



## Complaints Policy

Primary Care Doncaster Document Control	
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## **Policy Statement**

Primary Care Doncaster Limited (the Company) is committed to promoting equal opportunities in employment and delivery of its services. It is Primary Care Doncaster Limited's policy to ensure the application and management of policies and procedures for employees, workers, self-employed and, any job applicants, receives equal treatment regardless of age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation (Protected Characteristics in line with the Equality Act 2010).

The current version of all policies can be accessed on TeamNet and Staff members are advised to refer to these in the first instance for guidance. Staff are expected to keep themselves appraised of this Policy from time to time.

This Policy has been developed to provide information and reference sources for all staff on the subject of complaints reporting and management, whatever their role within the organisation and wherever they work within Primary Care Doncaster Ltd. Some staff will have more involvement than others, but all staff members need to understand their responsibilities in relation to patient complaints.

Primary Care Doncaster Ltd is committed to providing high quality health care and services to its patients. This policy is designed to provide guidance on principles which underpin reporting and the management of all patient complaints, feedback and accolades involving Primary Care Doncaster Ltd Staff.

Primary Care Doncaster Ltd will ensure that a system is in place that will enable all complaints to be reported and managed effectively. This will support in determining causal factors, rectifying any faults, preventing recurrence and to improve the service we provide to our patients.

A key commitment of the Policy is to ensure that lessons are learnt from patient complaints and feedback and to ensure, where necessary, improvements are made.

Primary Care Doncaster Ltd has a legal, regulatory and contractual requirement to report complaints to external bodies. Therefore all complaints will require management involvement to a greater or lesser extent.

All members of staff have an obligation to co-operate in full with the reporting, investigation and management of complaints.

This Policy sets out Primary Care Doncaster Ltd.'s approach to the handling of complaints received from patients or from their authorized representative(s).

Primary Care Doncaster Ltd encourages feedback from patients and takes all complaints seriously – they help us learn and improve the service we provide.

We want our patients to be confident that we will investigate their complaint thoroughly, and our staff members to be confident that Primary Care Doncaster Ltd supports a culture of openness that ensures any comment or complaint is listened to and, if appropriate, acted upon.

Primary Care Doncaster Ltd is committed to providing a complaints procedure that fully complies with:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The Care Quality Commission (CQC) Fundamental Standards:
- Regulation 16 – Receiving and acting on complaints
- Regulation 20 – Duty of Candour
- The reporting requirements of the organisations that commission services from us

### **Aims of the Policy**

Our Aims Are:

- To ensure a high standard of complaints management that provides our patients with timely and full responses to their concerns and ensures that this is achieved using resources appropriate to the seriousness of the concerns raised
- That our patients, or others acting on their behalf, are sure that their comments and complaints are listened to and acted on effectively
- That our patients know that they will not be discriminated against or victimized for making a complaint
- To provide to patients' information about our complaints procedures
- That complainants receive, as far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints and advice on where they may obtain assistance
- Where a patient lacks confidence or capacity to make a complaint, staff help them through the process or, alternatively, accept comments and complaints made by others acting on their behalf
- Where a complaint relates to care or treatment shared with other providers, Primary Care Doncaster Ltd coordinates with the other provider(s) in providing a response
- Complainants know the name of the person managing their complaint. This will normally be the Complaints Manager for the Service involved
- Primary Care Doncaster Ltd considers, fully investigates, responds appropriately and, where possible, resolves, concerns and complaints
- Complainants receive timely responses, which include information about the steps they can take if they are not satisfied with the outcome
- Action is taken, if necessary, in the light of the outcome of a complaint

- Learning from complaints is widely shared throughout the organisation
- Staff involved in complaints investigations and complaints responses, must have the appropriate skills and experience to manage these effectively and have access to additional support and advice through their line manager.
- Serious complaints are reviewed at senior management and/or clinical level prior to a response being sent
- Our insurers are advised at the earliest possible opportunity of any complaint that may potentially result in a claim against Primary Care Doncaster Ltd
- Full and accurate records of complaints are maintained and are available for internal review, for analysis and reporting and for training and learning purposes
- Full and accurate records of complaints are available for external reporting and review when required or requested.

