

HMG Complaints Procedure (England)

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1 Introduction

1.1 Policy statement

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

The organisation will maintain communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously. In accordance with the Health and Social Care Act 2008 Regulations 2014, all staff at Hereford Medical Group must fully understand the complaints process.

1.2 STATUS

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

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.

2 Overview

2.1 Legislation and guidance

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

This document follows those processes as established within the following:

2.2 Complaints management team

The responsible person, or complaints lead, is a 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 the Quality Manager. They are responsible for managing all clinical complaints procedures and must be readily identifiable to service users. The responsible person and complaints manager can be the same person. The Complaints Manager is supported by the Practice Patient Advice and Liaison Service for administration complaints and they have been delegated responsibility for managing non clinical complaints and ensuring adequate investigations are carried out.

2.3 Complaints information

Hereford Medical Group has prominently displayed notices in all sites detailing the complaints process. In addition, the process is included on the organisation website and a complaints leaflet is also available on request from Reception at any site.

2.4 A duty of candour

The duty of candour is a general duty to be open and transparent with people receiving care at this organisation.

2.5 Parliamentary and Health Service Ombudsman (PHSO)

The PHSO'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.

2.6 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 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.

Hereford Medical Group's local NHS ICB: [Integrated Care Board :: Herefordshire and Worcestershire Integrated Care System \(icb.nhs.uk\)](https://www.icb.nhs.uk)

Information on how to make a complaint to NHS Herefordshire and Worcestershire ICB:

By telephone: 0330 053 4356

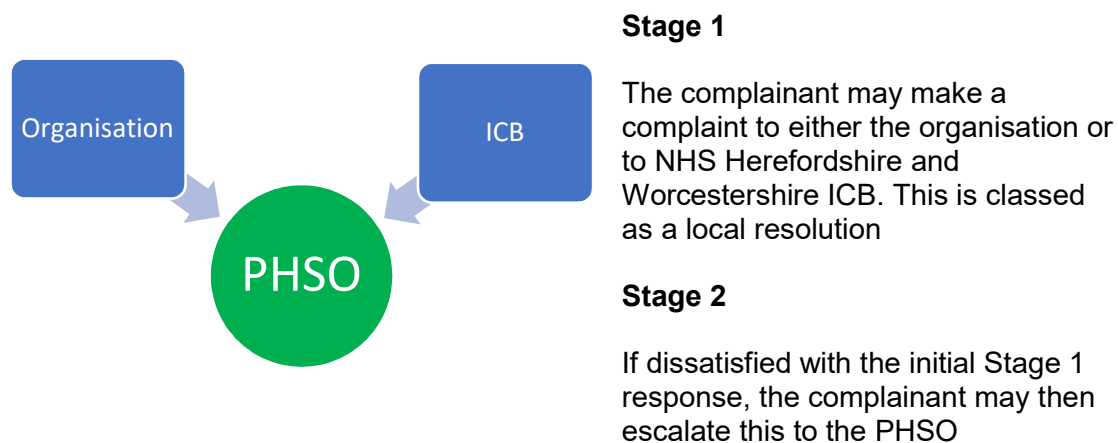
By email: hwicb.complaints-GP@nhs.net

By post: Patient and Stakeholder Liaison Team, NHS Herefordshire and Worcestershire, Kirkham House, John Comyn Drive, Perdiswell, Worcester, WR3 7NS

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.

The complainant should be provided with a copy of the complaints leaflet at [Annex D](#) detailing the complaints process and they should be advised of the two-stage process.

2.7 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*.

The practice has discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection 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 reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

Should any doubt arise, further guidance should be sought from NHS Herefordshire and Worcestershire ICB by the Complaints Manager.

2.8 Responding to a concern

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

Points that should be considered are that:

- Should the patient be on the premises, then there will need to be a degree of interaction sooner than if it was a telephone call or email

- All facts need to be ascertained prior to any conversation
- 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 always needs to be considered

Whilst each concern will warrant its own response, generally at Hereford Medical Group the outcome will always be to ensure that the best response is always provided.

2.9 Responding to a complaint

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager or PALS Officer at Hereford Medical Group will provide an initial response to acknowledge any complaint within three working days after the complaint is received.

Hereford Medical Group will provide the complainant with a formal response within 40 working days.

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.

2.10 MEETING WITH THE COMPLAINANT

To support the complaints process, BMA guidance suggests that a meeting should be arranged between the complainant and the complaints lead.

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

2.11 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 PALS Officer or complaints manager do 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 PALS Officer or Complaints Manager should record notes of the discussion (for reference only) which may be used when discussing complaints at

meetings.

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 [Section 2.10](#) should be followed.

