

# Complaints Policy

## Policy statement

The purpose of this document is to ensure all staff at Greenhead Family Doctors understand that all patients have a right to have their complaint being 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.

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.

## 1 Complaints management team

The responsible person, or complaints lead, is Ramesh Edara, 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 Jill Ponder, Practice Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users.

## 2 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.

## 3 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 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.

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### 4 Complaints information

Greenhead Family Doctors has prominently displayed notices in the waiting room detailing the complaints process. In addition, the process is included on the organisation website and a complaints leaflet is also available from reception.

### 5 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 or not something has gone wrong.

### 6 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.

### 7 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 practice manager or directly to NHS England.

As of 1 July 2023, the patient (or their nominated representative) may now submit a complaint either to the [ICB](#) or to the organisation that has been commissioned by the NHS to provide a service.

Information on how to make a complaint to West Yorkshire ICB can be sought from the guidance [here](#)

The West Yorkshire ICB complaints team can be contacted via a central complaints inbox and telephone number which are detailed below. The team will be available Monday to Friday between 9-5 pm. Outside these hours, callers will be invited to leave a short message.

The NHS West Yorkshire ICB complaints team can be contacted on:

- **Email:** [wycb.complaints@nhs.net](mailto:wycb.complaints@nhs.net)
- **Telephone:** 01924 552 150
- **In writing:**  
Complaints Team,  
West Yorkshire Integrated Care Board,  
White Rose House West Parade,  
Wakefield

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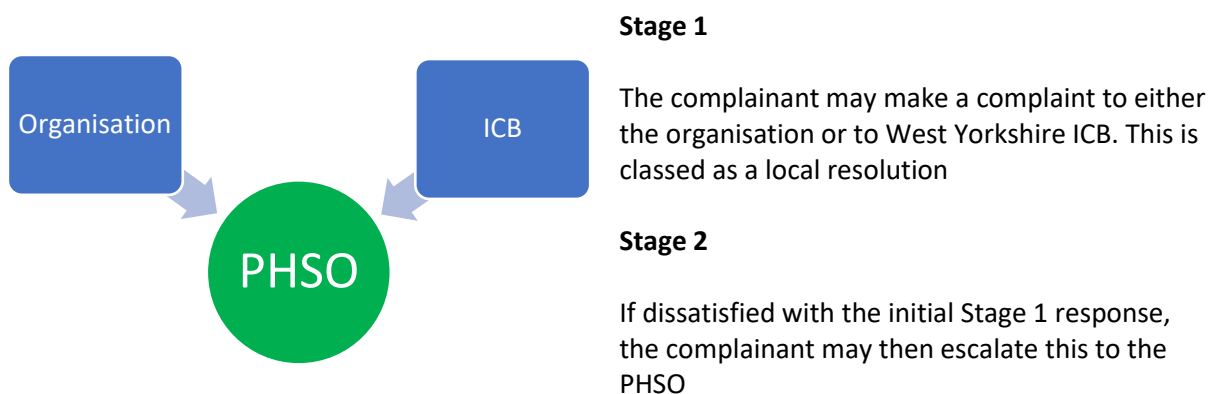
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As complaints also come directly to this organisation, we have adopted a patient-focused approach to complaint handling.

Complaints are not escalated to an ICB following the organisation's response. A Stage 1 complaint is made to either the organisation or to the ICB.

If dissatisfied with the response from either 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:



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

### 8 Timescale

The time constraint for bringing a complaint is 12 months from the occurrence giving rise to the complaint 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 West Yorkshire ICB by the practice manager.

### 9 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:

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- 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
- Should the person be angry, contacting them too soon may inflame the situation further if they did not receive the outcome that they desired
- Consider any potential precedence that may be established, and will any future concern be expected to always be dealt with immediately should any response be given too soon
- Time management needs should always 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, generally at Greenhead Family Doctors the outcome will always be to ensure that the best response is always provided.

### **10 Responding to a complaint**

The complainant has a right to be regularly updated regarding the progress of their complaint. The practice manager at Greenhead Family Doctors will provide an initial response to acknowledge any complaint within three working days after the complaint is received.

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 Greenhead Family Doctors, should any response not have been provided within six 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.

### **11 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.

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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 complaint's 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 point 9 should be followed.

### 12 Written complaints

This is the preferred option when a patient complaint is complex, or they wish to raise numerous concerns. This will help ensure all aspects of the complaint are addressed appropriately. It is the complainant's choice, and they may either write or verbalise their concerns.

### 13 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

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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 practice 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 practice medico-legal defence (MDDUS) or [NHS Resolution](#) to confirm prior to notifying the complainant in writing of any decision.<sup>1</sup>

### 14 Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within the practice complaints leaflet. Additionally, the patient should be advised that the Kirklees advocacy provider is Cloverleaf. In addition, Healthwatch, <https://healthwatchkirklees.co.uk/> 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](#).

### 15 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.
- 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

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- 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 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

### 16 Conflicts of interest

The practice 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 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.

### 17 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.

### 18 Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at this organisation will follow that as detailed by West Yorkshire ICB

### 19 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

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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.

### **19 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 practice manager will then liaise with the other organisation's manager.

### **20 Complaints involving locum staff**

Greenhead 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.

### **21 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.

#### **a. Private practices and the PHSO**

Independent doctors are unable to use the PHSO as they have no legal requirement to have an appeals mechanism.

As it is good practice to provide independent adjudication on any complaint, therefore using a service such as [Independent Sector Complaints Adjudication Service](#) (ISCAS) should be considered.

#### **b. 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



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This data is submitted by the Practice 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.

### **Summary**

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The care and treatment delivered by Greenhead 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 ultimately improving service delivery.