

# York Medical Group Complaints Policy

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# 1 Introduction

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## 1.1 Policy statement

The purpose of this document is to ensure all staff understand 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 their complaint is being taken seriously.

In accordance with the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014 \(Regulation 16\)](#), all staff at this organisation must fully understand the complaints process. Supporting information including legislative requirements and additional reading on complaints management can be found at [Annex A](#).



[Complaints Management](#) and [Duty of Candour](#) eLearning is available in the [HUB](#).

## 1.2 Status

In accordance with the [Equality Act 2010](#), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

# 2 Requirements

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## 2.1 Complaints management team

The organisation has a responsible person for complaints who is known as the Complaints Lead. This person is responsible for maintaining both legislative and regulatory requirements. This role is supported by a Responsible Person who is responsible for the day-to-day management of any complaint that may be received.

As stated in [A Guide to Effective Complaints Resolution \(England\)](#), the responsible person and Complaints Manager can be the same person.

## 2.2 Definition of a complaint versus Feedback

NHS England defines that a complaint is a statement about something that requires a response. Feedback can be a statement of dissatisfaction that does not require a response or investigation. Should a service user be concerned and raise this as such, if they believe that it has not been dealt with satisfactorily, then they may make a complaint about that feedback.

## 2.3 Formal or informal?

There is no difference between a ‘formal’ and an ‘informal’ complaint; both are an expression of dissatisfaction. The complainant should request that their issue needs to be raised as a complaint. [CQC GP mythbuster 103: Complaints management](#) states that a verbal complaint or concern does not need to be logged if resolved within 24 hours.

## **2.4 Complaints information**

This organisation has prominently displayed notices within the practice detailing the complaints process, and this information is also on the organisation’s website. A complaints leaflet is also available at [Annex B](#) and at reception.

Any complainant should be provided with a copy of the complaints leaflet as this details the process, who to address the complaint to, advocacy support information and how to escalate their complaint if they not content with the findings or outcome.

## **2.5 Duty of candour**

The duty of candour is a general duty to be open and transparent with people receiving care at this organisation. Both the statutory duty of candour and professional duty of candour have similar aims, to make sure that those providing care are open and transparent with the people using their services whether something has gone wrong or not.

For further detailed information, see the organisation’s Duty of Candour Policy and [CQC GP mythbuster 32: Duty of Candour and General Practice \(regulation 20\)](#).

## **2.6 Parliamentary and Health Service Ombudsman (PHSO)**

The role of the [PHSO](#) is to make final decisions on complaints that have not been resolved locally by either the organisation or the Integrated Care Board (ICB). The PHSO will look at complaints when someone believes there has been an injustice or hardship because an NHS provider has not acted properly or has given a poor service and not put things right.

The PHSO can recommend that organisations provide explanations, apologies and financial remedies to service users and that they take action to improve services.

## **2.7 Complainant options**

The complainant, or their representative, can complain about any aspect of care or treatment they have received at this organisation to either:

### **Stage 1**

- The organisation, or,
- Directly to the local [ICB](#)

While there is no requirement for a complaint to be sent to NHS E, a complaint may still be received by NHS E directly. In this instance, the BMA provides guidance in its [Dealing with complaints made against you as a GP practice](#) document.

## Stage 2

Should the complainant be dissatisfied with the response from either the ICB or the organisation then the next steps are to:

- Inform the NHS Complaints Advocacy Service at their York office.  
<https://www.yorkadvocacy.org.uk/>
- Make contact in writing to the Health Ombudsman  
<https://www.ombudsman.org.uk/>
- Escalate the complaint to the PHSO. This process is as detailed within the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations \(2009\)](#) with outlining information being found within the complaints leaflet

Specific details of how to complain to the local ICB can be found on its webpage.

## 2.8 Timescale for making a complaint

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*.

Should any doubt arise, further guidance can be sought from the ICB.

## 2.9 Responding to a complaint

While each concern or complaint merits its own response, the outcome is always to ensure the best response is provided. [CQC GP mythbuster 103 – Complaints management](#) advises practices cannot insist complainants 'put their complaints in writing' and that the tone of a response needs to be professional, measured and sympathetic.

### Immediate response

Should a patient, or the patient's representative, wish to discuss a complaint or a concern, then this can be deemed to be a less formal approach. These are often simply a point to note or a concern and can be dealt with at this time.

Points to be considered should an immediate response be given:

- All facts need to be ascertained prior to any escalation to the Complaints Manager
- Should the person be or become angry, and if there is no risk of escalation, then suggest to the complainant that their concern is dealt with within a quiet space and away from other patients. When doing this, support from a

colleague should be requested

- If needing to return the call to an angry patient, then by allowing time to elapse can often be useful as this delay may diffuse their anger. However, this should ordinarily be within the same day as any extended delay could be counterproductive and the situation could then become more inflamed
- Time management always needs to be considered

Consider any potential precedence that may be established, and if any future concern be expected to always be dealt with immediately should any response be given too soon.

### **Longer term response**

This is normally when a more formal approach has been taken, although the concern or complaint could still be via a face-to-face discussion or telephone as it does not require to have been in writing to be considered.

