

## **Complaint Procedure The Greyswood Practice**

### Introduction

#### **Policy Statement**

The purpose of this document is to ensure that all staff are aware of the complaint procedure within Greyswood Practice, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received at the practice.

#### **Status**

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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.

#### **Training and Support**

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

### Scope

#### **Who it applies to:**

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

#### **Why and how it applies to them:**

All staff at Greyswood 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. Greyswood Practice takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner. We will maintain communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

The practice aims 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 in regard to the individual protected characteristics of those to whom it applies.

### Guidance

#### **Legislation**

Every NHS facility has a complaints procedure; this permits a patient (or their nominated representative) to submit a complaint either to the NHS organisation or the organisation that has been commissioned by the NHS to provide a service.

This practice adopts a patient-focused approach to complaint handling in accordance with the [National Health Service England Complaints Policy](#) ), whilst also conforming to guidance detailed in:

- [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 GP Mythbuster 103 – Complaints Management](#)
- [General Medical Council \(GMC\) ethical guidance](#)
- [Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners](#)

### **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.

#### **Formal versus 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.

### **Complaints Procedure promulgation**

Greyswood Practice has prominently displayed notices in our Waiting Area detailing the complaints process. In addition, the process is included on the practice website, and a complaints form (Annex A) is also available from Reception. The information provided is written in conjunction with this policy and refers to the legislation detailed in paragraph one.

### **Responsible Person**

At Greyswood Practice, the responsible person is Dr Iain Marshall as complaints lead. He shares this responsibility with the partners Dr Penny Osborne, Dr Helen Andrewes, Dr Sarah Mackenzie, Dr Aisling Martin and Dr Oliver Mumby. They are responsible for ensuring compliance with the complaints regulations and making sure action is taken as a result of the complaint.

### **Complaints Manager**

At Greyswood Practice, the complaints manager is Emma Cruickshank, Practice Manager. She is responsible for managing all complaints procedures.

## 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 the South West London Integrated Care Board (ICB)

Information on how to make a complaint to South West London ICB can be sought from its webpage <https://www.southwestlondon.icb.nhs.uk/publications/complaints-policy>.

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.

## Timescale

The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time that they become aware of the matter about which they wish to complain.

If, however, there are good reasons for complaints 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 NHS England by the Practice Manager

## Response Times

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager at Greyswood Practice will provide:

- An initial response to acknowledge **any** complaint within three working days after the complaint is received
- Regular updates during the investigation
- Resolution of the complaint within 40 days

The complaints manager will negotiate a complaints plan with the complainant or their representative which will detail the agreed timescales for investigation. In many cases a prompt response, including an explanation and an apology, will suffice and prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

## Verbal and Written Complaints

Patients will opt to complain either verbally or in writing. No matter what the cause of the complaint, all staff are to offer empathy when entering into discussions with the complainant.

If a patient wishes to complain verbally, an arrangement is to be made for them to speak with the complaints manager who is Emma Cruickshank, Practice Manager. An acknowledgement of the verbal complaint by the complaints manager, or nominated deputy in their absence, will suffice as an acknowledgement. The complaints manager does not need to respond in writing, but must record the verbal complaint in the complaints log; this will 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 practice meetings.

Discussing the nature of the complaint with the complainant in person or via telephone may enable a local resolution, which is the quickest method of resolving a complaint and will negate the requirement for the complaint to proceed through the formal complaint process.

If a patient opts to complain in writing (letter or email), the complaints manager is to acknowledge receipt of the complaint within three working days. This acknowledgement will offer the complainant the opportunity to have a discussion about their complaint, while explaining the process and enabling the complaints manager to determine if local resolution is achievable.

If local resolution is not an option, the complaints manager will then discuss with the complainant a complaints plan and an agreed time frame for an investigation. Complainants should be advised that this timescale is merely indicative and there may be, on occasion, the need to liaise with other service providers, i.e. secondary care, which could delay the process. However, reassurance will be provided that the complainant will be provided with regular updates by the complaints manager regarding their complaint.

### **Third Party Complaints**

If a complaint relates to the care or treatment of a third party and the complainant is submitting their complaint on the patient's behalf, they must have express permission from the patient concerned. **Annex B Third Party Patient Complaint form** can be used for this purpose

### **Investigating Complaints**

Greyswood Practice will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance. This practice will follow eight standards when addressing complaints:

1. 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 is established at the outset.
2. The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.
3. 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.
4. The investigator reviews, organises and evaluates the investigative findings.
5. The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
6. The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.
7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.

