

Weobley & Staunton on Wye Surgeries

COMPLAINTS POLICY

SUMMARY

The care and treatment delivered by Weobley & Staunton on Wye Surgeries 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.

INTRODUCTION

The purpose of this policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them.

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.

All staff at Weobley & Staunton on Wye Surgeries 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 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.

The general principle of the Practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

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.

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 GP Mythbuster 103 – Complaints Management](#)
- [General Medical Council \(GMC\) ethical guidance](#)

[Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners](#)

DEFINITIONS 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.

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.

The Practice will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without a need to ask. The Practice website and any other public material (Practice Leaflet etc) will similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

CONFIDENTIALITY

All complaints must be treated in the strictest confidence and the Practice must ensure that the patient etc is made aware of any confidential information to be disclosed to a third party (eg. NHSE).

The Practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from the patients' medical records and no reference which might disclose the fact a complaint has been made should be included on the computerised clinical record system.

COMPLAINTS PROCEDURE

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WHO CAN MAKE A COMPLAINT?

A complaint can be made by or, with consent, on behalf of a patient (ie. as a representative), a former patient, who is receiving or has received treatment at the Practice or someone who may be affected by any decision, act or omission of the Practice.

A representative may also be:

- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child; by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989 or by a person duly authorised by a voluntary organisation by which the child is being accommodated
- someone acting on behalf of a patient/former patient who lacks capacity under the Mental Capacity Act 2005 (ie. who has Power of Attorney etc) or physical capacity to make a complaint and they are acting in the interests of their welfare
- someone acting for the relatives of a deceased patient/former patient

In all cases where a representative makes a complaint in the absence of patient consent, the Practice will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

WHO IS RESPONSIBLE AT THE PRACTICE FOR DEALING WITH COMPLAINTS?

The Practice Responsible Person and Complaints Manager is the Practice Manager. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented and that no complainant is discriminated against for making a complaint.

WHO CAN A FORMAL COMPLAINT BE MADE TO?

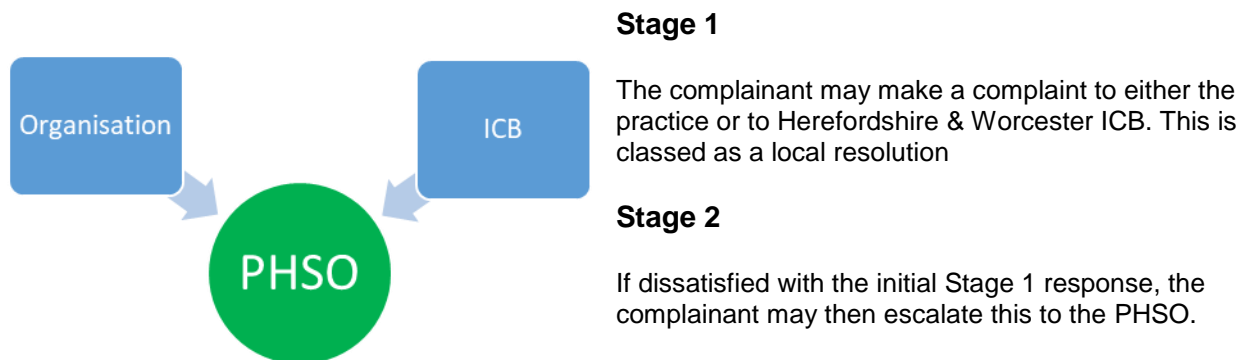
The complainant, or their representative, can complain about any aspect of care or treatment they received at this practice to either the Practice or NHS England. As of 1 July 2023, the patient (or their nominated representative) may now submit a complaint either to the [ICB](#) or to the organisation that has been commissioned by the NHS to provide a service.

While this was previously NHS England or the organisation, should a complainant have an ongoing complaint that was submitted to NHS England prior to 1 July 2023, they will receive a letter from explaining that their complaint will continue to be investigated by NHS England along with details of their case handler.

