

# Brook House and Raymond Road Surgeries

## Complaint Procedure

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# Brook House and Raymond Road Surgeries

## 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 complaint procedure within the surgeries, 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This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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 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 Who it applies to

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 surgeries 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. The surgeries take complaints seriously and ensures 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

# Brook House and Raymond Road Surgeries

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 [National Health Service England Complaints Policy \(2017\)](#), whilst also conforming to guidance detailed in:

1. [Good Practice Standards for NHS Complaints Handling 2013](#)
2. [Parliamentary & Health Service Ombudsman's Principles of Good Complaints Handling 2009](#)
3. [My Expectations 2014](#)
4. [The NHS Constitution](#)
5. [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 16](#)

## 3.2 Definitions of a complaint

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of NHS England, either verbal or written, and whether justified or not, which requires a response<sup>1</sup>.

There is no difference between a 'formal' and an 'informal' complaint. Both are expressions of dissatisfaction<sup>2</sup>.

## 3.3 Complaints procedure promulgation

The surgeries have prominently displayed notices in the waiting areas detailing the complaints process. In addition, the process is included on the practice website, and a complaints leaflet is also available from reception. The information provided is written in conjunction with this policy and refers to the legislation detailed in paragraph one.

## 3.4 Responsible person

At the surgeries, the responsible person is Dr Stuart Robinson, Senior Partner. They are 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 the surgeries, the complaints manager is Amanda O'Reilly, the Practice Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users. The responsible person and complaints manager can be the same person<sup>3</sup>.

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<sup>1</sup> [NHS\(E\) Complaints Policy 2017](#)

<sup>2</sup> [Good Practice for Handling NHS Complaints 2013](#)

<sup>3</sup> [A Guide to Effective Complaints Resolution England](#)

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## 3.6 Complainant options

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

- a. This practice via the practice manager
- b. NHS England: Telephone 03003 112233, email [england.contactus@nhs.net](mailto:england.contactus@nhs.net) or in writing: NHS England, PO Box 16738, Redditch, B97 9PT. In British Sign Language (BSL) patients can talk to NHS England via a video call to a BSL interpreter
- c. Customer Services, Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester, M2 3HQ. Email [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk); tel 03450154033

## 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 NHS England by the Practice Manager.

## 3.8 Response times

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

There is no end date by which the complainant must receive their response to allow a full investigation including that of third parties to occur. However, regular updates from the practice to the complainant must occur throughout the investigation. In addition to regular updates, a response or decision should be made within six months, if it extends beyond this time then you must advise the complainant<sup>4</sup>.

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 will suffice and will prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

## 3.9 Verbal and written complaints

Patients will opt to complain either verbally or in writing. No matter what the cause of the complaint, all staff are to offer empathy when entering into discussions with the complainant.

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<sup>4</sup> <http://www.themdu.com/guidance-and-advice/journals/inpractice-july-2014/timescales-for-acknowledging-investigating-and-responding-to-complaints>

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In accordance with Regulation 16<sup>5</sup>, all staff at the surgeries will fully understand the complaints process.

If a patient wishes to complain verbally, an appointment is to be made for them to meet the complaints manager who is Amanda O'Reilly. An acknowledgement of the verbal complaint by the complaints manager, or nominated deputy in their absence, will suffice as an acknowledgement. The complaints manager does not need to respond in writing, but must record the verbal complaint in the complaints log; this will enable any trends to be identified and improvements to services made if applicable. The complaints manager should record notes of the discussion (for reference only) which may be used when discussing complaints at practice meetings.

Discussing the nature of the complaint with the complainant in person or via telephone may enable a local resolution, which is the quickest method of resolving a complaint and will negate the requirement for the complaint to proceed through the formal complaint process.

If a patient opts to complain in writing (letter or email), the complaints manager is to acknowledge receipt of the complaint within five working days. This acknowledgement will offer the complainant the opportunity to have a discussion about their complaint, while explaining the process and enabling the complaints manager to determine if local resolution is achievable. Where possible, patients and/or their representatives should be encouraged to use the complaint form at Annex A of this policy.

If local resolution is not an option, the complaints manager will then discuss with the complainant a complaints plan and an agreed time frame for an investigation. Complainants should be advised that this timescale is merely indicative and there may be, on occasion, the need to liaise with other service providers, i.e. secondary care, which could delay the process. However, reassurance will be provided that the complainant will be provided with regular updates by the complaints manager regarding their complaint.

