

Ledbury Health Partnership

Complaints Policy – What You Can Expect

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1 Introduction

1.1 Policy statement

The purpose of this document is to ensure that all third parties are aware of the complaint's procedure within Ledbury Health Partnership, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received by the Practice.

The general principle of the Practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action.

1.2 Summary

The care and treatment delivered by Ledbury Health Partnership 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 service users, whilst also identifying lessons learnt and ultimately improving service delivery.

2 Scope

2.1 Who it applies to

This document applies to all third parties including patients, carers and representatives.

2.2 Why and how it applies to them

It is important that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them.

All staff are fully conversant with this policy and understand that patients have a right to have their complaint acknowledged and investigated properly. Ledbury Health Partnership takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgmental and timely manner. We will maintain communication with any complainant (or their representative) throughout, ensuring that they know the complaint is being taken seriously.

The organisation 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

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

- [Good Practice Standards for NHS Complaints Handling 2013](#)
- [Parliamentary & Health Service Ombudsman's Principles of Good Complaints Handling 2009 My Expectations 2014](#)
- [The NHS Constitution](#)
- [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. There is no difference between a 'formal' and an 'informal' complaint. Both are expressions of dissatisfaction.

3.3 Confidentiality

All complaints are treated in the strictest confidence and the Practice will ensure that the patient etc is made aware of any confidential information to be disclosed to a third party (eg. NHSE).

The Practice will keep a record of all complaints and copies of all correspondence relating to complaints, but such records are kept separate from the patients' medical records and no reference which might disclose the fact a complaint has been made is included on the computerised clinical record system.

3.4 Complaints Procedure

The Practice ensures notices advising on the complaints process are conspicuously displayed in all reception/waiting areas and leaflets containing sufficient details for anyone to make a complaint are available without a need to ask. The Practice website and any other public material (Practice Leaflet etc) similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Service.

3.5 Who can make a Complaint?

A complaint can be made by or, with consent, on behalf of a patient (ie. as a representative), a former patient, who is receiving or has received treatment at the Practice or someone who may be affected by any decision, act or omission of the Practice. A representative may also be:

- either parent, or in the absence of both parents, the guardian or other adult who has care of the child; by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989 or by a person duly authorised by a voluntary organisation by which the child is being accommodated
- someone acting on behalf of a patient/former patient who lacks capacity under the Mental Capacity Act 2005 (ie. who has Power of Attorney etc) or physical capacity to make a complaint and they are acting in the interests of their welfare
- someone acting for the relatives of a deceased patient/former patient

In all cases where a representative makes a complaint in the absence of patient consent, the Practice will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based will be advised in writing.

3.6 Who is Responsible at the Practice for Dealing with Complaints?

The person responsible for dealing with complaints is the Practice Manager. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented and that no complainant is discriminated against for making a complaint.

3.7 Who can a Formal Complaint be made to?

A complainant, or their representative, can complain about any aspect of care or treatment they received at this Practice to either the Practice Manager directly or to NHS England.

In the event of anyone not wishing to complain to the Practice they should be directed to make their complaint to NHSE:

- By telephone: 03003 11 22 33
- By email: england.contactus@nhs.net
- By post: NHS England, PO Box 16738, Redditch. B97 9PT
- British Sign Language (BSL) patients can talk to NHS England via a video call to a BSL interpreter

In cases where the complaint is made to NHS England, the Practice will endeavour to comply with all appropriate requests for information and co-operate fully in assisting them to investigate and respond to the complaint.

3.8 Timescale for Complaints

The period for making a complaint 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.

The Practice has the discretion to extend the time limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain.

If 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 will be sought from NHS England by the Practice Manager.

3.9 Response Times to Complaints

The complainant has a right to be regularly updated regarding the progress of their complaint. The Practice Manager at Ledbury Health Partnership 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 the Practice must advise the complainant.

In many cases the Practice will offer a prompt response, including an explanation and an apology.

3.10 Action Upon Receipt of a Complaint – What You Can Expect

Complaints can be received 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. In accordance with Regulation 16 of the Health & Social Care Act 2008, all staff at the Practice fully understand the Complaints Policy and Procedures.

