

Complaints

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Introduction

This policy sets out our approach to the handling of complaints and is intended as an internal guide for all staff. It ensures that all staff are aware of the complaints procedure, thus allowing patients to make a complaint about the care or treatment they have received. A complaints leaflet for patient use is provided separately.

The Practice Manager, is the complaints manager and responsible person for ensuring compliance with the complaints regulations and making sure action is taken.

Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the organisation such as Additional Roles Reimbursement Scheme (ARRS) employees,¹ agency workers, locums and contractors.

Why and how it applies to them

All staff at the Hicks Group Practice are to be fully conversant with this policy and are to understand that all patients have a right to have their complaint acknowledged and investigated properly. The Hicks Group practice takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner.

The practice 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 the Hicks Group Practice must fully understand the complaints process.

¹ [Network DES Contract specification 2020/21](#)

Legislation

Every provider of NHS healthcare is required to have a complaints procedure. The following links support complaints management:

1. [The Local Authority Social Services and National Health Services Complaints \(England\) Regulations 2009](#)
2. [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 16](#)
3. [The Data Protection Act 2018](#)
4. [Public Interest Disclosure Act 1998](#)
5. [The NHS Constitution](#)
6. [PHSO - Principles of Good Complaint Handling](#)
7. [PHSO - NHS Complaint Standards](#)
8. [PHSO – An opportunity to improve](#)
9. [Good Practice standards for NHS Complaints Handling](#)
10. [CQC GP Mythbuster 103 – Complaints Management](#)
11. [Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners](#)

Requirements

Responsible Person & Complaints Manager

At the Hicks Group practice the responsible person and the complaints manager is the Practice Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users. This person is responsible for maintaining both legislative and regulatory requirements.

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.

Should a service user be concerned and raise this as such, if they believe that it has not been dealt with satisfactorily, then they may make a complaint about that concern.

A concern may also be called a criticism.

Formal or informal?

While there is no difference between a 'formal' and an 'informal' complaint with both being an expression of dissatisfaction, ordinarily the distinction would be whether it can be resolved quickly or not. Unless the complainant specifically requests that their issue needs to be raised as a complaint, the Complaints Manager will consider whether it is logged as either a concern or complaint should they believe that it can be resolved quickly.

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 the practice will aim to do this and 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.

Complaints information

The Hicks Group practice has notices detailing the complaints process. This is also included on the website and a complaints leaflet is available at reception. Complaints can be made to:

- a. This organisation via the practice manager
- b. Cambridgeshire & Peterborough Integrated Care Board (ICB), Patient Experience Team:
0800 279 2535 or 03300 571025 or CPICB.pet@nhs.net or Gemini House,
Bartholomew's Walk, Cambridgeshire Business Park, Angel Drove, Ely, Cambs, CB7 4EA

Any complainant should be provided with a copy of the complaints leaflet or referred to the website as this details the process, who to address the complaint to, advocacy support information and that they can escalate their complaint if they not content with the findings or outcome.

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 or not something has gone wrong.

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 practice or the Integrated Care Board (ICB). The PHSO will look at complaints when someone believes there has been an injustice or hardship because an NHS provider has not acted properly or has given a poor service and not put things right.

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

Complainant options

The complainant, or their representative, can complain about any aspect of care or treatment they have received at the practice to either:

Stage 1

- The organisation, or,
- Directly to the Cambridgeshire & Peterborough ICB

While there is no requirement for a complaint to be sent to NHSE, a complaint may still be

received by NHS E directly. In this instance, the BMA provides guidance in its [Dealing with complaints made against you as a GP practice](#) document.

Stage 2

Should the complainant be dissatisfied with the response from either the ICB or the practice then the next steps are to:

- Escalate the complaint to the PHSO. This process is as detailed within the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) with outlining information being found within the complaints leaflet

Specific details of how to complain to the ICB can be found within their webpage. [Cambridgeshire & Peterborough ICS Patient Experience Team | CPICS Website](#)

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 given 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 Cambridgeshire & Peterborough ICB by the Practice Manager.

Responding to a concern

While each concern or complaint will warrant its own response, generally the outcome will always be to ensure that the best response is always provided. The following is to be the considered communication responses to any complaint:

- Should a patient be complaining in person, then this should be discussed face-to-face with them
- If via telephone, then it is acceptable to call back should the issue not be immediately resolved
- If by email/letter, then any response should be in writing

Immediate response

Should a patient, or the patient's representative, wish to discuss a complaint or a concern, then this can be deemed to be a less formal approach. These are often simply a point to note or a concern and can be dealt with at this time.