## **Duty of Candour**

The Duty of Candour has been incorporated into Regulation 20 of the CQC's Fundamental Standards of Care. From 1 April 2015 it became a legal requirement for all providers of healthcare, and it is included in the 2019/20 NHS Standard Contract.

The aim of the regulation is to ensure that providers are open and honest with people who use services when things go wrong with their care and treatment. To meet the requirements of the regulation, a provider has to:

- Make sure it has an open and honest culture across and at all levels within its organisation
- Tell people in a timely manner when particular incidents have occurred
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out
- Offer an apology in writing
- Provide reasonable support to the person after the incident

The regulation applies to the person themselves and, in certain situations, to people acting on their behalf, for example when something happens to a child or to a person over the age of 16 who lacks the capacity to make decisions about their care.

As well as this specific Duty of Candour in relation to a "Notifiable Safety Incident", the regulations also include a more general obligation on providers to "act in an open and transparent way in relation to service user care and treatment".

Complaints raising a concern that a patient has been harmed by the care Primary Care Doncaster Ltd provides are infrequent, but if the investigation of a complaint identifies harm that meets the definition of a "Notifiable Safety Incident" the provider of the care is required under the Duty of Candour to inform the patient or those acting on their behalf.

## **Confidentiality**

### **Patient Confidentiality**

All complaints must be treated in the strictest confidence. Patient confidentiality is protected under the Data Protection Act 2018, under common law, and through the professional duty of all staff members to preserve the confidentiality of patient information at all times.

Patient names must not be included in complaints reports and staff not involved in the direct care of the patient or in direct follow-up to the complaint must not have access to this information.

It is, however, important that complaints can be linked to an individual patient. The NHS number or patient date of birth and initials should be used as the identifier, as this maintains patient confidentiality with all but those directly involved in their care.

Particular care around confidentiality needs to be taken when a complaint comes from a close family member. Family members may expect you to deal with them rather than with the patient, but nothing relating to a patient's healthcare can be discussed with the relative until the patient has signed a consent form.

No patient identifiable data should be included in emails or attachments unless both sender and recipient are using nhs.net email addresses. It would normally only be necessary to identify the patient as "Ms AB" or "Mr CD". If the recipient needs sufficient information to access the patient's records to investigate or review the complaint, then date of birth can also be used.

### **Staff Confidentiality**

To ensure effective complaints handling, Primary Care Doncaster Ltd provides a reporting system that maintains the confidentiality of staff involved in a complaint with all but those directly involved in the management of the complaint.

The names and job roles of staff involved in a complaint need to be included within complaints reports. However, when information on complaints is shared more widely internally the names of staff members will not be included.

As a general rule, it is the responsibility of all staff to maintain the confidentiality of staff members and third parties except where information has to be disclosed for administrative or legal reasons.

### **Responsibility for reporting and managing complaints**

The person within Primary Care Doncaster Ltd with overall responsibility for ensuring compliance with the 2009 Regulations and CQC Fundamental Standards is the Chief Executive Officer.

The Complaints Manager for Primary Care Doncaster will be the Corporate Governance Officer, supported by PCD Head of Corporate Services and subject matter experts.

The Complaints Manager is responsible for ensuring copies of patient feedback forms provide, up-to-date contact details for their organisation or Service.

Complaints Managers are responsible for reporting complaints as soon as possible after receipt of the complaint.

Complaints Managers are responsible for ensuring their staff are made aware of the contents of this Policy and know what to do if a complaint is reported to them.

Complaints Managers are responsible, with support as appropriate, for ensuring the aims of this Policy are met.

Complaints Managers are responsible for ensuring that responses to complaints cover all the issues raised and are written as clearly and as simply as possible. If complex medical terms are used, for example, when quoted from a consultation record, they should be explained in lay person's terms.

