



# Complaints Policy and Procedure

February 2025



# Version Control

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## B Document Details

<b>Title</b>	<b>Complaints Policy and Procedure</b>
<b>Classification</b>	For all clinical and non-clinical staff
<b>Role</b>	Associate Lead of Governance & Quality
<b>Organisation</b>	<b>Primary Care Knowsley</b> Aston Healthcare Cornerways Medical Centre Dr Maassarani and Partners Roseheath Surgery
<b>Document Number</b>	1
<b>Current Version Number</b>	3.2
<b>Date last reviewed</b>	February 2025
<b>Authorised by</b>	Leadership Management Team
<b>Date of next review</b>	October 2025 – or sooner if significant changes to NHS Contract, Regulations or legislation
<b>Document available on Practice Intranet</b>	Yes

Document Amendment History		
Brief description	Date	Version no.
Internal restructure prompted review of processes to support review in line with organisational changes; subheadings and formatting	19.10.2023	3.1
(1) Merging of practices, require changes to be reflected in existing policies; (2) Branding update.	10.02.2025	3.2



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## 1. Introduction

This document sets out Primary Care Knowsley's policy and procedure in relation to the handling of complaints and, is intended as a guide for those who work within the Primary Care Knowsley practices.

This policy is intended for all colleagues who work with Primary Care Knowsley, including those who are self-employed, full-time colleagues, associates and / or contractors.

Those listed above are required to have a full and comprehensive understanding of this policy in order to ensure that complaints are managed appropriately and effectively.

### Regulatory Compliance

Primary Care Knowsley's practices are regulated by the Care Quality Commission (CQC). Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 Receiving and Acting on Complaints**, Primary Care Knowsley practices must comply with the complaints procedural scope as specified in the above legislation.

Specified within this regulation is that *'any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation'*. Therefore, as an organisation, we must comply with the following guidance:

- People must be able to make a complaint to any member of staff, either verbally or in writing
- All staff must know how to respond when they receive a complaint
- Unless they are anonymous, all complaints should be acknowledged whether they are written or verbal
- Complainants must not be discriminated against or victimised. In particular, people's care and treatment must not be affected if they make a complaint, or if somebody complains on their behalf
- Appropriate action must be taken without delay to respond to any failures identified by a complaint or the investigation of a complaint
- Information must be available to a complainant about how to take action if they are not satisfied with how the provider manages and/or responds to their complaint. Information should include the internal procedures that the provider must follow and should explain when complaints should/will be escalated to other appropriate bodies
- Providers that do not have independent review stages should regularly review their complaints resolution processes to ensure they are not disadvantaging complainants as a consequence
- Where complainants escalate their complaint externally because they are dissatisfied with the local outcome, the provider should cooperate with any independent review or process

[Regulation 16: Receiving and acting on complaints - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)



## 2. Complaints Policy

The Practices will take reasonable steps to ensure that patients are aware of:

- their right to complain
- the complaints procedure
- the time limit for resolution
- how it will be dealt with
- who will deal with it
- their right of appeal
- further action they can take if not satisfied.
- the fact that any issues will not affect any ongoing treatment from the surgery, and they will continue to be treated
- their right to assistance with any complaint from independent advocacy services

*This will be supported with:*

- signs informing patients of the complaints process are displayed in the reception and waiting areas
- the practices websites also providing information



### 3. Complaints Procedure

#### 3.1 Receiving of Complaints

##### Patients / Former Patients

The Practice may receive a complaint made by, or on behalf of a patient, or former patient (with their consent), who has received treatment at the Practice.

Anyone can complain, including:

- a young person
- a family member
- a carer
- a friend
- a local MP

this can be in relation to their own experience or, on behalf of someone else who is a registered or former patient.

##### Children

Where the patient is a child, complaints can be made in the following format:

- 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
- by a person duly authorised by a voluntary organisation by which the child is being accommodated

##### Mental / Physical Capacity

Where the patient lacks mental capacity (under the Mental Capacity Act 2005) or physical capacity to make a complaint, complaints may be made by someone acting on their behalf who has an interest in their welfare.



## 4. Managing Complaints

The Practice Operations Managers will manage the complaint and be supported by the Associate Lead of Governance and Quality, and where necessary and appropriate a Lead GP (see Appendices).

### 4.1 Period within which complaints can be made

The period for making a complaint is normally:

- a) 12 months from the date on which the event which is the subject of the complaint occurred
- b) (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Each Practice Operations Manager (with support of the Associate Lead of Governance and Quality) has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Practice takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. When deemed appropriate to extend the time limit, the practice will contact the complainant and explain the reasons for the delay.

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.

Complaints should normally be resolved within 6-months. The practice standard will be 10-working days to complete an investigation and to provide a response back to the patient.