2.12 Written complaints

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

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

2.13 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)
- 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
- Has given consent to a third party acting on their behalf
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs
- Is an MP, acting on behalf of and by instruction from a constituent

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

2.14 Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within the complaints leaflet at [Annex A](#). Additionally, the patient should be advised that the local Healthwatch Herefordshire can help to find an independent complaints advocacy services in the area.

Healthwatch Herefordshire

Call: 01432 277044 between the hours of 09:00 – 17:00 Monday to Friday.

Post: Healthwatch Herefordshire, County Offices, Plough Lane, HR4 0LE

Email: info@healthwatchherefordshire.co.uk

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
- [Local councils](#) can offer support in helping the complainant to find an advocacy service.

2.15 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. A lead investigator is identified. Complex clinical complaints will sit with the Quality Manager and non-clinical complaints will sit with the PALS Officer. The PALS Officer may hold some clinical complaints with oversight and support from the Quality Manager.
- 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 by completing the following process:

For clinical complaints, the Quality Manager will identify what questions need to be answered. They will then determine whether the complaint goes to the usual GP (if a Partner) or clinical lead for oversight.

The complaint and questions are sent to:

- Usual GP or Clinical Lead of that area (e.g. Diabetes, EOL)
- Clinicians involved
- Line Managers (if appropriate)
- **Lead GP for Complaints with clear statement for 'For Information'**

The Quality Manager will then, after receiving the relevant responses, respond to the complainant using the templates available.

For non-clinical complaints, the PALS Officer will attempt to immediately resolve the complaint where possible. If unable to, the PALS Officer will escalate to the relevant manager where appropriate and will conduct a joint further investigation, with support from the Quality Manager if needed.

The PALS Officer will then, after receiving the relevant responses, respond to the complainant using the templates available.

- 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 40 working days 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.

A flow chart of the HMG Complaints Process for clinical and non-clinical complaints can be found in [Annex F](#)

2.16 Conflicts of interest

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

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

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

2.17 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 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.

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

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

A template example of the final response letter can be found at [Annex G](#).

2.18 Confidentiality in relation to complaints

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

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

2.19 Persistent and unreasonable 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
- Detailed records will be kept of each encounter

2.20 Complaints citing legal action

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

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

2.21 Complaints involving external staff

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

2.22 Complaints involving locum staff

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

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

2.23 Significant events

When a complaint is raised, it may prompt other considerations, such as a significant event (SE). SEs are an excellent way to determine the root cause of an event and Hereford Medical Group can benefit from the learning outcomes because of the SE.

2.24 Logging and retaining complaints

All organisations will need to log their complaints.

Evidence required includes:

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

This data is submitted by the Complaints 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.

Hereford Medical Group's KO41b spreadsheet can be found:

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3 Further information

Further relevant information is available within both:

- [The Data Protection Act 2018](#)
- [Public Interest Disclosure Act 1998](#)
- [NHS England » Feedback and complaints about NHS services](#)
- [Dealing with complaints made against you in primary care \(bma.org.uk\)](#)
- [Complaints - The MDU](#)
- [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](#)

4 Summary

The care and treatment delivered by Hereford Medical Group are done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things can go wrong.

