

Hall Green Surgery

Complaints Procedure (England)

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Table of contents

<u>1</u>	<u>Introduction</u>	Error! Bookmark not defined.
<u>1.1</u>	<u>Policy statement</u>	Error! Bookmark not defined.
<u>1.2</u>	<u>Status</u>	Error! Bookmark not defined.
<u>2</u>	<u>Requirements</u>	Error! Bookmark not defined.
<u>2.1</u>	<u>Complaints management team</u>	Error! Bookmark not defined.
<u>2.2</u>	<u>Definition of a complaint versus a concern</u>	Error! Bookmark not defined.
<u>2.3</u>	<u>Formal or informal?</u>	Error! Bookmark not defined.
<u>2.4</u>	<u>Complaints information</u>	Error! Bookmark not defined.
<u>2.5</u>	<u>A duty of candour</u>	Error! Bookmark not defined.
<u>2.6</u>	<u>Parliamentary and Health Service Ombudsman (PHSO)</u>	Error! Bookmark not defined.
<u>2.7</u>	<u>Complainant options</u>	Error! Bookmark not defined.
<u>2.8</u>	<u>Timescale for making a complaint</u>	Error! Bookmark not defined.
<u>2.9</u>	<u>Responding to a complaint</u>	Error! Bookmark not defined.
<u>2.10</u>	<u>Meeting with the complainant</u>	Error! Bookmark not defined.
<u>2.11</u>	<u>Verbal complaints</u>	Error! Bookmark not defined.
<u>2.12</u>	<u>Written complaints</u>	Error! Bookmark not defined.
<u>2.13</u>	<u>Who can make a complaint?</u>	Error! Bookmark not defined.
<u>2.14</u>	<u>Complaints advocates</u>	Error! Bookmark not defined.
<u>2.15</u>	<u>Investigating complaints</u>	Error! Bookmark not defined.
<u>2.16</u>	<u>Conflicts of interest</u>	Error! Bookmark not defined.
<u>2.17</u>	<u>Final formal response to a complaint</u>	Error! Bookmark not defined.
<u>2.18</u>	<u>Confidentiality in relation to complaints</u>	Error! Bookmark not defined.
<u>2.19</u>	<u>Persistent and unreasonable complaints</u>	Error! Bookmark not defined.
<u>2.20</u>	<u>Complaints citing legal action</u>	Error! Bookmark not defined.
<u>2.21</u>	<u>Multi-agency complaints</u>	Error! Bookmark not defined.

Hall Green Surgery

<u>2.22</u>	<u>Complaints involving external staff</u>	Error! Bookmark not defined.
<u>2.23</u>	<u>Complaints involving locum staff</u>	Error! Bookmark not defined.
<u>2.24</u>	<u>Additional governance requirements</u>	Error! Bookmark not defined.
<u>2.25</u>	<u>Fitness to practise</u>	Error! Bookmark not defined.
<u>2.26</u>	<u>Staff rights to escalate to the PHSO</u>	Error! Bookmark not defined.
<u>2.27</u>	<u>Private practices and the PHSO</u>	Error! Bookmark not defined.
<u>2.28</u>	<u>Logging and retaining complaints</u>	Error! Bookmark not defined.

3 **Use of complaints as part of the revalidation process**Error! Bookmark not defined.

<u>3.1</u>	<u>Outlined processes</u>	Error! Bookmark not defined.
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Annex A – Legislation and further reading **13**

<u>Annex B – Complaint leaflet</u>	Error! Bookmark not defined.
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<u>Annex C – Complaint handling desktop aide-memoire</u>	Error! Bookmark not defined.
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<u>Annex D – Patient complaint form</u>	Error! Bookmark not defined.
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<u>Annex E – Third party patient complaint form</u>	Error! Bookmark not defined.
--	------------------------------

<u>Annex F – Acknowledgement of a complaint letter (example)</u>	Error! Bookmark not defined.
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<u>Annex G – Final response to a complaint letter (example)</u>	Error! Bookmark not defined.
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<u>Annex H - Complaints Sign</u>	24
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Hall Green Surgery

1 Introduction

1.1 Policy statement

The purpose of this document is to ensure all staff at Hall Green Surgery 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 and Duty of Candour eLearning are available in agilio.

1.2 Status

The organisation will aim 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 regarding the individual protected characteristics of those to whom it applies.

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. Furthermore, 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.

2 Requirement

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 the Complaints Manager who is responsible for the day-to-day management of any complaint that may be received.

Both named persons are detailed within the Complaints Leaflet.

Hall Green Surgery

2.2 Definition of a complaints versus a concern

NHS England defines that a concern is something that a service user is worried or nervous about and this can be resolved at the time the concern is raised whereas a complaint is a statement about something that is wrong or that the service user is dissatisfied with which requires a response.

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 concern.

A concern may also be called a criticism.

2.3 Formal or informal?

While there is no difference between a 'formal' and an 'informal' complaint with both being an expression of dissatisfaction, ordinarily the distinction would be whether it can be resolved quickly or not. Unless the complainant specifically requests that their issue needs to be raised as a complaint, the Complaints Manager will consider whether it is logged as either a concern or complaint should they believe that it can be resolved quickly.

[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

Hall Green Surgery has prominently displayed notices in reception area detailing the complaints process (found at annex G). In addition, the process is included on the organisation 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 Section 2.1 and the complaints poster is linked at Section 2.3. Furthermore, a copy of the complaints poster can be found at annex G.

2.5 A 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.

Further guidance can be sought from the Duty of Candour Policy (found on agilio) and the CQC's [GP Mythbuster 32: Duty of Candour and General Practice \(regulation 20\)](#).

2.6 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

The [PHSO](#) role 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

Hall Green Surgery

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 [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:

- 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 ICB can be found within their 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

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

All complaints are to be added to the complaints log in accordance with Section 2.29.

