

Kings Lane Medical Practice Complaints Procedure

1.1 Policy statement

The purpose of this document is to ensure all staff at Kings Lane Medical Practice understand that all patients have a right to have their complaint acknowledged and investigated properly. Kings Lane Medical Practice takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner.

This policy is to ensure 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. The process adopted in the practice is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission. Everyone in the practice is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the practice and may prompt a complaint or even legal action.

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. In the case of any complaint with implications for professional negligence or legal action, the right defence organisation must be informed immediately.

The organisation will keep communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

1.2 Status

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

This document and any procedures contained within it are non-contractual and may be changed or withdrawn at any time.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

1.3 Legislation / changes

As part of the delegation of NHS England's direct commissioning functions to integrated care boards, which includes pharmaceutical, general ophthalmic and dental functions from April 2023, is the transfer of the current primary care complaints function from 1 July 2023 which includes:

- The process of managing complaints

The transfer of staff from the current NHS England complaints team to ICBs

- The transfer of all ongoing complaints and investigations (received on/after 1 July 2022).
- From 1 July 2023 the way members of the public make a complaint about primary care services in the NHS Cheshire and Merseyside area to the commissioner is changing.

Rather than contacting NHS England, those who live and are registered in the NHS Cheshire and Merseyside area will contact NHS Cheshire and Merseyside

- By primary care services we mean GPs, dentists, opticians or pharmacy services.
- There are two ways you can make a complaint:
 - You can complain to the healthcare provider: this is the organisation where you received the NHS service, for example a GP surgery or dental surgery
 - You can complain to the commissioner of the service: this is the organisation that paid for the service or care you received.
- After 1 July 2023 if you want to make a complaint about primary care services to the commissioner you will now contact NHS Cheshire and Merseyside instead of NHS England.
- Information about how to do this, including ways of contacting the ICB by phone, e-mail or written correspondence will be available on ICB/primary care websites
- Members of the public will still be able to make a complaint to the provider. This is **NOT** changing.
- Members of the public with ongoing complaints received on/after 1 July 2022 will receive a letter from NHS England informing them that NHS Cheshire and Merseyside will take responsibility for the handling of their complaint.
- Members of the public with any ongoing complaints received before 1 July 2022 will receive a letter from NHS England informing them that their complaint will be kept by NHS England.
- The central NHS England complaints team will keep the handling of complaints for some services commissioned directly by NHSE. Please see a full list in Annex 1.
- By giving ICBs responsibility for a broader range of functions, they will be able to design services, including how to make complaints, that better meet local priorities.

Patients have the right to make a complaint about any aspect of NHS care, treatment or service, and this is written into the NHS Constitution on GOV.UK.

From 1 July 2023 the way members of the public make a complaint about primary care services to the commissioner is changing.

By primary care services we mean GPs, dentists, opticians or pharmacy services.

There are two ways you can make a complaint:

- You can complain to the healthcare provider: this is the organisation where you received the NHS service, for example a GP surgery or dental surgery.
- You can complain to the commissioner of the service: this is the organisation that paid for the service or care you received.

After 1 July 2023 if you want to make a complaint about primary care services to the commissioner you will now contact NHS Cheshire and Merseyside integrated care board instead of NHS England.

You can do this by:

- Telephone: 0800 132 996
- E-mail: enquiries@cheshireandmerseyside.nhs.uk
- Writing to us at: Patient Experience Team, no 1 Lakeside, 920 Centre Park Square, Warrington, WA11QY.

Frequently Asked Questions

1. What is the current process for making primary care complaints and how will that change on 1 July 2023?

From 1 July 2023 the way members of the public who live in Cheshire and Merseyside make a complaint about primary care services to the commissioner is changing. Rather than contacting NHS England, they will contact NHS Cheshire and Merseyside. The public can still complain directly to the provider (GP, dentist etc) - this is not changing.

2. What date will ICBs start to handle primary care complaints?

Operational responsibility for the complaints function will move to ICBs on 1 July 2023.

