

<b>Name</b>	Complaints	<b>Type of document</b>	Policy
<b>Date written</b>	21 June 2019	<b>Author</b>	Penny Urry
This policy sets out how the Practice will manage complaints.			
<b>Reviews</b>	1 September 2023 Ann Spooner	Complaints management changed from NHSE	
	14 June 2024 Ann Spooner	Removed links which were not working. Checked and updated advocacy details Added in information related to complaints received by carers.	

## 1 Introduction

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### 1.1 Policy Statement

The purpose of this document is to ensure that all staff are aware of the complaints procedure within our Practice, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received at the Practice.

### 1.2 Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

### 1.3 Training and Support

The Practice will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

## 2 Scope

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### 2.1 To Whom it Applies

This document applies to all employees of the Practice and other individuals performing functions in relation to the Practice, such as agency workers, locums and contractors.

## **2.2 Why and How it Applies to Them**

All staff at the Practice are to be fully conversant with this policy and are to understand that all patients have a right to have their complaint acknowledged and investigated properly. We take complaints seriously and ensure that they are investigated in an unbiased, transparent, non-judgemental and timely manner. We will maintain communication with the Complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

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

## **3 Guidance**

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### **3.1 Legislation**

Every NHS facility has a Complaints Procedure; this permits a patient (or their nominated representative) to submit a complaint either to the NHS organisation or the organisation that has been commissioned by the NHS to provide a service.

This Practice adopts a patient-focused approach to complaint handling in accordance with the [NHS England Complaints Policy](#) and the [Health and Social Care Act 2008](#) regulation 16.

### **3.2 Definitions of a Complaint**

A complaint or concern is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, which requires a response.

### **3.3 Complaints Procedure**

The Practice seeks to make it as easy as possible for patients to express dissatisfaction. Patients can make complaints verbally in person, over the telephone, by email or by letter. Wherever possible, a resolution will be offered quickly and the patient will be given the choice regarding whether the matter is closed or they wish to continue to a formal complaint.

### **3.4 Responsible Person**

At the Stockbridge Practice, the responsible person is Dr Bridget Pemberton (Partner). She is responsible for ensuring compliance with the complaints regulations and making sure action is taken as a result of the complaint.

### 3.5 Complaints Manager

At Stockbridge Practice, the Complaints Manager is the Practice Manager. She is responsible for managing all complaints procedures and must be readily identifiable to service users.

### 3.6 Options

Patients are encouraged to make their complaint directly to the Practice, marked for the attention of the Practice Manager.

If they feel uncomfortable about this or would rather seek investigation from an external team they can complain about any aspect of care or treatment they received at this Practice to:

- The Primary Care Complaints Team:  
South East Complaints Hub  
NHS Frimley ICB  
Aldershot Centre for Health  
Hospital Hill  
Aldershot  
Hampshire  
GU11 1AY  
Phone number: 0300 561 0290  
Email address: [Frimleyicb.southeastcomplaints@nhs.net](mailto:Frimleyicb.southeastcomplaints@nhs.net)

Formal complaints to the practice can be made verbally, in person, by email or post. All will be treated in the same way.

### 3.7 Timescale

The time constraint on bringing a complaint is **12 months** from the occurrence giving rise to the complaint, or **12 months** from the time that they become aware of the matter about which they wish to complain.

If, however, there are good reasons for complaints not being made within the timescale detailed above, consideration may be afforded to investigating the complaint if it is still feasible to investigate the complaint *effectively* and *fairly*. Should any doubt arise, further guidance should be sought from the Primary Care Complaints Team (contact details in 3.5 above).

### 3.8 Response Times

When a complaint is received it will be acknowledged within two working days. The complainant will be advised that they will receive a full written response within one calendar month. If this deadline is not going to be met then complainant will be advised and kept updated on the progress of the investigation.

The Complaints Manager will advise of the Complaints Procedure to the Complainant or their Representative. In many cases a prompt response and, if upheld, an explanation and an apology should suffice and will prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

### **3.9 Escalation**

Patients will opt to complain either verbally or in writing. No matter what the cause of the complaint, all members of staff will offer empathy when entering into discussions with the Complainant. In accordance with Regulation 16, all members of staff at the Practice should fully understand the Complaints Process.

#### **Stage 1**

The Complainant may make a complaint to either the Practice or to the Primary Care Complaints Team.

#### **Stage 2**

If not content with either response following a full investigation the patient may then escalate this to the Parliamentary Health Service Ombudsman (PHSO). All complaint response letters must provide patients with this option.