The complainant should be provided with a copy of the Practice Complaints Policy detailing the complaints process which advises that the complaint process is twofold as detailed below:

Stage 1

The complainant may make a complaint to either the practice or to NHS England.

Stage 2

If not content with either response following a full investigation the complainant may then escalate this to the Parliamentary Health Service Ombudsman (PHSO).

It is however important to note that complaints do not get escalated to NHSE following the Practice response. It will be the decision of the complainant to escalate their complaint to the PHSO.

Verbal Complaints

If a complainant wishes to complain verbally and if the patient is content for the person dealing with the complaint to deal with this matter, and if appropriate to do so, then the complaint should be managed at this level.

Discussing the nature of the complaint with the complainant in person or via telephone may enable a local resolution. A verbal complaint may not always be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant.

After this conversation, the complainant may suggest that no further action is needed. If this should be the case, then the matter can be deemed to be closed although the Practice Manager should still be informed as this will need to be added to the Register of Complaints held at the Practice.

If it is not possible to agree an outcome with the complainant the Practice Manager is to proceed the complaint as a formal notification (see written complaints) and should acknowledge receipt of the complaint within three working days.

Where possible, patients and/or their representatives should be encouraged to use the complaint form to ensure that full details of the complaint are captured to enable a comprehensive response.

Written Complaints

On receipt, an acknowledgement will be sent within three working days which offers the opportunity for a discussion (face to face or by telephone) on the matter. In the event that this is not practical or appropriate, the initial response will give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.

It may be that other bodies (eg. secondary care/community services) will need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included within the initial acknowledgement for return. Unfortunately, complaints cannot be proceeded in these cases until the patient consent form has been returned.

If it is not possible to conclude any investigations with the expected timeframe then the complainant will be updated with the progress and revised time scales on a regular basis. In most cases these will be completed within six months unless all parties agree to an extension.

3.11 Complaint Advocates

Details of how complainants can complain and also how to find independent NHS complaints advocates are to be detailed within the Practice leaflet. Additionally, the local Healthwatch 01432 277044 can help you to find independent NHS complaints advocacy services in your area.

Independent advocacy services include:

- 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
- SeAp Advocacy – gives advocacy support. Call 0330 440 9000 for advice or text SEAP to 80800 and someone will get back to you.

- Age UK – may have advocates in your area. Visit their website or call 0800 055 6112

3.12 The Investigation Process

The Practice will ensure that complaints are investigated effectively and in accordance with existing legislation and guidance. This Practice will follow eight standards when addressing complaints:

- 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.
- The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.
- 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, 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.

The investigations undertaken will be recorded by the Practice and where appropriate should include evidence collated as individual explanations or accounts taken in writing.

3.13 Final Response

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Practice Manager or Senior Partner under delegated authority. The letter will be on headed notepaper and include:

- An apology if appropriate (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explaining these fully and stating what will be done to put these right, or prevent repetition. Clinical matters will be explained in accessible language.
- A clear statement that the response is the final one and the Practice is satisfied it has done all it can to resolve the matter at local level.

- A statement of the right to escalate the complaint if the complainant is not satisfied with the response, to the Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London. SW1P 4QP or visit the 'Making a complaint page' at www.ombudsman.org.uk/make-a-complaint (to complain online or download a paper form).

Alternatively, the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8.30 am to 5.30 pm, Monday to Friday or send a text to their 'call back' service on 07624 813 005

The final letter will not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s).
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done, where appropriate

3.14 Unreasonable or Vexatious Complaints

In the exceptional circumstances, where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the complainant by the Practice Manager or Senior Partner in writing:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- A time limit will be placed 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 unless additional material is brought forward
- Correspondence regarding a closed matter will only be acknowledged and not respond to
- Behaviour standards will be set
- Irrelevant documentation will be returned
- Detailed records of each encounter will be kept

3.15 Complaints Involving Locums

Any complaints made to the Practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the Practice Manager and not passed to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Practice.

Locum staff will however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the Practice on locum staff.

The Practice will ensure that on engaging any locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence.

The Practice will ensure that there is no discrepancy in the way it investigates or handles complaints between any locum staff and either Practice partners, salaried staff, students or trainees or any other employees.