Members of the public with ongoing complaints received on/after 1 July 2022 will receive a letter from NHS England informing them that the ICB is now managing their complaint with confirmation of their case handler.

Members of the public with any ongoing complaints received before 1 July 2022 will receive a letter from NHS England informing them that their complaint is being kept by NHS England with confirmation of their case handler.

3. Where can you find information about how to make a complaint about a primary care service?

There are many organisations that will help signpost people to information about how to supply feedback or make a complaint about healthcare services. These are some of the main ones.

- o Your local ICB website
- o The NHS website
- o Gov.uk

4. Does the delegation of the primary care complaints function from NHS England to ICBs on 1 July 2023 include all primary care services?

In the main, yes. There are some specialised services, such as Health and Justice, where the care provided by a GP in a prison setting is still commissioned directly by NHS England and therefore NHS England would still manage these complaints. See Annex 1

5. Where should information be available in each ICB area about how to make a complaint about a primary care service?

It should be available on the websites of the ICBs, Healthwatch, providers of primary care services, VCSE organisations, health charities and local MPs.

6. Will the staff currently handling a complaint manage them through to the end or will another member of staff pick them up as part of the new arrangements?

Staff from the NHS England regional complaints teams are being transferred to ICBs to support the delegation of the complaints function. The transfer of complaints staff from NHS England regions to ICBs will differ from region to region but complainants should be reassured that the information about their complaint will transfer to the ICB, and they will not need to repeat their complaint or reshare any information already provided.

Members of the public with ongoing complaints received by NHS England on/after 1 July 2022 will receive a letter from NHS England informing them that the ICB is now handling their complaint with confirmation of their case handler.

Members of the public with any ongoing complaints received before 1 July 2022 will receive a letter from NHS England informing them that their complaint is being kept by NHS England with confirmation of their case handler.

Annex 1

Retained services commissioned directly by NHSE

The following is a list of services that NHS England central complaints team will keep the handling of after 1 July 2023.

- Specialised Commissioning
- Health and Justice
- Armed Forces Health
- Section 7a (Public Health Immunisations and Vaccinations)
- PCSE
- Services delivered nationally by NHSE to patients/public (such as Screening Call and Recall, NHS App etc)

This list is not exhaustive.

ICB website

Details of how to make a complaint about primary care services will be available here from 1 July: <https://www.cheshireandmerseyside.nhs.uk/contact/complaints/>

1.4 Responsible person

At Kings Lane Medical Practice, the responsible person is Dr D Kershaw / Dr P Bacon / Dr J Mottram. They are responsible for ensuring compliance with the complaints regulations making sure action is taken because of the complaint.

1.5 Complaints manager

At Kings Lane Medical Practice, the complaints manager is Kate Taverner Practice Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users.

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

1.6 Definition of a complaint versus a concern

For the purposes of this policy, the [NHS E Complaints Policy](#) defines that a complaint is an expression of dissatisfaction about an act, omission or decision, 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.

It is the responsibility of the complaints manager to consider whether the complaint is informal and therefore early resolution of an issue may be possible. If the complaints manager believes an issue can be resolved quickly then this organisation will aim to do this in around 10 working days and, with the agreement of the enquirer, we will categorise this as a concern and not a complaint.

However, if the enquirer is clear that they wish to make a formal complaint then the organisation will follow this complaints policy in full.

1.7 Complaints procedure statement

Kings Lane Medical Practice complaints policy is to ensure 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. The process adopted in the practice is fully compliant with the relevant NHS Regulations

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(2009) and guidance available from defence organisations, doctors` representative bodies and the Care Quality Commission. Everyone in the practice is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the practice and may prompt a complaint or even legal action.

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. In the case of any complaint with implications for professional negligence or legal action, the proper defence organisation must be informed immediately.

process is included on the organisation website and a complaints leaflet is also available from reception.

Procedure

Availability of information

The practice will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets having sufficient details for anyone to make a complaint are available without the need to ask. (*potential covid issues mean leaflets not widely out in practice*)

Who can a formal complaint be made to?