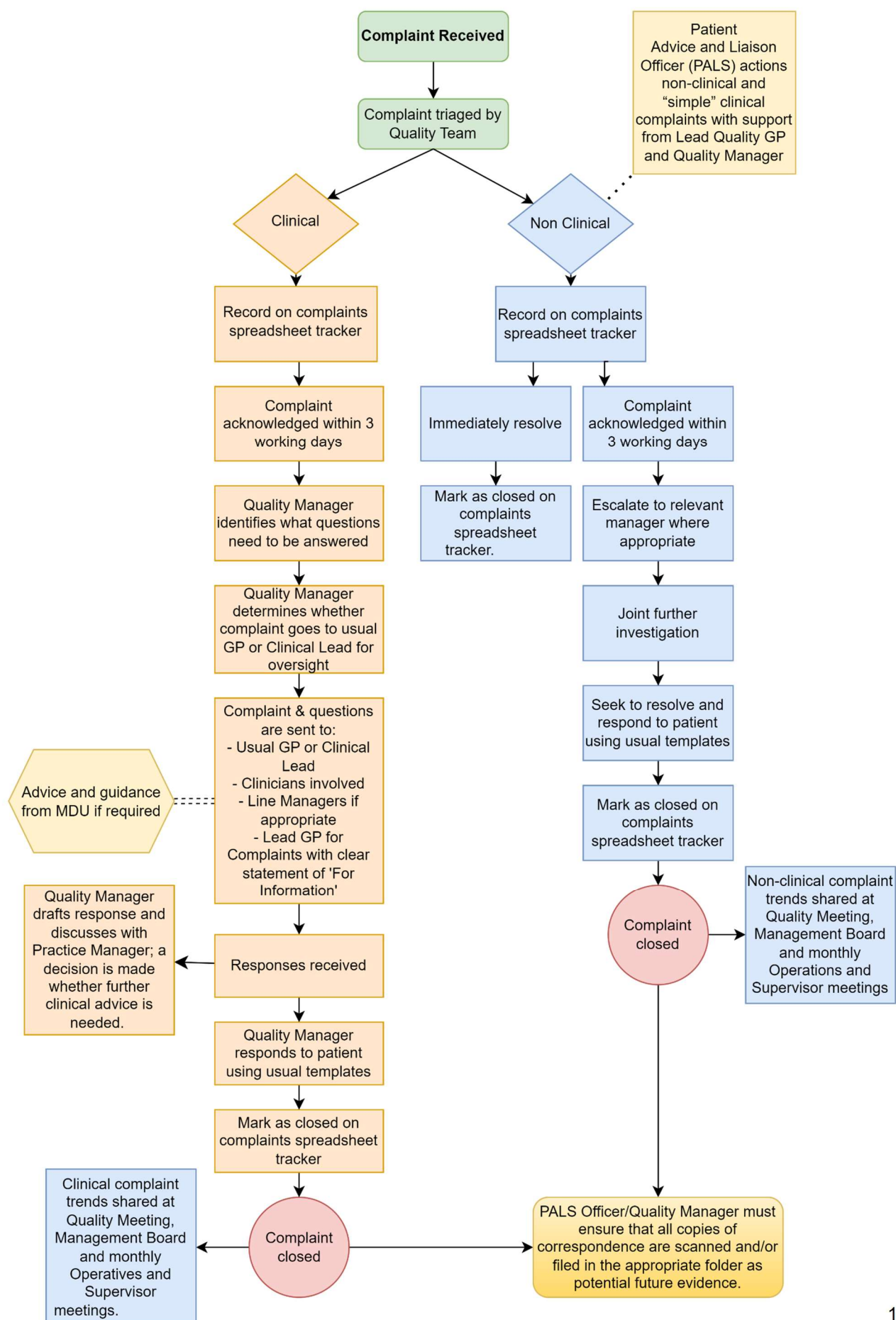
By having an effective complaints process in place, this organisation can investigate and resolve complaints in a timely manner, achieving the desired outcome for service users whilst also identifying lessons learned and ultimately improving service deliver

Annex A – Complaint leaflet

A patient information leaflet regarding complaints can be found here: [Leaflet.pdf](#)

Or in the PALS Officer folder: Process

Annex B – Complaints Process Flowchart (Page 16)



Annex C – Acknowledgement of a complaint letter (example)



[Complainant's name]

[Complainant's

address]

[Date]

Reference [Enter]

Dear [name],

Acknowledgment of complaint

Thank you for your letter/complaints form dated [Date] and for taking the time to contact Hereford Medical Group about your concerns. Please accept my sincere apologies for the distress and inconvenience this concern has clearly caused you.

I will be your named contact whilst your concern is being looked into and if you would like to talk about any aspect of your concern, or if you have any special requirements, such as language, hearing or sight needs, please let me know.

Our promise to you includes that we will:

- Keep you [or your advocate] up to date with the progress of your complaint
- We are committed to providing comprehensive answers to concerns that are raised and we usually aim to do this within 40 working days of receiving a concern. However, sometimes obtaining the information we need can take longer than this. If we are unable to respond in this time, or if further investigation is required, we will let you know.
- We are aware that you would wish for a response as soon as possible and we will endeavour to conduct a full and thorough investigation in the shortest period possible. We may need to speak to you during the investigation, or arrange to meet with you. After this time we will respond to you outlining our findings and actions taken.
- Should there be any learning outcome, you [or your advocate] will be provided with what actions have been taken to prevent any future recurrence

Hereford Medical Group takes confidentiality seriously, and it is important for you to know that in order to investigate your concern we will need to access your medical records, so that we can see what they say about the situation you have told us about. In addition, we may use anonymous details of your concerns, and any actions taken as a result of the issues you raise, within the surgery for training purposes.

Having read your correspondence I confirm we will be investigating the following issues. However, if you feel these issues do not reflect the concerns you have raised please let me know as soon as possible.

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

Yours sincerely,

[Signed]
[Name]
[Role]

Enc: Complaints Leaflet

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

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

[Organisation]
[Address]

[Date]

Reference [Enter]

Dear [name],

Final response to complaint

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

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

Milbank Tower
Millbank
LONDON
SW1P 4QP

Citygate
Mosley Street
MANCHESTER
M2 3HQ

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

Yours sincerely,

[Signed]
[Name]
[Role]