### 4.2 Action upon receipt of a complaint

Complaints may be received either verbally or in writing. Following a working group made up of Primary Care Knowlsey Practices – the escalation of complaints, is to be followed as below (a copy of this can be found in the appendices):


#### **Level 1: Practice Team**

Complaint can be dealt with by a simple explanation and / or standard response. Complaints of this nature include complaints relating to access, appointments, call waiting times and prescriptions.

#### **Level 2: Administration & Care Navigation Team Leader**

Complaints that require further investigation and a formal written response. Complaints of this nature include access, appointments, call waiting times, prescription issues, registration queries, online consultation and general waiting times.

#### **Level 3: Practice Operations Manager / Practice Development Manager**



Complaints that require escalation, can include significant risk, allegations of malpractice, staff, clinicians, complaints from the ICB, NHSE, data breaches including ICO concerns.

Should a practice require further escalation support, than what is detailed, Practice Operations Managers should email [PCKescalation@knowsleyccg.nhs.uk](mailto:PCKescalation@knowsleyccg.nhs.uk), for further support and guidance for the Associate Lead of Governance & Quality.

### 4.3 Verbal Complaints

Verbal complaints are best dealt with and finalised as early as possible and should be dealt with as follows:

#### Step 1

Staff should listen to the patient's complaint and where possible, provide the patient with an explanation. The staff member should record accurate notes of the complaint by completing PCK - Verbal Complaint Form (Part A & B) - v2.0 - May 2023 – Part A (refer appendices).

#### Step 2

Where appropriate, a verbal apology should be given by staff.

#### Step 3

If complaint is received by an Administrator, they must inform the Team Leader on site who can support the following process.

The Team Leader should complete PCK - Verbal Complaint Form (Part A & B) - v2.0 - May 2023 – Part A, which is then required to be completed and emailed to the [PCKescalation@knowsleyccg.nhs.uk](mailto:PCKescalation@knowsleyccg.nhs.uk) and uploaded on to TeamNet.

To access TeamNet to log a complaint:

Log in to TeamNet, ensure the practice the complaint relates to is selected  
*/Menu/Management/Complaints/+ Add/\*Select\* Complaint*

#### Step 5

The complaint should be investigated as soon as possible. If the complaint can be finalised to the complainant's satisfaction by the end of the next working day, the complaint will not require a written response (unless it is deemed serious enough to warrant a formal response when the written complaints procedure should be followed).

### 4.4 Written Complaints

#### Complaints that involve the Practice only

##### Step 1

The Practice Operations Manager (or a designated deputy) should attempt to contact the complainant by telephone in the first instance to acknowledge receipt of the complaint. During the telephone call the complainant should be invited to discuss the matter via telephone, in the first instance.





## Step 2

The Practice Operations Manager (or a designated deputy) should formally acknowledge the complaint in writing within the period of 3-working days, beginning with the day on which the complaint was made. Where this is not possible, as soon as reasonably practicable. The letter can either be sent via email or letter to the complainant (whatever is agreed to be more appropriate with the complainant).

## Step 3

During the meeting with the complainant the Practice Operations Manager (or a designated deputy) should clarify the details and nature of the complaint, and the outcome required by the complainant.

*PCK - Verbal Complaint Form (Part A & B) - v2.0 - May 2023 – Part B* should be completed (refer to appendices).

As Part A should have already been completed and uploaded, Part B is then required to be completed and emailed to the [PCKescalation@knowsleyccg.nhs.uk](mailto:PCKescalation@knowsleyccg.nhs.uk) and uploaded on to TeamNet.

### To access TeamNet to log a complaint:

Log in to TeamNet, ensure the practice the complaint relates to is selected  
*/Menu/Management/Complaints/+ Add/\*Select\* Complaint*

During the meeting the complainant should be informed of the next steps and the anticipated timescales, e.g., the next steps will be to investigate the complaint further and an initial response will be within 10-working days.

## Step 4

The Practice Operations Manager (or a designated deputy) should investigate the complaint thoroughly ensuring to update all appropriate documentation, i.e., *PCK - Verbal Complaint Form*.

## Step 5

A written response should be provided to the complainant (either via email or letter) as soon as reasonably practicable ensuring that the complainant is kept up to date with progress as appropriate. Where a response is not possible within 10-working days provide an update report to the complainant with an estimate of the timescale. The final reply should include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

### Complaints involving more than one organisation

Where the complaint involves more than one organisation the Practice Operations Manager will liaise with their counterpart to agree responsibilities and ensure that one coordinated response is sent.

Whoever acknowledges the complaint will need to ensure that the patient's consent is obtained, in writing, to allow the sharing of information between organisations.



## Complaints sent to the incorrect organisation

Where the complaint has been sent to the incorrect organisation (i.e. it is not the practice that the complaint should have been sent to) the patient should be advised within 3 working days, where possible by telephone, and ask them if they want it to be forwarded on to the correct organisation.