## 3.10 Investigating complaints

The surgeries will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance. This practice will follow eight standards<sup>6</sup> when addressing complaints:

1. The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.
2. The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.
3. 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.
4. The investigator reviews, organises and evaluates the investigative findings.
5. The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
6. 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.

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<sup>5</sup> [Heath & Social Care Act 2008 Regulation 16](#)

<sup>6</sup> [The Patients Association Good Practice Standards](#)

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7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.

## 3.11 Final formal response to a complaint

Upon completion of the investigation, a formal written response will be sent to the complainant and will include the following information:

- An explanation of how the complaint was considered
- An apology if appropriate
- An explanation based on 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, we will respond 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 surgeries, and if the complainant is not satisfied then they should contact the ombudsman.

## 3.12 Confidentiality in relation to complaints

Any complaint is investigated with the utmost confidence and all associated documentation will be held separately from the complainant's medical records. Complaint confidentiality will be maintained, ensuring only managers and staff who are involved in the investigation know the particulars of the complaint.

## 3.13 Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at the surgeries is achieved by following the guidance detailed at [Appendix 2](#) of the NHS England Complaints Policy.

## 3.14 Complaints involving locum staff

The surgeries 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 must receive assurance that they will be treated equally and that there is no discrepancy between locum staff, salaried staff or partners.

## 3.15 Summary

The care and treatment delivered by the surgeries is done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things

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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 service users, whilst also identifying lessons learnt and ultimately improving service delivery.

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## Annex A – Patient Complaint Form

### SECTION 1: PATIENT DETAILS

<b>Surname</b>		<b>Maiden name</b>	
<b>Forename</b>		<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	
<b>NHS number (if known)</b>		<b>Hospital number (if known)</b>	

### SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below, including dates, times, locations and names of any practice staff (if known). Continue on a separate page if required.

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### SECTION 3: SIGNATURE

<b>Surname &amp; initials</b>		<b>Title (Mr,Mrs,Ms,Dr)</b>	
<b>Signature</b>		<b>Date</b>	

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## Annex B – Third Party Patient Complaint Form

### SECTION 1: PATIENT DETAILS

<b>Surname</b>		<b>Maiden name</b>	
<b>Forename</b>		<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)	
<b>Date of birth</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	
<b>NHS number (if known)</b>		<b>Hospital number (if known)</b>	

### SECTION 2: THIRD PARTY DETAILS

<b>Surname</b>		<b>Forename</b>	
<b>Title</b> (i.e. Mr, Mrs, Ms, Dr)		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	

### SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*. Where a limited period applies, this authority is valid until ...../...../..... (insert date).

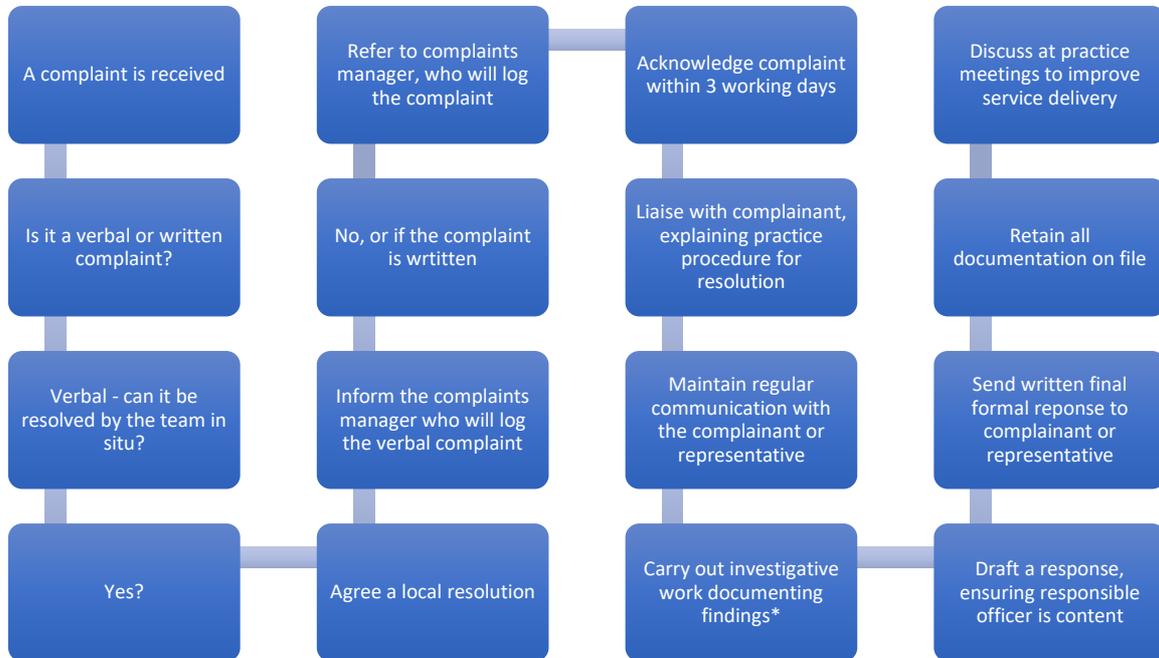
(\* Delete as necessary)