If a complaint or the response to it is complex, the Complaints Manager should seek support.

All staff have a responsibility to read and understand this Policy and to support their Complaints Manager and Primary Care Doncaster Ltd in their complaints management and reporting responsibilities.

### **Support for Complaints Managers**

For complaints relating to clinical matters, the clinician involved, the organisation or Service Clinical Leads may be asked for support and guidance, and if a complaint is serious or complex, a Complaints Manager should involve PCD Head of Corporate Services and the Service Delivery Manager.

If a patient complaint is received via NHS England (NHSE) the Complaints Manager should advise the PCD Head of Corporate Services and should seek support in responding to the complaint or, as a minimum, ask for a review of their proposed response letter. If a complaint response is unclear, inaccurate or not sufficient, NHSE will return it for further investigation and action. By involving the PCD Head of Corporate Services in reviewing the final response the likelihood of this happening is reduced.

Complaints Managers are asked to recognize their own strengths and weaknesses, whether these relate to investigation, taking statements or letter writing, and seek advice to support them in their role and to ensure a high standard of complaints management and response throughout the organisation.

### **Complaints subject to additional procedures**

Complaints from some patients may be received through a complaints procedure that is different to that set out in this Policy, for example, where the complainant is in a Secure Health environment. The detailed procedure for handling such complaints may differ from the procedures in this Policy, but must meet or exceed the standards, timescales and record keeping requirements set out in this Policy.

### **Persistent, serial or vexatious complainant**

Whilst every effort will be made to resolve all complaints, there may be occasions when nothing further can reasonably be done to assist a complainant or to rectify a real or perceived problem.

If the words or actions of a complainant are perceived by the recipient to be discriminatory, harassing, threatening or abusive, this should be reported through the Incident Reporting procedure.

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of their complaint, the Complaints Manager should raise this with their Line Manager and discuss appropriate actions.

Some or all of the following formal provisions could be applied and would need to 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]
- Placing of 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
- Correspondence regarding a closed matter will only be acknowledged, not respond to
- Behaviour standards will be set
- Irrelevant documentation will be returned
- Detailed records will be kept

### **Support for staff who are the subject of a complaint**

Being the subject of a complaint can be very upsetting and whilst it is important that all complaints are investigated impartially, it is also important that the individual member of staff is supported, particularly if the complaint is serious or vexatious.

Line Managers should offer one-to-one meetings for staff who are the subject of a complaint, if appropriate, and all staff should be encouraged to discuss any concerns with their Line Manager. Alternatively, staff may wish to speak confidentially to the HR team.

### **Period within which complaints can be made**

The period for making complaints 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

## 6 Who can complain and when is consent required

A complaint may be received from the patient themselves or from a person or organisation raising a complaint on their behalf. Consent from the patient will be required to release information to a third party, unless the third party is the parent or guardian of a child under 16 – see table below:

Source of Complaint	Patient Consent Required
Patient	Not required
Parent or Guardian of patient under 16	Not required
Patient relative	Required
Patient Carer	Required
ICB	Required
Other care provider	Required
Other organisation/advocate	Required
Solicitor	Required

A complaint from a third party may already include signed consent from the patient to the release information to that third party, but if consent has not been provided, then the Patient Third Party Consent Form included in the Complaint Leaflet must be completed and signed by the patient.

### Managing Complaints – Receiving

Primary Care Doncaster Ltd may receive a complaint relating to a patient, or former patient who is receiving or has received treatment from Primary Care Doncaster Ltd.

A complaint may be received in several different ways:

- Letter, email or phone call directly to the Service
- Letter, email or phone call to Primary Care Doncaster Ltd Support Centre/head office
- In person, verbally, at the location of the Service
- In person, verbally at Primary Care Doncaster Ltd Central Offices

If a complaint raises serious clinical concerns or serious concerns about a member of staff these must be escalated immediately to senior member of management and/or senior clinical manager.

If, in the opinion of the Complaints Manager, a verbal or written complaint could lead to a financial claim against Primary Care Doncaster Ltd, this must be reported on connect as soon as possible and, as a maximum, within 48 hours of receipt.