If NHS England receive a complaint on or after 1 July, the complainant will receive a letter advising that the ICB will be handling their complaint along with details of their case handler.

If dissatisfied with the response from either ICB or the practice, 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.

TIMESCALE

The period for making a complaint is normally:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The Practice has the discretion to extend the time limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain.

These factors may be considered as suitable reason for declining a time limit extension however that decision should be able to stand up to scrutiny.

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 Practice Manager at Weobley & Staunton on Wye Surgeries will provide:

- An initial response to acknowledge **any** complaint within three working days after the complaint is received
- There is no end date by which the complainant must receive their response to allow a full investigation including that of third parties to occur. However, regular updates from the practice to the complainant must occur throughout the investigation.
- In addition to regular updates, a response or decision should be made within six months, if it extends beyond this time then the Practice will advise the complainant.

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).

ACTION UPON RECEIPT OF A COMPLAINT

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. In accordance with Regulation 16 of the Health & Social Care Act 2008, all staff at the Practice will fully understand the Complaints Policy.

The complainant should be provided with a copy of the Practice Leaflet detailing the complaints process and they should be advised that the process is a two stage process as detailed below:

Stage 1

The complainant may make a complaint to either the practice or to Hereford & Worcester ICB.

Stage 2

If not content with either response following a full investigation the complainant may then escalate this to the Parliamentary Health Service Ombudsman (PHSO).

Important: Complaints do not get escalated to NHS E following the practice response. A complaint made to either/or the practice or NHS E will escalate to PHSO.

Verbal Complaints

If a patient wishes to complain verbally and if the patient is 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. If this should be the case, then the matter can be deemed to be closed although the Practice Manager should still be informed as this will need to be added to the Complaints Log in GP Team Net.

- A simple explanation and apology by staff at the time may be all that is required. 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.

- A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant, neither does it need to be included in the annual Complaint Return. The Practice will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by the Practice Manager on GP Team Net.
- If it is not possible or the outcome is not satisfactory the patient should be asked to put it in writing. The Practice 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. Where possible, patients and/or their representatives should be encouraged to use the complaint form at Annex A of this policy. If the patient does refuse to put it in writing then it is advisable for the surgery to put it in writing and check that the patient is happy with the detail of the complaint.

Written Complaints

- On receipt, an acknowledgement will be sent within three working days which offers the opportunity for a discussion (face to face or by telephone) on the matter. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.
- It may be that other bodies (eg. secondary care/community services) will need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included within the initial acknowledgement for return.
- If it is not possible to conclude any investigations with the expected timeframe then the patient should be updated with progress and revised time scales on a regular basis. In most cases these should be completed within six months unless all parties agree to an extension.

COMPLAINT ADVOCATES

Details of how patients can complain and also how to find independent NHS complaints advocates are to be detailed within the practice leaflet. Additionally, the patient should be advised that the local Healthwatch 01432 277044 can help you to find independent NHS complaints advocacy services in your 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](#).

THE INVESTIGATION

The 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:

- 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.
- 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, 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.

The investigations will be recorded in GP Team Net created specifically for each incident and where appropriate should include evidence collated as individual explanations or accounts taken in writing. To support the complaints process, [BMA guidance](#) suggests that a meeting should be arranged between the complainant and the complaints lead.

Whilst not a CQC requirement, having a meeting is considered as being best practice due to there often being a more positive outcome.

FINAL RESPONSE

This will be provided to the complainant in writing (or email by mutual consent). The final response should only be issued to the complainant once the letter has been agreed by MPS. 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.

* 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.

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s).
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.

ANNUAL REVIEW OF COMPLAINTS

The Practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be sent to the local Commissioning Body (NHSE), and will form part of the Freedom of Information Act Publication Scheme.

This report will include:

- Statistics on the number of complaints received
- The number considered to have been upheld
- Known referrals to the Ombudsman
- Subject matter/categorisation/clinical care
- Learning points that came out of the complaints and the changes to procedure, policies or care which have results

Care must be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

In accordance with NHSE directives regarding the complaints process, the Annual Complaints Report will be available to the public upon request.