If it is forwarded to another organisation, write to the patient to confirm the full contact details of the receiving organisation.

## Complaints involving Locums

Complaints made to the practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) must be dealt with by 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.

It is necessary for practices to seek an agreement from locums that they will participate in the complaints procedure if required to do so. As complaints can be made to the practice up to a year after the reason for the complaint, it is possible that complaints will arise after the locum GP has moved on.

Practices should ensure that locums involved in the complaints process are given every opportunity to respond to complaints and it is important that there is no discrepancy between the way the process treats locums, salaried GPs or GP Partner/s.

## Unreasonable Complaints

Where a complainant becomes unreasonable, aggressive or, rude, despite effective complaint handling, some or all of the following formal provisions will apply and will be communicated to the patient:

- 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)
- A time limit will apply to 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
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records



## 5. Complaint Investigation

The Practice will determine the seriousness of the complaint and ensure that the complaint is investigated accordingly.

Where appropriate (see appendices) a Provider Led Enquiry may be necessary to fully and comprehensively investigate a complaint to one of the practices within Primary Care Knowsley.

Findings should be recorded using the appropriate documentation and all documents, including any statements taken, duly signed and dated, to support the investigation, should be saved within the relevant complaints folders.

All details of the investigation findings will be recorded onto TeamNet, where complaints are compiled and logged to support thematic analysis and quality improvement purposes. Refer to subsection **8.0 – Recording of Complaints**.



## 6. Final Response

A formal written response will be given to the complainant by the Practice Operations Manager (or designated deputy). In the event that the complaint involves clinical matters the response must be in accessible language. The final response will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, a full explanation and details of the action that will be taken to either put the matter right, or prevent repetition
- An apology or explanation as appropriate
- A clear statement that the response is the final one, or that further action or reports will be sent later
- A statement of the right to escalate the complaint, together with the relevant contact details
- A statement of the right, if they are not satisfied with the response, to refer the complaint to:

**Parliamentary and Health Service Ombudsman**

**Millbank Tower**

**Millbank**

**London, SW1P 4QP**

Alternatively, the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

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.



## 7. Confidentiality

All complaints must be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the Practice Operations Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than the Practice or an employee of the Practice.

The practices must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records and no reference to the complaint should be recorded on the computerised clinical record system.

## 8. Recording of Complaints

All complaints will be recorded on TeamNet.

On logging in, log into your respective practice's platform and, follow the following instructions to access the Complaints area:

*/Menu/Management/Complaints/+ Add/\*Select\* Complaint.*

A summary of complaints will be reviewed in *Bubble Governance* meetings scheduled monthly, *Primary Care Knowsley Governance* meeting scheduled monthly and *Practice* meetings.

If necessary, and appropriate to do so, the complaint can also be reviewed during the daily Whiteboard meetings.

## 9. 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 made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Thematic analysis
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

## Appendices

### Appendix A: PCK - Verbal Complaint Form (Part A & B) - v2.0 - May 2023

Part A			
Complaint Recording and Investigation Form - Verbal Complaint			
Practice name			
Date of complaint	/ /	Time	
Method of complaint	In Person		By Telephone

Patient full name			Date of birth	
Address			Post code	
Telephone Number			Mobile	
Email address			EMIS number	
Preferred method of contact	Home Tel		Mobile	
			Email	
			Letter	
Preferred contact time				

Complainants full name (if different to above)			Relationship	
Address			Post code	
Telephone number			Mobile	
Email address				
Preferred method of contact	Home Tel		Mobile	
			Email	
			Letter	
Preferred contact time				
Patient Consent Form obtained				



Patient full name		EMIS number	
Name of person dealing with complainant			
Title			
Date of telephone call (if applicable)			
Summary of complaint			
Information / Advice Given			
Complaint Resolved			
Complaint Upheld?			
Complaint to be dealt with via Complaint's Procedure?			
Date complaint recorded on Complaint's Log			
Date passed to Complaint's Manager			
<b>If complaint is being dealt with via the Complaints Procedure please complete Part B</b>			

Part B

Complaint Recording and Investigation Form

Patient Full Name

EMIS Number

Name of person contacting complainant

Title

Date of telephone call (if applicable)

Summary of Complaint

Outcome the complainant is seeking  
(i.e. apology, explanation)

Agreed timescale for response

Date formal acknowledgement sent

Details of investigation

Complaint upheld?