### Managing Complaints – Acknowledging

It is important that, however and wherever a complaint is received, it is acknowledged appropriately.

If a complaint has been sent to the incorrect organisation, the Complaints Manager will advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is forwarded on, the Complaints Manager will advise the patient of the full contact details of where it has been sent.

Any staff member receiving a verbal or telephone complaint that cannot be resolved during that encounter should record the name, phone number and address of the complainant and let them know who will be managing the complaint.



All written complaints and verbal complaints not resolved by the end of the next working day after receipt, must be acknowledged in writing within three working days.

Where a complaint is made verbally and not resolved in line with the above, a written record of the complaint must be provided to the patient with the acknowledgement letter.

A template acknowledgement letter is included within Appendix 2.

The letter should be on the organisation's official letterhead and should be from the relevant Manager of the respective service or function, but not from the person about whom the complaint has been made. Where this is one and the same person, the response should be from their line manager. It should include the name and job title of the Manager responding.

A copy of the organisation or Service Complaints Leaflet should be included with the acknowledgement letter. A template Complaint Leaflet is in Appendix 3 – this should be adapted to include contact names, addresses and phone numbers for the particular Service.

### **Managing Complaints – Investigating**

Where the complaint relates to healthcare provided by more than one organisation, the Complaints Manager will liaise with his/her counterpart(s) in the other healthcare organisation to agree responsibilities and ensure that one coordinated response is sent.

The investigation of a complaint will:

- Establish what happened, what should have happened and who was involved
- Where the complaint relates to a clinical matter, a written report from the appropriate clinician should be obtained. This report can potentially be disclosed to the complainant and therefore must be written in plain language, or where jargon is used, the meaning explained
- Make written records of the investigation/staff statements
- Identify what actions can be implemented to ensure that there is no recurrence
- Address any training issues and learning points

### **Managing Complaints – Responding**

The Complaints Manager will provide a written response to the patient as soon as reasonably practicable, ensuring that the patient is kept up to date with progress as appropriate.

Where a response is not possible within 20 working days, the Complaints Manager will provide an update to the patient with an estimate of the expected timescale.

Where a response is close to or over the 20 working day deadline, first class post should be used.

Recorded Delivery should not be used for complaint responses – this can delay receipt of the letter by the patient if there is no-one at home to sign for it.

The final written response should include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put them right, or prevent repetition and offer a sincere apology
- The offer of an opportunity to have a meeting to discuss any remaining concerns
- Advice regarding their right to take the matter to the Parliamentary and Health Service Ombudsman if it is not possible to resolve their complaint following further discussion
- If the complaint was originally forwarded to the organisation/service from the Support Centre/head office, or from a third party, the letter should indicate that a copy of the response is being sent to that original point of contact.

### **Reporting Complaints Internally**

#### **Record Keeping**

The Complaints Manager is responsible for maintaining full and accurate records of all complaints.

A record of all complaints and copies of all correspondence must be kept by the organisation for a minimum of three years from the date of closure and/or resolution.

A record of the annual review of complaints (see Section 18) should also be kept for a minimum of three years from the date of the review.

A record of all complaint reports will be retained indefinitely.

#### **Review and Audit of Complaints**

By reviewing complaints, learning from them, and sharing the learning, we are able to improve the service we provide to all our patients.

Review by Service:

- An annual review by service of patient complaints and suggestions to ascertain general learning points, which are shared with the team. Reports/minutes of team meetings where complaints are reviewed should be made
- Teams should review complaints at team meetings and ensure learning and any information on actions taken as a result of complaints, are widely shared

#### Review:

- The Complaints Manager reviews all patient complaints reported and produces monthly summaries
- Complaints reports are reviewed at the Corporate Governance Committee, where any escalations to the Board of Directors are agreed
- A report to the Board of Directors will be produced annually following a review at the end of each year. It will include trends and learning opportunities, and will be circulated throughout the organisation
- Analysis of complaints and learning from them is used for training and development purposes.