### SECTION 4: SIGNATURE

<b>Surname &amp; initials</b>		<b>Title (Mr,Mrs,Ms,Dr)</b>	
<b>Signature</b>		<b>Date</b>	

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## Annex C – Complaint Handling Desktop Aide-Memoire



\* It may be necessary to liaise with external third parties such as hospitals in order to gather additional information or to formulate a joint response. Where this is the case the patient or their representative must be advised accordingly.

# Brook House and Raymond Road Surgeries

## Annex D – Annual Complaints Report

### Introduction

The purpose of the Annual Complaints Report (ACR herein) is to detail the complaints received by the surgeries during the year (April to March). The practice takes a proactive approach to the management of complaints, a process that is aimed at improving the quality of service and delivering a better patient experience.

### Purpose

The purpose of the ACR is to:

- Specify the number of complaints received during the reporting period
- Specify the number of complaints that were warranted, unwarranted or partially warranted
- Specify the nature of the complaints (source, staff group, categorisation)
- Specify the number of referrals to the ombudsman
- Identify trends that can be analysed and audits undertaken
- Identify remedial actions and learning points
- Notify patients of any changes to policy as a result of complaints

In accordance with NHS(E) directives regarding the complaints process, the ACR for the surgeries will be available to the public upon request. x E – Complaint Review Form

### INTRODUCTION

The purpose of the complaint review form is to enable the surgeries to conduct a detailed analysis of every complaint received with a view to making recommendations for improvements to services and enhancing patient experience within the practice.

Any key points will be used to populate the Annual Complaints Review, identifying trends and learning points for further development in the handling of complaints and routines within the practice.

### USAGE

This form can be used by the Complaints Manager and Responsible Officer and any other parties involved in the management of complaints at the surgeries. Where the complaint involves more than one NHS organisation, discussions will take place between the bodies concerned about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant<sup>7</sup>.

**COMPLAINT REVIEW FORM** is shown overleaf.

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<sup>7</sup> [NHS England Complaints Policy](#)

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## **Annex F – Practice Leaflet**

A patient information leaflet regarding complaints is shown overleaf.

## Further actions

If you are dissatisfied with the outcome of your complaint you can seek further guidance from:

Customer Services, Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester, M2 3HQ.  
Tel 03450 154033  
[phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

# The Complaint Process

Brook House and Raymond Road Surgeries



## Talk to us

Every patient has the right to make a complaint about the treatment or care they have received at Brook House and Raymond Road Surgeries.

We understand that we may not always get everything right and by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

## Who to talk to

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint; all our staff are trained to handle complaints effectively. Alternatively, ask to speak to the Complaints Manager, Amanda O'Reilly.

At Brook House and Raymond Road Surgeries the Complaints Manager is :  
Amanda O'Reilly and they are supported by the Responsible Officer who is:  
Dr Stuart Robinson, Senior Partner

A complaint can be made verbally or in writing. A Complaints Form is available from reception. Additionally, you can complain via email to:

[soccg.raymondroadsurgery@nhs.net](mailto:soccg.raymondroadsurgery@nhs.net) or  
[soccg.brookhousesurgery@nhs.net](mailto:soccg.brookhousesurgery@nhs.net)

## Time frames for complaints

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

The Complaints Manager will respond to all complaints within five business days. Furthermore, they will provide regular updates for you regarding your complaint, whilst aiming to have the complaint

## Investigating complaints

Brook House and Raymond Road Surgeries will investigate all complaints effectively and in conjunction with extant legislation and guidance.

## Confidentiality

Brook House and Raymond Road Surgery will ensure that all complaints are investigated with the utmost confidentiality and any documents are held separately from the patient's healthcare record.

## Third party complaints

Brook House and Raymond Road Surgeries allows a third party to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A Third Party Patient Complaint Form is available from reception.

## Final response

Brook House and Raymond Road Surgeries will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. Further information is detailed in our practice policy.