**Important: Complaints do not get escalated to the Primary Care Complaints Team following the Practice response. A complaint made to either/or the Practice or NHSE will escalate to PHSO.**

### **3.10 Managing concerns**

Some matters which are raised to the practice may be able to be resolved quickly and to the patient's satisfaction e.g. medication dispensed, appointment arranged, information provided etc.

It will not be assumed that a patient complaining verbally should be dealt with as a concern and a patient complaining in writing should be dealt with as a formal complaint.

A contemporaneous record of any concern or complaint received verbally must be made by the member of staff who the patient is speaking to.

After a resolution has been suggested / enacted, the patient may suggest that no further action is needed. If this should be the case, then the matter will be deemed to be closed, although the Practice Manager should still be informed so a record can be kept.

This local resolution is the quickest method of resolving a complaint and will negate the requirement for the complaint to proceed through the formal complaint process.

### **3.11 Written Complaints**

An alternative option is for any complaint to be forwarded by letter or email to the Practice Manager. When a complaint is received then the response is to be as per [Section 3.8](#) above.

### **3.12 Complaints made on behalf of a patient**

Sometimes complaints are received by a third party. This is usually a carer of the patient. In these circumstances either the consent of the patient will be sought so that the response can be made to their carer or the response will be sent back directly to the patient themselves. This is very important if medical information is disclosed within the response. It is important to determine that the patient is aware of the complaint being made. If the patient is a young child or a person whose capacity is impaired then it is not necessary to seek consent.

### **3.13 Complaints Advocates**

Details of how patients can complain and also how to find independent NHS Complaints Advocates are to be detailed within the Practice Leaflet.

Additionally, the patient will be advised that the local Healthwatch can help find independent NHS Complaints Advocacy services in the area. They can be contacted on 01962 440262 or by email at [enquiries@healthwatchhampshire.co.uk](mailto:enquiries@healthwatchhampshire.co.uk)

Independent advocacy services include:

1. Voiceability (for patients in Hampshire) – they can provide advocacy to help patients to make a complaint (and additional service). Telephone 0300 303 1660 or email [helpline@voiceability.org](mailto:helpline@voiceability.org). Website: [VoiceAbility | NHS complaints advocacy](#)
2. 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
3. Age UK – may have advocates in the area. Visit their website or call 0800 055 6112

### **3.14 Investigating Complaints**

We will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance.

We will adhere to the following standards when addressing complaints:

- The patient, or their representative has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.
- The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.

- Investigations are thorough, and where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks.
- The investigator reviews, organises and evaluates the investigative findings.
- The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
- The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.
- Both the Complainant and those complained about are responded to adequately.
- The investigation of the complaint is complete, impartial and fair.

### **3.15 Final Formal Response to a Complaint**

Upon completion of the investigation, we will send a formal written response to the patient or their representative and will include the following information:

- An explanation of how the complaint was considered;
- An apology if appropriate
- An explanation based on the facts
- Whether the complaint in full or in part is upheld
- The conclusions reached in relation to the complaint, including any remedial action that the organisation considers to be appropriate
- Confirmation that the organisation is satisfied that any action has been or will be actioned
- Where possible, a response will be given to people about any lessons learnt
- Information and contact details of the Parliamentary and Health Service Ombudsman as the next stage of the NHS Complaints Process

The Complaints Manager will clearly stipulate that this response is the final response to be issued by the Practice and if the Complainant is not satisfied then they should contact the PHSO.

### **3.16 Confidentiality in Relation to Complaints**

Any complaint will be 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 members of staff who are involved in the investigation know the particulars of the complaint.

### **3.17 Persistent and unreasonable complaints**

A meeting will be sought with patients who make persistent and unreasonable complaints. If further complaints are received which are considered unreasonable then consideration will be given as to whether there has been a breakdown of trust between the patient and the surgery.

### **3.18 Complaints involving Locum Staff**

Stockbridge Practice will ensure that all locum staff, be it GPs, Nurses or Administrative 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 Practice (keeping in mind the 12 month time frame to complain).

Locum staff will receive assurance that they will be treated equally and that there is no discrepancy between locum staff, salaried staff or Partners.

### **3.19 Summary**

The care and treatment delivered by Stockbridge Practice is done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things can go wrong. By having an effective Complaints Process in place, this Practice is able to investigate and resolve complaints in a timely manner, achieving the desired outcome for patients/third parties, whilst also identifying lessons learnt and ultimately improving service delivery.