ONLY TO - either the practice -OR – Cheshire and Merseyside ICB

If anyone not wishing to complain to the practice, they should be directed to make their complaint to Cheshire and Merseyside ICB at:

By telephone: 0800 132 996

- By email: enquiries@cheshireandmerseyside.nhs.uk
- By post: No 1 Lakeside, 920 Centre Park Square, Warrington, WA11QY.

Patients who are not satisfied with the response to their complaint may refer their complaint to :

- The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP or visit the 'Making a complaint page' at <http://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 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005
- Patients considering making a complaint but need help – Some people find it helpful to talk to someone who understands the complaints process first and get some guidance and support. The Patient advice and Liaison Service PALS [https://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](https://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363) is a free, confidential and independent service.

In those cases where the complaint is made to the ICB, the practice will follow all appropriate requests for information and co-operate fully in assisting them to investigate and respond to the complaint.

Who can make a complaint?

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A complaint can be made by or, with consent, on behalf of a patient (i.e., 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

- by 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 (i.e., 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 must be advised to them in writing.

Time limits for making complaints

The period for making a complaint is normally:

- (a) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (b) 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 discretion to extend these limits if there is good reason to do so and it is still possible to conduct a proper investigation. The collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

Action upon receipt of a complaint

A) Verbal Complaints: It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is needed.

If the complainant wishes to make their complaint verbally they can do so by speaking to member of the practice team in the first instance. If they wish to complain direct to the practice manager then an appointment will need to be made. This allows for the complainant to have adequate time.

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the annual Complaints Return. The practice will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and checked by *Kate Taverner, practice Manager*. Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually, with minutes of those discussions kept.

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If resolution is not possible, the Complaints Manager will set down the details of the verbal complaint in writing and supply a copy to the complainant within three working days. This ensures that each side is aware of the issues for resolution. The process followed will be the same as for written complaints.

B) Written Complaints: On receipt, an acknowledgement will be sent within three working days

The first response should give some indication of the expected timescale for investigations to be concluded and an indication of when the outcome can be expected.

It may be that other bodies (e.g., 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 with the initial acknowledgement for return.

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

The Investigation

The practice will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved.

The investigations will be recorded in a complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

Final Response

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Responsible Person or Complaints manager under delegated authority. The letter will be on headed notepaper and include:

- An apology if (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, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what has been or will be done to put these right or prevent repetition. Clinical matters must 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, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP or visit the 'Making a complaint page' at <http://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 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)

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- 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.

Annual Review of Complaints

The practice will produce an annual complaints report to be sent to the local Commissioning Body (NHSE) and will form part of the Freedom of Information Act Publication Scheme.

The report will include:

- Statistics on the number of complaints received
- The number considered to have been upheld
- Known referrals to the Ombudsman
- A summary of the issues giving rise to the complaints
- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted

Care must be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

Confidentiality

All complaints must be treated in the strictest confidence and the practice must ensure that the patient etc. is made aware of any confidential information to be disclosed to a third party (e.g., NHSE).

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

Unreasonable or Vexatious Complaints

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all the following formal provisions will apply and must be communicated to the patient by the Responsible Person 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)
- Place a time limit on each contact
- The number of contacts in a 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 being brought forward
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Detailed records will be kept of each encounter

Complaints involving Locums

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It is important that all complaints made to the practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the practice and not passed off 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 should 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. Providing their factual account along with any factual account from the practice is the best way to proceed.

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 manages complaints between any Locum staff and either practice Partners, salaried staff, students or trainees or any other employees.

"Informal complaints"

The collection of data about informal complaints - often referred to as "grumbles" - is a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to patients.

Staff are encouraged to raise these issues at practice meetings.

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The report will include:

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- The number considered to have been upheld
- Known referrals to the Ombudsman
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- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted

Care must be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

Information for Patients

How to complain to the NHS

<https://www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/>

Find your local integrated care board

<https://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/>

Friends and Family Test FFT

<https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/>

Make a freedom of information FOI request

England.contactus@nhs.net

Please write '@Freedom of information' in the subject line

Help with something else

<https://www.nhs.uk/contact-us/get-help-with-something-else/>

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