Points that should be considered should an immediate response be given:

- All facts need to be ascertained prior to any escalation to the Complaints Manager

- Should the person be or become angry and if there is no risk of escalation, then suggest to the complainant that their concern is dealt with within a quiet space and away from other patients. When doing this, support from a colleague should be requested
- If needing to return the call to an angry patient then by allowing time to lapse can often be useful as this delay may diffuse their anger. However, this should ordinarily be within the same day as any extended delay could be counterproductive and the situation could then become more inflamed
- Time management always needs to be considered

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

Longer term response

This is normally when a more formal approach has been taken, although the concern or complaint could still be via a face-to-face discussion or telephone as it does not require to have been in writing to be considered.

When a concern, or complaint cannot be easily resolved, then the complainant has a right to be regularly updated regarding the progress of their complaint. With any complaint, the Complaints Manager will provide an initial response as an acknowledgement within three working days after the complaint is received.

Timescales

The Complaints Manager will provide an initial response to acknowledge any complaint within three working days after the complaint is received. Following any complaint, a full investigation will be undertaken and while the practice can suggest a deadline for a response to be given, there is no obligation to do so.

NHSE current guidance states that it will attempt to complete any complaint within 40 working days. This document only supports complaints that have been made directly to NHSE. Guidance for primary care organisation is:

- [The Local Authority Social Services and National Health Complaint \(England\) Regulations 2009 Regulation 14](#)

Responding to a complaint

The complainant has a right to be regularly updated regarding the progress of their complaint. The practice manager or her representative at the Hicks Group Practice will provide an initial response to acknowledge any complaint within three working days after the complaint is received.

All complaints are to be added to the complaints log.

There are no set 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 the Hicks Group Practice, 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.

Within a complaint response:

- 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

Meeting with the complainant

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

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, then the matter can be deemed to be closed.

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 an appropriate response.

Verbal complaints should be added to the Complaints Log

Written complaints

When a written complaint is received, a full investigation and response will always be provided. As part of the investigation process, often other clinical governance tools will be used to complete this action, such as meetings, audit, significant event and training etc. Even should the complaint not be upheld, this organisation will scrutinise the event in the desire to improve patient outcomes.

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 practice 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 practice 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.

If the complaints manager believes 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 their medico-legal defence representative or NHS Resolution to confirm prior to notifying the complainant in writing of any decision.

Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within our complaints leaflet. Additionally, the patient should be advised that the local Healthwatch Cambridgeshire [Home | Healthwatch Cambridgeshire](#) 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 [Getting advice and support | Parliamentary and Health Service Ombudsman \(PHSO\)](#)

Investigating Complaints

The practice will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance. We will also adhere to the following standards when addressing complaints:

- The complainant will have a single point of contact in the practice and be placed at the centre of the process. The nature of their complaint and the outcome they are seeking must be 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 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

Conflicts of interest

During any response, any staff member should consider and declare if 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 with or 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.

Final formal response to a complaint

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 the NHS Resolution document titled Responding to complaints.

The full and final response should ordinarily be completed within six months and signed by the responsible person. Should it be likely that this will go beyond this timescale, the Complaints Manager 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, the organisation will notify the complainant that they have a right to approach the PHSO without waiting for local resolution to be completed.

It is not a mandatory requirement to forward all complaint response letters for medico-legal defence consideration prior to sending to the complainant. However, the practice may forward significant complaints for advice. In these circumstances a final response should only be issued to the complainant once the letter has been agreed by medico-legal defence. This step may reduce any potential risk of litigation.

A formal written response sent to a complainant should:

- 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

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.

Persistent and unreasonable complaints

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 organisation's relationship with the 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 [here](#)

While detailed records will always be maintained following any complaint, it is of particular importance when a complaint cites legal action. This is to ensure that all information can be forwarded for medico-legal defence support as required.

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 can be a single co-ordinated response. Complaints managers from each organisation would 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.

Complaints involving external staff

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

Complaints involving locum staff

This practice will ensure that all locum staff are aware of the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left the organisation.

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.

Additional governance requirements

When a complaint is raised, it may prompt other considerations, such as a significant event, audit or supporting training requirements.

These are referred to in policies/procedures such as:

- Significant Event and Incident Policy.

Remedial training considerations are supported within the practice training plan or ad hoc training as required/indicated.

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, the practice manager and the senior 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.

Pharmacists

General Pharmaceutical Council (GPhC)

Other healthcare professionals

Healthcare Professionals Council (HCPC)

For Physician Associates, refer to the Royal College of Physicians