#### Training

The Complaints Manager will have access to additional training to support them in their role. We continually review complaints received for sharing and learning opportunities.

#### Other information Sources

- Care Quality Commission Fundamental Standards. <http://www.cqc.org.uk>
- NHS Constitution – updated August 2023 and found at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

## APPENDIX 1

### Meeting the requirements of the Duty of Candour

1. Background
2. Guidance to meet the requirements of the Duty of Candour
3. Duty of Candour – Definition of Terms

#### Background:

##### Legislative:

From 1 April 2015 all NHS bodies and providers of NHS care were required to meet the CQC's Duty of Candour requirements.

The intention of this regulation is to ensure that providers are open and honest with service users and other relevant persons (people acting on behalf of service users) when things go wrong with care and treatment, and that they provide them with reasonable support, truthful information and a written apology.

To meet the requirements of this regulation, the provider must ensure an open and honest culture exists across and at all levels within its organisation. The provider must ensure it has systems in place for knowing about notifiable safety incidents and must tell the relevant person(s), in a timely manner, when such an incident has occurred. This includes providing a truthful account of the incident, providing an explanation in writing about the enquiries and investigations that will be undertaken and offering an apology in writing. In addition, the provider must maintain appropriate written records and offer reasonable support in relation to the incident.

If a provider that aspires to be registered with CQC cannot demonstrate that it will meet the requirements of this regulation from its first day of business, CQC may refuse its application for registration.

Where a provider fails to inform relevant person(s), within a reasonable amount of time of a notifiable incident, fails to provide a truthful account to relevant persons, fails to advise relevant persons of the enquiries and investigation process it will undertake, fails to offer reasonable support, and/or fails to offer an apology, then CQC can move directly to prosecution, without first serving a warning notice.

##### Organisational:

Primary Care Doncaster Ltd has always encouraged active reporting and management of incidents and complaints. This is supported by training, policies and procedures, and Corporate Governance Committee review of incidents and complaints, and by feedback to staff involved in incidents and complaints.

##### Guidance to meet the requirements of the Duty of Candour:

1. There is a board level commitment to being open and transparent.
2. The provider has policies and procedures in place to support a culture of openness and transparency, and all staff follow these. They include encouraging open and transparent reporting of errors and incidents.
3. Staff understand their responsibilities in identifying and reporting notifiable incidents. The provider ensures that it has systems in place to support the identification and reporting of notifiable safety incidents.

Requirements in the 2019/20 NHS Standard Contract Service Conditions are:

#### SC35 Duty of Candour

- 35.1 The Provider must act in an open and transparent way with Relevant Persons in relation to Services provided to Service Users
- 35.2 As soon as reasonably practicable after becoming aware that a Notifiable Safety Incident has occurred the Provider must:
  - 35.2.1 notify the Relevant Person that the Notifiable Safety Incident has occurred in accordance with SC35.3
  - 35.2.2 provide reasonable support to the Relevant Person in relation to the incident, including when giving that notification
  - 35.2.3 report the Notifiable Safety Incident to Local Risk Management Systems in accordance with the Incidents Requiring Reporting Procedure and Guidance
  - 35.2.4 conduct a full investigation into the Notifiable Safety Incident in accordance with the Incidents Requiring Reporting Procedure and Guidance
- 35.3 The notification to be given under SC35.2.1 must:
  - 35.3.1 be given in person by one or more representatives of the Provider, including where possible the clinician responsible for the episode of care during or as a result of which the Notifiable Safety Incident occurred
  - 35.3.2 provide an account, which to the best of the Provider's knowledge is true, of all the facts the Provider knows about the incident as at the date of the notification
  - 35.3.3 advise the Relevant Person what further enquiries and investigations into the incident the Provider believes are appropriate
  - 35.3.4 include an Apology
  - 35.3.5 be recorded in a written record which is kept securely by the Provider
- 35.4 The notification given under SC35.2.1 must be followed by one or more written notifications given or sent to the Relevant Person containing:
  - 35.4.1 the information provided under SC35.3.2
  - 35.4.2 details of any enquiries and investigations to be undertaken in accordance with SC35.3.3;
  - 35.4.3 details of any enquiries and investigations that have been carried out into the incident, and any causes of that incident, or other findings, that have been identified as a result of those enquiries and investigations
  - 35.4.4 any steps that have been taken to prevent the recurrence of such an incident and an apology

