't justify or be tempted to pass judgment – either for or against; you are unlikely to be in full possession of the facts at this stage.
4. Make brief notes so you can report the facts onward.
5. Don't get drawn into discussions about their medical care or what is in their records.
6. Don't promise anything you cannot deliver.
7. Agree a course of action with timescale, and
8. Follow it through.

Actions for reception staff who are informed by patients that they want to make a complaint:

First, it is important to note that transferring calls straight from patients wanting to complain is often best avoided: asking the patient to receive a call back a) gives *them* a chance to calm down and be prepared for a proper discussion and b) allows the Operations Manager or GP responding to the complaint to gather some facts and avoid possible pitfalls that could make things worse. Please use the following procedures:

Verbal

If a patient wants to raise a complaint (usually via the Operations Manager):

1. Offer to take their name and a contact phone number so the Operations Manager can call them back. Then send a notification in SystemOne to the Operations Manager with brief details.
2. If the complainant prefers to write their complaint down and submit it to us, advise them to address it to the Operations Manager.

Written

If you open a written complaint that arrives in the Practice (whether by post or other means), pass it straight to/notify the Operations Manager without delay. This avoids delay in receiving and acknowledging the complaint.

The Operations Manager should be the first point of contact. If they are unavailable, the next point of contact is the Business Manager.

Actions for the Operations Manager receiving a complaint

1. Open a folder in the appropriate complaints year and name it “YYYYMMDD – Patient Name” e.g. 20200924 J Smith
2. If a written complaint, scan the letter into the folder.
3. Ascertain the nature of the complaint and decide who should investigate:
 - a. If about a clinical matter, it needs to be passed to the Complaints Partner as the clinical complaints investigator
 - b. If it is purely about administrative failings or admin staff actions, then the Operations Manager will need to investigate.
 - c. If it is a verbal complaint, make notes and write them up into a brief description including the nature of the complaint, dates, times, personnel complained against or otherwise involved, and save your notes to the complaint file.
4. Acknowledge receipt of the complaint. Once you have decided whether (a) or (b) above, prepare an appropriate brief acknowledgement letter using one of the standard templates in the Complaints Procedure documents folder, and send to the patient asap, saving it to the patient’s complaint file
5. Deal with any issues around consent: if the complainant is not the patient but a relative/other representative, there is the issue of consent to be dealt with. Unless the patient lacks mental capacity, you will need to explain either during a verbal complaint or in the acknowledgment letter that we need the signed consent of the patient before we can discuss their medical treatment with a third party. Suggest that it would be better if the patient discusses the complaint with us themselves and enclose a “Third Party Complaint – Consent” form with the letter, so that they can return a signed consent if the patient decides they do want the matter handled by their relative/representative.
6. Check current bookings to see whether the patient has any appointments booked in the next couple of weeks. If so, advise the clinician due to see them that a complaint is pending and where they can read it.

For Staff Responding to the Complaint:

As well as following guidance given in DoH and MPS guidance (see other files in the Complaints Folder), please observe/remember the following points:

Who can complain? Anyone affected or likely to be affected by any deed or omission of the Practice is entitled to complain. This therefore could include relatives or friends of the patient.

Consent of the patient must be obtained to discuss a complaint with a relative or friend. In the case of a deceased patient, the complainant must be able to demonstrate their legal right of access to the deceased patient's medical records.

Interview all staff involved when investigating a complaint and ask them to provide a written record.

The main objective of a response is to provide a full and honest explanation of what happened and why.

Always end your written response with advice that if the patient is not satisfied with the Practice's response to the complaint, the patient may contact firstly the local advocacy service and, ultimately, the PHSO to take their complaint further. Provide contact details for both (check regularly for changes and updates – don't just keep repeating the same information year after year).

An NHS complaint file is a public record and may be required as evidence. Therefore, care must be taken to keep its contents complete and appropriate.

Retention: complaints files must be retained for ten years.