UNREASONABLE OR VEXATIOUS COMPLAINTS

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the Responsible Person in writing:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted

- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused unless additional material is being brought forward
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records of each encounter

COMPLAINTS INVOLVING LOCUMS

It is important that all complaints made to the Practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the Practice and not passed to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Practice.

Locum staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the Practice on locum staff. Providing their factual account along with any factual account from the Practice is the best way to proceed.

The Practice will ensure that on engaging any Locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence. The Practice will ensure that there is no discrepancy in the way it investigates or handles complaints between any locum staff and either practice Partners, salaried staff, students or trainees or any other employees.

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.

Confidentiality Notice

This document and the information contained therein is the property of **The Weobley & Staunton-On-Wye Surgeries**. This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from **The Weobley & Staunton-On-Wye Surgeries**.

Document Revision and Approval History

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1.0	01.01.13	Michele Petrie	Michele Petrie	
2.0	27.05.16	Michele Petrie	Michele Petrie	No changes required.
3.0	29.08.17	Michele Petrie	Michele Petrie	Reviewed – minor changes only
4.0	16.02.18	Michele Petrie	Michele Petrie	Reviewed – Legislative and process changes
5.0	12.06.19	Michele Petrie	Michele Petrie	Reviewed – updated with process changes
5.1	01.04.24	Michele Petrie	Suzi Prince	Reviewed – updated with process changes to complaints procedure with ICB

Appendix A

Weobley & Staunton on Wye Surgeries

FORMAL COMPLAINT FORM

Complainant's Details

Name	
Address	
Telephone	

Patient Details (if different from above)

Name	
Address	
Date of Birth	
Usual Doctor	

Details of Complaint (including date(s) of events and persons involved)

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Complainant's Signature		Date	
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Patient Third Party Consent

If you are complaining on behalf of a patient or your complaint or enquiry involves the medical care of a patient then the consent of the patient will be required. Please obtain the patient's signed consent below:

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period/for a limited period only (delete as appropriate)

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

Patient's Signature		Date	
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For Practice Use Only			
Date Received		Date Acknowledged	

Appendix B

Weobley & Staunton on Wye Surgeries

COMPLAINT REVIEW FORM**INTRODUCTION**

This form is designed for use as part of an initial discussion of complaints received from patients, and to facilitate analysis of the complaint, with the identification of possible learning points.

The analysis categories on the form also relate to the Annual Complaints Report and may be used to populate the report template as part of your end of year complaints procedure

It may also be used to ensure that any actions arising from the complaint can be reviewed after an appropriate period, so that changes to procedure etc identified have been consolidated into practice day to day procedure.

It is assumed that complaints forwarded to another organisation to be dealt with under the NHS joint-agency complaints process will still be recorded and reviewed

The form may be attached to the front of the complaint documents.

Patient identifier:		Date of Review:	
Brief Description of Event:			
Learning Points:			

Specific Action Required:**Analysis**

Type	Source	Staff Group	Justification
Clinical Care	Patient	Doctor	Fully Justified
Prescribing	Patient Relative	Nurse	Partially Justified
Attitude	Healthcare Professional	Administration	Not Justified
Administration	Other Healthcare worker	Reception	Genuine
Policy / Procedures	Visitor	External worker	Not Genuine
Referral	Carer		
Premises	Other organisation/advocate		
Hospital Care			
Patient complaint			
Relative complaint			
Shared Agency			

Requires later review	Management	Resolution
No	Wholly within Practice	1 day
3 months	Shared with another agency (Practice response)	10 days
6 months	Shared with another agency (referred to them)	20 days
End of year	Other agency to provide copy of resolution	3 months
	Escalated by patient to Ombudsman	12 months
	Referred by patient to the GMC	24 months
		Not resolved

Additional Comments/Action:

Reviewed By		Date	
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FORMAL COMPLAINTS PROCEDURE