- 35.5 If the Relevant Person cannot be contacted or declines to speak to the representative of the Provider, SC35.2 to 35.4 will not apply, but the Provider must keep a written record of attempts to contact or speak to the Relevant Person
- 35.6 The Provider must keep a copy of all correspondence with the Relevant Person under SC35.4 and full written records of any meeting or other contact with the Relevant Person in relation to the Notifiable Safety Incident, in accordance with Guidance.
- 35.7 Within 10 Operational Days following the investigation undertaken in accordance with SC35.2.4 being signed off as complete by the Provider, the Provider must provide the Relevant Person with a copy of the investigation report. If the Notifiable Safety Incident was a Serious Incident:
  - 35.7.1 the relevant Commissioner must comply with the appropriate procedures for quality assurance and closure of the investigation
  - 35.7.2 therefore, when providing the Relevant Person with a copy of the report, the Provider must inform the Relevant Person that it may be subject to amendment following review by the Commissioner#
  - 35.7.3 If, following review, the relevant Commissioner requires the Provider to make substantial changes to the investigation report, the Provider must provide the Relevant Person with a copy of the final amended report.
- 35.8 In determining the manner and form of and in delivering the notification, Apology and explanation as referred to in SC35.2 and 35.3, the Provider must have due regard to its obligations under SC13.2 (Equity of Access, Equality and Non-Discrimination)
- 35.9 If a complaint received by the Provider from or on behalf of:
  - 35.9.1 a Relevant Person
  - 35.9.2 a Commissioner
  - 35.9.3 Local Healthwatch
  - 35.9.4 any Healthcare Professional involved in the care of the relevant Service User, relates to or includes reference to a failure to disclose a Notifiable Safety Incident to that Relevant Person, the Provider must notify the Co-ordinating Commissioner accordingly in writing, providing full details of that complaint
- 35.10 If the Provider fails to comply with any of its obligations under SC35 the Co-ordinating Commissioner may:
  - 35.10.1 notify the CQC of that failure; and/or
  - 35.10.2 require the Provider to provide the Relevant Person with a executive and copied to the relevant Commissioner; and/or
  - 35.10.3 require the Provider to publish details of that failure prominently on the Provider's website
  - 35.10.4 35.11 Any action taken or required by the Co-ordinating Commissioner under SC35.10 will be in addition to any consequence applied in accordance with Schedule 4 (Quality Requirements)

## CQC Duty of Candour – Definition of Terms

“moderate harm” means:

- a) harm that requires a moderate increase in treatment, and b) significant, but not permanent, harm;

“moderate increase in treatment” means an unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care);

“severe harm” means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage, that is related directly to the incident and not related to the natural course of the service user’s illness or underlying condition

“prolonged psychological harm” means psychological harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days

“death” means the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user’s illness or underlying condition

“notifiable safety incident” means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in:

- a) the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user’s illness or underlying condition, or
- b) severe harm, moderate harm or prolonged psychological harm to the service user

## APPENDIX 2

### Template letters

#### Acknowledgement Letter

Date

Confidential

[Insert Name and address]

Dear [insert name]

Thank you for your letter/email of [insert date] regarding [insert service or site Name].

I am sorry to hear that you have concerns/a complaint [delete as appropriate] about the care/service [delete as appropriate] you have received.

Primary Care Doncaster Ltd takes all complaints seriously and we will be investigating [give some detail of the complaint here].

A full response will be sent to you, within 20 working days, and if it is not possible to meet that timescale, I will contact you to let you know.