### **Final Formal response to a complaint**

Upon completion of the investigation, a formal written response will be sent to the complainant and will include the following information:

- An explanation of how the complaint was considered
- An apology if appropriate
- An explanation based on facts
- Whether the complaint in full or in part is upheld
- The conclusions reached in relation to the complaint, including any remedial action that the organisation considers to be appropriate
- Confirmation that the organisation is satisfied that any action has been or will be actioned
- Where possible, we will respond to people about any lessons learnt
- Information and contact details of the Parliamentary and Health Service Ombudsman as the next stage of the NHS complaints process

The Practice Manager will clearly stipulate that this response is the final response to be issued by Greyswood Practice, and if the complainant is not satisfied then they should contact the ombudsman.

### **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**

The management of persistent and unreasonable complaints at Greyswood Practice is achieved by following the guidance detailed at [Appendix 3](#) of the NHS England Complaints Policy.

### **Complaints involving locum staff**

Greyswood Practice will ensure that all locum staff, be it GPs, nurses or administrative 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 practice (keeping in mind the 12-month time frame to complain). Locum staff must receive assurance that they will be treated equally and that there is no discrepancy between locum staff, salaried staff or partners.

### **Summary**

The care and treatment delivered by Greyswood Practice 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 practice is able to investigate and resolve complaints in a timely manner, achieving the desired outcome for service users, whilst also identifying lessons learnt and ultimately improving service delivery.

<b>Written Date:</b>	March 2019
<b>Reviewed:</b>	January 2020 Dec 2020 August 2022 August 2023
<b>Written by:</b>	Warren De Souza
<b>Reviewed by:</b>	Emma Cruickshank

## Annex A – Patient Complaint Form

### SECTION 1: PATIENT DETAILS

<b>Surname</b>		<b>Maiden name</b>	
<b>Forename</b>		<b>Title (i.e. Mr, Mrs, Ms, Dr)</b>	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	
<b>NHS number (if known)</b>		<b>Hospital number (if known)</b>	

### SECTION 2: COMPLAINT DETAILS

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

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### SECTION 3: SIGNATURE

<b>Surname &amp; initials</b>		<b>Title (Mr,Mrs,Ms,Dr)</b>	
<b>Signature</b>		<b>Date</b>	

## Annex B – Third Party Patient Complaint Form

### SECTION 1: PATIENT DETAILS

<b>Surname</b>		<b>Maiden name</b>	
<b>Forename</b>		<b>Title (i.e. Mr, Mrs, Ms, Dr)</b>	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	
<b>NHS number (if known)</b>		<b>Hospital number (if known)</b>	

### SECTION 2: THIRD PARTY DETAILS

<b>Surname</b>		<b>Forename</b>	
<b>Title (i.e. Mr, Mrs, Ms, Dr)</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	

### 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

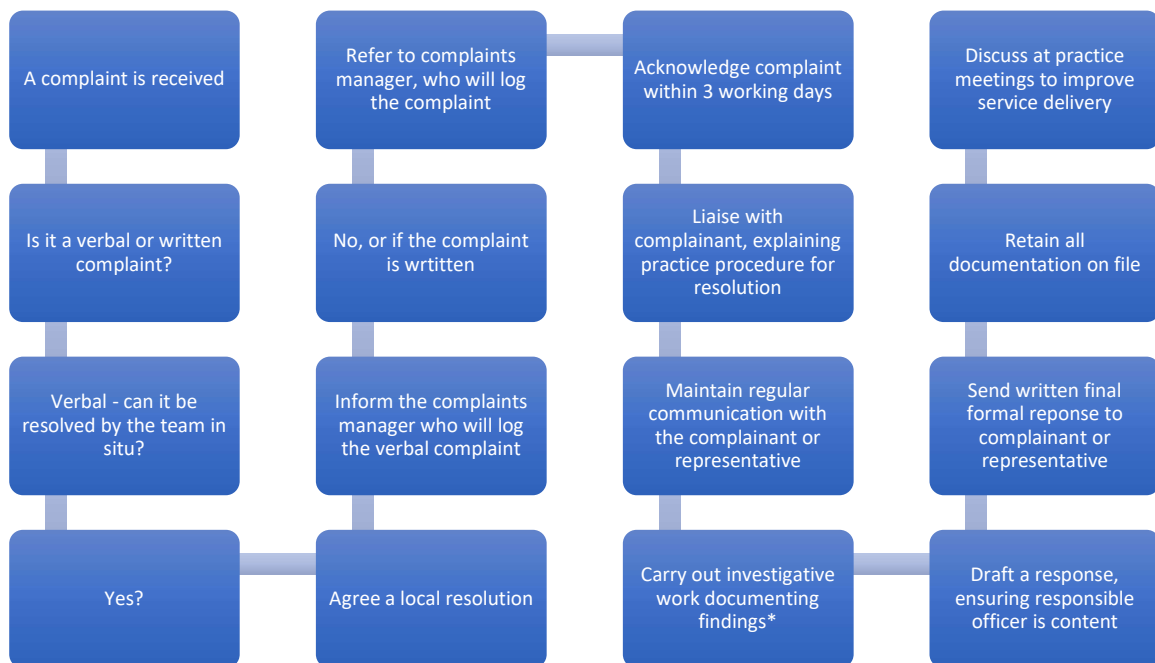
<b>Surname &amp; initials</b>		<b>Title (Mr,Mrs,Ms,Dr)</b>	
<b>Signature</b>		<b>Date</b>	