When a concern or complaint cannot be easily resolved, then the complainant has a right to be regularly updated regarding the progress of their complaint. With any complaint, the Patient Experience Team will provide an initial response as an acknowledgement within three working days after the complaint is received.

### **Timescales**

The Patient Experience Team will provide an initial response to acknowledge any complaint within three working days after the complaint is received. Following any complaint, a full investigation will be undertaken and while this organisation can suggest a deadline for a response to be given, there is no obligation to do so.

NHS E [current guidance](#) states that it will attempt to complete any complaint within 40 working days. This document only supports complaints that have been made directly to NHS E. Guidance for this organisation is [The Local Authority Social Services and National Health Complaint \(England\) Regulations 2009 Regulation 14](#) and [CQC GP mythbuster 103: Complaints management](#).

Further detailed information is available in NHS Resolution's [Responding to complaints](#).

## **2.10 Meeting with the complainant**

When necessary for more complex complaints, the Patient Experience Team may offer to meet with the complainant to discuss the issue in more detail.

## **2.11 Verbal complaints**

If a patient wishes to complain verbally and they are content for the person dealing with them to handle the complaint (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, then the matter can be deemed to be closed.

If the matter demands immediate attention, the Patient Experience Team should be

contacted who may offer the patient an appointment or may see the complainant at this stage. Staff are reminded that when internally escalating any complaint to the Patient Experience Team, a full explanation of the events leading to the complaint is to be given to allow an appropriate response. Verbal complaints that are not resolved within 24 hours should be added to the Complaints Log.

## **2.12 Written complaints**

When a written complaint is received, a full investigation and response will always be provided. As part of the investigation process, other clinical governance tools will be used to complete this action such as meetings, audit, significant event and training etc. Should the complaint not be upheld, this organisation will scrutinise the event in the desire to improve patient outcomes.

## **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)  
In the case of a child, this organisation must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and furthermore that the representative is making the complaint in the child's best interests.
- 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.

When appropriate, the organisation may request evidence to substantiate the complainant's claim to have a right to the information.

- Has physical or mental incapacity  
In the case of a person who is unable by reason of physical capacity or lacks capacity within the meaning of the [Mental Capacity Act 2005](#) to make the complaint themselves, the organisation needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.
- Has given consent to a third party acting on their behalf  
In the case of a third party pursuing a complaint on behalf of the person affected, the organisation will request the following information:
  - Name and address of the person making the complaint
  - Name and either date of birth or address of the affected person
  - Contact details of the affected person so that they can be contacted for confirmation that they consent to the third party acting on their behalf

The above information will be documented in the file pertaining to this complaint and confirmation will be issued to both the person making the complaint and the person affected.

- 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

If the complainant is not named on the patient's records as being consented to be involved in their medical care, consent will be required from the patient before the investigation can proceed.

## 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 B](#). Additionally, the patient should be advised that the local Healthwatch can help to find an independent complaints advocacy service in the area. The PHSO provides several more advocates within its webpage titled [Getting advice and support](#).

## 2.15 Investigating complaints

This organisation will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance. Furthermore, it will adhere to the following standards when addressing complaints:

- The complainant is aware of the person or team who are dealing with the complaint. 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 internally
- 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 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
- York Medical Group use PSIRF as part of their investigation. PSIRF is a new framework that is human factors approach to patient safety that focuses on learning and improving patient safety. It intends to support and empower staff in providing the correct skills, confidence and mechanisms.

- As part of the investigation, information will be gathered from various sources. This might include the recording of phone calls, notes on a patient's records or statements from staff involved in the incident.
- 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

## **2.16 Conflicts of interest**

During any response, staff should consider and declare if 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 is not limited to, having a close association with or having trained or appraised the person(s) being complained about, and/or being in a financial arrangement with them previously or currently.

In such circumstances, the organisation must seek to appoint another member of staff as the responsible person with appropriate complaint management experience.

## **2.17 Final formal response to a complaint**

A final response will be sent to the complainant and will include the information detailed within NHS Resolution's [Responding to complaints](#) guidance.

The full and final response should be completed within six months and signed by the responsible person. If it is likely that it will go beyond this timescale, the complainant will get an explanation of the reasons for the delay and outline when they can expect to receive the response. At the same time, the organisation will notify the complainant that they have a right to approach the PHSO without waiting for local resolution to be completed.

For further detailed information, see the MDU's [How to respond to a complaint](#).

## **2.18 Confidentiality in relation to complaints**

Any complaint is investigated with the utmost confidentiality 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**

The management of persistent and unreasonable complaints at this organisation will follow the organisation's Dealing with Unreasonable, Violent or Abusive Patients Policy. The organisation will:

- Ensure contact is being overseen by an appropriate senior member of staff, who will act as the single point of contact and make it clear to the complainant that other members of staff will be unable to help them.