Enclosed is a copy of our complaints leaflet, which includes information about support available to you in making your complaint if you feel you need it.

Complaints help us to learn and improve the service we offer to our patients. They are often discussed [anonymously] in team meetings and a record of all complaints and their outcomes is provided to our Quality Team to ensure that any learning from a complaint can be shared as widely as possible, to improve the services provided throughout our organisation.

Yours sincerely

[Insert your name]

[Insert your job title]



## APPENDIX 3

### **Primary Care Doncaster Limited** **Compliments, Concerns or Complaints**

You have the right to receive a good level of service. We want to hear your views as this helps us to improve our services.

You can help us to make improvements by telling us if you are particularly pleased with a member of staff or service or would like to make a suggestion.

We don't just want to know when things go well, we also want to know when things go wrong. If you are a user of our services and have a complaint or suggestion to make, this information is designed to help you. People who are not service users can also make a complaint and have their complaint responded to.

You will not be disadvantaged in any way by making a complaint, comment or raising a concern about the care or treatment you have received.

#### **Compliments, Concerns and Complaints**

If you wish to make a comment, raise a concern or pay a compliment for the service or care you have received, please let us know by contacting us using the contact details below.

#### **Complaints - How to Complain**

If you have a complaint or concern about the service you have received from the clinicians or any of the personnel working within the Extended Access service, please let us know. We operate a complaint procedure as part of an NHS complaint system, which meets or exceeds national criteria.

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so as soon as possible - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to:

Email: [pcdltd.pcdenquiries@nhs.net](mailto:pcdltd.pcdenquiries@nhs.net)

Address: Primary Care Doncaster,  
Oak Tree Lodge, Tickhill Road Site, Balby, Doncaster, DN4 8QN

We will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible

#### **Complaining on behalf of someone else**

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

### What we will do

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 20 working days of the date it was received. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish. You will receive a final letter setting out the result of any investigations.

### Joint complaints

If your complaint involves more than one organisation, the service will advise you which organisation will be responding to your complaint.

We may write to you to request consent to share any relevant information between the different organisations in order to respond to your complaint.

### Can someone make a complaint on your behalf?

Yes, you can ask someone else to explain the problem on your behalf. That person is what we call an advocate and could be a friend or relative.

Please send all completed forms either by post or via email to:

Email: [pcdltd.pcdenquiries@nhs.net](mailto:pcdltd.pcdenquiries@nhs.net)

Address: Primary Care Doncaster,  
Oak Tree Lodge, Tickhill Road Site, Balby, Doncaster, DN4 8QN

Voiceability provide an advocacy service for patients.

Further information can be found here - [VoiceAbility | Doncaster](#)

### What happens if I have received a final response to my complaint and I am still dissatisfied?

If you have received a final response to your complaint and are not happy with the reply, you can ask the Parliamentary and Health Service Ombudsman to consider your complaint. A leaflet explaining how to do this is available from the service. The Parliamentary and Health Service Ombudsman contact details are:

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Customer Helpline: 0345 015 4033

Address: Health Service Ombudsman  
Millbank Tower, 30 Millbank, Westminster, London SW1P 4QP

### Who else can I contact?

You can also ask NHS England to consider your concerns.

The contact details are:

Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net) with 'For the attention of the Complaints Team'  
in the subject line

Tel: 0300 311 22 33  
Address: NHS England  
PO Box 16738, Redditch, B97 9PT

# Compliments, Concerns and Complaints Form

Patient  
Full Name: \_\_\_\_\_

Patient  
Date of Birth: \_\_\_\_\_

**Details of the Compliment, Concern or Complaint:** *(please include date, time and personnel involved)*

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Patient Third-Party Consent

### Patient Details:

Full Name:

---

Telephone Number:

---

Address:

---

### Enquirer / Complainant Details:

Full Name:

---

Telephone Number:

---

Address:

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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*)

Full Name: \_\_\_\_\_ (*Patient only*)

Signed: \_\_\_\_\_ (*Patient only*)

Date: \_\_\_\_\_