**SECTION 5: COMPLAINT DETAILS**

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



## Annex C – Complaint Handling Desktop Aide-Memoire



\* It may be necessary to liaise with external third parties such as hospitals in order 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 – Annual Complaints Review**

### **Introduction**

The purpose of the Annual Complaints Review (ACR herein) is to detail the complaints received by Greyswood Practice during the year April – March. The practice takes a proactive approach to the management of complaints, a process that is aimed at improving the quality of service and delivering a better patient experience.

### **Purpose**

The purpose of the ACR is to:

- Specify the number of complaints received during the reporting period
- Specify the number of complaints that were upheld, not upheld or partially upheld
- Specify the nature of the complaints (source, staff group, categorisation)
- Specify the number of referrals to the ombudsman
- Identify trends that can be analysed and audits undertaken
- Identify remedial actions and learning points
- Notify patients of any changes to policy as a result of complaints

In accordance with NHS(E) directives regarding the complaints process, the ACR for Greyswood Practice will be available to the public upon request.

The results of the ACR should be discussed at a Practice Meeting to ensure that learning is shared by the whole team.

Information required by the GP Practice Data on Written Complaints in the NHS Collection (K041b) will be submitted annually by the Complaints Manager

## **Annex F – Practice Leaflet**

A patient information leaflet regarding complaints is shown overleaf.

## Further actions

If you would prefer that your complaint is handled by an external body, you can contact the South West London Integrated Care Board (ICB)

[contactus@swlondon.nhs.uk](mailto:contactus@swlondon.nhs.uk)  
or 0800 026 6082

Please note that complaints should be made to either the Greyswood Practice or to the ICB.

If dissatisfied with the response from either the ICB or The Greyswood Practice then you can escalate your complaint to the PHSO.

Parliamentary Health Service  
Ombudsman

Milbank Tower

Milbank

London SW1P 4QP

Tel: 0345 015 4033

[Greyswood Practice]

[66 Eastwood Street]

[Streatham SW16 6PX]

[0208769 7011]

# The Complaint Process

Greyswood Practice

## Talk to us

Every patient has the right to make a complaint about the treatment or care they have received at Greyswood Practice

We understand that we may not always get everything right and by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

## Who to talk to

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint; all our staff are trained to handle complaints effectively. Alternatively, ask to speak to the Complaints Manager, Emma Cruickshank

At Greyswood Practice the  
Complaints Manager is :  
Emma Cruickshank and they are  
supported by the Responsible  
Officer who is:  
Dr Iain Marshall

A complaint can be made verbally or in writing. A Complaints Form is available from reception. Additionally, you can complain via email to: [waccg.greyswood@nhs.net](mailto:waccg.greyswood@nhs.net)

## Time frames for complaints

The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you become aware of the matter about which you wish to complain.

The Practice Manager will respond to all complaints within three business days. Furthermore, they will provide regular updates for you regarding your complaint, whilst aiming to have the complaint completely resolved within 40 days.

## Investigating complaints

The Practice Manager will investigate all complaints effectively and in conjunction with extant legislation and guidance.

## Confidentiality

Greyswood Practice will ensure that all complaints are investigated with the utmost confidentiality and any documents are held separately from the patient's healthcare record.

## Third party complaints

Greyswood Practice allows a third party to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A Third Party Patient Complaint Form is available from reception.

## Final response

Greyswood Practice will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. Further information is detailed in our practice policy.