- Ask that they make contact in only one way, appropriate to their needs (e.g. in writing).
- Place a time limit on any contact.
- Restrict the number of calls or meetings during a specified period.
- Ensure that a witness will be involved in each contact
- Refuse to register repeated complaints about the same issue.
- Do not respond to correspondence regarding a matter that has already been closed, only acknowledge it.
- Explain that you do not respond to correspondence that is abusive.
- Make contact through a third person such as a specialist advocate.
- Ask the complainant to agree how they will behave when dealing with your service in the future.
- Return any irrelevant documentation and remind them that it will not be returned again.
- When using any of these approaches to manage contact with unreasonable or aggressive people, provide an explanation of what is occurring and why.
- Maintain a detailed record of each contact during the ongoing relationship.

Advice will be sought from the ICB prior to acknowledging persistent, unreasonable or vexatious complaints.

## 2.20 Complaints citing legal action

If a complaint is received that states legal action has been sought, the responsible person will consider contacting the organisation's defence union for guidance on how best to manage the complaint.

Should any complainant cite legal action that refers to an incident after 1 April 2019, contact NHS Resolution and they will assist under the [Clinical Negligence Scheme for General Practice \(CNSGP\)](#). Refer to the NHS Resolution Guidance for general practice document [here](#).

While detailed records will always be maintained following any complaint, it is of particular importance when a complaint cites legal action. This is to ensure that all information can be forwarded for medico-legal defence support as required.

## 2.21 Multi-agency complaints

The [Local Authority Social Services and NHS Complaints \(England\) Regulations 2009](#) state that organisations have a duty to co-operate in multi-agency complaints. If a complaint is about more than one health or social care organisation, there should be a single co-ordinated response. Complaints Managers from each organisation will need to determine who the lead organisation will be, and they will then be responsible for co-ordinating the complaint, agreeing timescales with the complainant.

If a complaint becomes multi-agency, the organisation should seek the complainant's consent to ask for a joint response. The final response should include this and, as with all complaints, any complaint can be made to the provider/commissioner but not both.

## 2.22 Complaints involving external staff

If a complaint is received about a member of another organisation's staff, then this is to be brought to the attention of their Patient Experience Team as soon as possible. The Patient Experience Team will then liaise with the other organisation's manager.

### **2.23 Complaints involving locum staff**

This organisation will ensure all locum staff are aware of the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left the organisation. Locum staff will receive assurance that they will be treated equally, and the process will not differ between locum staff, salaried staff or partners.

### **2.24 Additional governance requirements**

When a complaint is raised, it may prompt other considerations, such as a significant event (SE), audit or identify training requirements. For further detailed information, see the organisation's Governance Handbook and the Significant Event and Incident Policy.

The complainant, their carers and/or family can be involved in the SE process as this helps to demonstrate that the issue is being taken seriously

To scrutinise any process, refer to the organisation's Quality Improvement and Clinical Audit Policy.

Any remedial training considerations are supported within the organisation's Training Handbook and Training Evaluation Form.

### **2.25 Fitness to practise**

If the complaint is of a clinical nature, the Senior Partner will be responsible for discussing this with any clinician cited in the complaint. Should the complaint merit a fitness to practise referral, advice is to be sought from the relevant governing body.

### **2.26 Staff rights to escalate to the PHSO**

It should be noted that any staff who are being complained about can also take the case to the PHSO. An example may be that they are not satisfied with a response given on their behalf by the organisation or the commissioning body.

### **2.27 Private practices and the PHSO**

Independent doctors are unable to use the PHSO as they have no legal requirement to have an appeals mechanism. It is good practice to provide independent adjudication on any complaint by using a service such as [Independent Sector Complaints Adjudication Service](#) (ISCAS).

### **2.28 Logging and retaining complaints**

All organisations will need to log their complaints and retain as per the organisation's Records Retention Schedule. This will be kept for a period after the complaint is completed and closed. 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 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. Evidence of complaints can be compiled within the organisation's [KO14b Complaints Log Toolkit](#).



Alternatively, a complaint can be recorded in [Complaints Manager](#), likewise a concern or criticism can be logged into the [Criticism Manager](#) within the [Compliance Package](#) in the HUB.

### 3 Use of complaints as part of the revalidation process

#### 3.1 Outlined processes

As part of the revalidation process, GPs must declare and reflect on any formal complaints about them in tandem with any complaints received outside of formal complaint procedures at their appraisal for revalidation. These complaints may provide useful learning.

The following information is to support the appraisal and revalidation process for various healthcare professionals:

GPs	<a href="#">Royal College of General Practitioners (RCGP)</a>
Nurses	<a href="#">Nursing and Midwifery Council (NMC)</a>
Pharmacists	<a href="#">General Pharmaceutical Council (GPhC)</a>
Other healthcare professionals	<a href="#">Healthcare Professions Council (HCPC)</a>  For Physician Associates, the <a href="#">GMC</a> became responsible for their regulation from December 2024 and is detailed within <a href="#">The Anaesthesia Associates and Physician Associates Order 2024</a>

## **Annex A – Legislation and further reading**

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The following links support complaints management:

- [The Data Protection Act 2018](#)
- [Public Interest Disclosure Act 1998](#)
- [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](#)
- [General Medical Council \(GMC\) ethical guidance](#)
- [Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners](#)