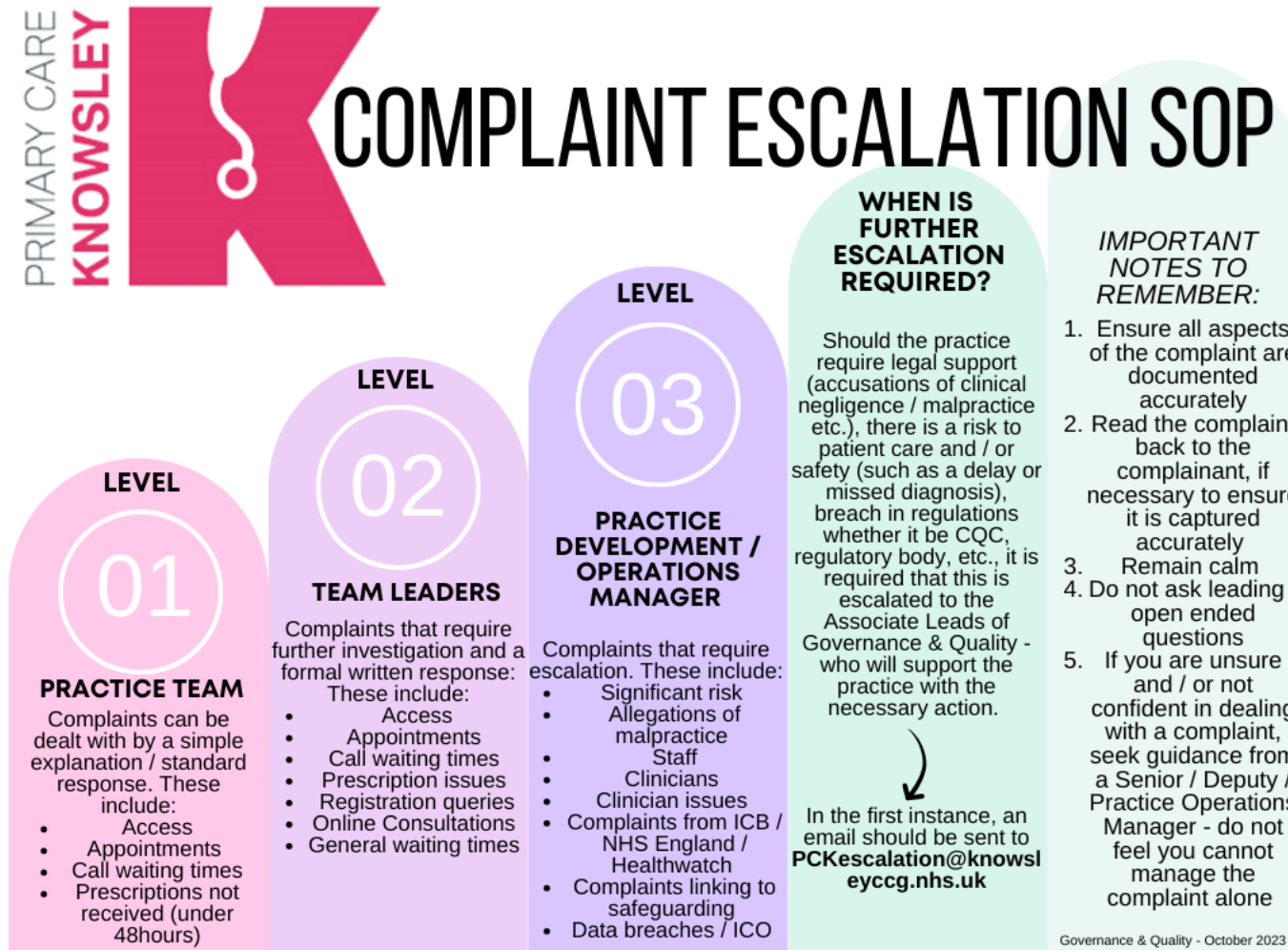




Date formal response issued	
Outcome / Remedial Action	
How will the learning be embedded?	

Checklist	
Complaint uploaded on to TeamNet, with learning points & actions	<input type="checkbox"/>
Where appropriate, escalation to <a href="mailto:PKEscalation@knowsleyccg.nhs.uk">PKEscalation@knowsleyccg.nhs.uk</a> submitted	<input type="checkbox"/>

## Appendix B: PCK Complaint Escalation SOP



## Appendix C: Provider Led Enquiry TEMPLATE

This provider led enquiry is providing information into the complaint between **XXX**, against **XXX**.

**[INSERT YOUR NAME]** is the investigating manager – **[ENTER REASON AS TO WHY YOU ARE INVESTIGATING THE COMPLAINT]**

<b>Complainant name:</b>		<b>EMIS number:</b>	
<b>Any other relevant information:</b>			
<b>Reason for complaint:</b>			
<b>Events leading up to complaint from medical records:</b>			
<b>Is a safeguarding referral required?</b>			

Follow up actions taken and pending			
Action	Progress notes	Deadline	Assigned to

Date	Time	Caller	Recipient	Progress notes