There are no timescales when considering a complaint, simply that it must be investigated thoroughly, and that the complainant should be kept up to date with the progress of their complaint

Hall Green Surgery

Within the current NHS Complaints Policy that dictates its responses, i.e., not a practice response, the following is advised:

At Hall Green Surgery, should any response not have been provided within six months, we will write to the complainant to explain the reasons for the delay and outline when they can expect to receive the response. At the same time, we will notify the complainant that they have a right to approach the PHSO without waiting for local resolution to be completed

The MDU provides advises in its document titled [How to respond to a complaint](#) that a response or decision should be made within six months with regular updates during the investigation. If it extends beyond this time then the complainant must be advised.

[CQC GP Mythbuster 103](#) states the following:

- The tone of a response needs to be professional, measured and sympathetic
- Patient confidentiality should be considered and timescales agreed
- Verbal complaints (not resolved in 24 hours) should be written up by the provider. They should share this with the complainant to agree content
- Practices cannot insist that complainants 'put their complaints in writing'

2.10 Meeting with the complainant

To support the complaints process, [BMA guidance](#) suggests that a meeting should be arranged between the complainant and the complaints lead. Whilst not a CQC requirement, having a meeting is considered as being best practice due to there often being a more positive outcome.

2.11 Verbal complaint

If a patient wishes to complain verbally and should the patient be content for the person dealing with the complaint to deal with this matter 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.

Should this be the case, then the matter can be deemed to be closed.

Having this acknowledgement of the verbal complaint will be deemed as being sufficient and therefore the complaints manager does not need to subsequently respond in writing. However, the verbal complaint must be recorded in the complaints log to 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 meetings.

Further information on logging complaints can be sought at Section 2.29.

If the matter demands immediate attention, the complaints manager should be contacted who may then offer the patient an appointment or may offer to see the complainant at this stage. Staff are reminded that when internally escalating any complaint to the complaint's manager then a full explanation of the events leading to the complaint is to be given to allow any appropriate response.

Hall Green Surgery

Note a verbal complaint may simply be a concern. Should this be a less formal concern and, in agreement with the enquirer, then the process at Section 2.10 should be followed.

2.12 WRITTEN COMPLAINTS

It is a complainant's choice as to the method of communication that they use when making a complaint.

When a written complaint is received, a full investigation and response will always be provided. As part of the investigation process, often other clinical governance tools will be used to complete this action, such as meetings, audit, significant event and training etc. Even 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 best interests of the child.

- 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.

Where 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

Hall Green Surgery

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

Should the complaints manager believe a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, they will discuss the matter with either defence union or [NHS Resolution](#) to confirm prior to notifying the complainant in writing of any decision.

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, we will adhere to the following 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 are 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 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

Hall Green Surgery

- The investigation of the complaint is complete, impartial and fair
- 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, any staff member 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.

Should such circumstances arise, the organisation should seek to appoint another member of the organisation as the responsible person with appropriate complaint management experience.

2.17 FINAL FORMAL RESPONSE TO A COMPLAINT

A final response should only be issued to the complainant once the letter has been agreed by medico-legal defence*.

Following this, and upon completion of the investigation, a formal written response will be sent to the complainant and will include the following as detailed within the NHS Resolution document titled [Responding to complaints](#).

The full and final response should ordinarily be completed within six months and signed by the responsible person. Should it be likely that this will go beyond this timescale, the Complaints Manager will write to the complainant to explain 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.

Further reading can be found in the MDU document titled [How to respond to a complaint](#).

* Note, it is not a mandatory requirement to forward all complaint response letters for medico-legal defence consideration prior to sending to the complainant. This has simply been added to reduce any potential risk of litigation. Organisations may therefore wish to continue to forward only those most significant complaints.

A template example of the final response letter can be found at Annex G.

2.18 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.

Hall Green Surgery

2.19 Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at this organisation will follow the Dealing with Unreasonable, Violent or Abusive Patients Policy (found on agilio) although advice will be sought from the ICB prior to any acknowledgment of a persistent, unreasonable or vexatious complainant.

2.20 Complaints citing legal action

Should any complaint be received and the content states that legal action has been sought then, prior to any response, consideration should be given to contacting the defence union for guidance.

- It is strongly suggested that should any organisation receive a complaint that highlights that legal action has been taken then they should be cautious
- By doing nothing with any complaint of this type, this could affect the outcome of a CQC assessment and/or the relationship with your ICB
- 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 which the lead organisation will be, and the lead organisation 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

Should a complaint be received about a member of another organisation's staff, then this is to be brought to the attention of the complaints manager at the earliest opportunity. The complaints manager will then liaise with the other organisation's manager.

2.23 COMPLAINTS INVOLVING LOCUM STAFF

This organisation will ensure that 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.

Hall Green Surgery

Locum staff must receive assurance that they will be treated equally and that the process will not differ between locum staff, salaried staff or partners.

2.24 Significant events

When a complaint is raised, it may prompt other considerations, such as a significant event, audit or supporting training requirements.

Detailed reading can be found in The Governance Handbook (found on agilio) or the specific governance policies, such as:

- Highlighting a concern by raising a significant event (SE) as per the Significant Event and Incident Policy (found on agilio). Note the external reporting process as detailed within CQC [GP Mythbuster 24: Recording patient safety events with the Learn from patient safety events \(LFPSE\) service](#).

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 Clinical Audit Policy (found on agilio)

2.25 FITNESS TO PRACTISE

When a complaint is raised, consideration may need to be given to whether the complaint merits a fitness to practise referral. Advice may need to be sought from the relevant governing body.

At Hall Green Surgery the practice manager will be responsible for firstly discussing the complaint with the clinician involved and then seeking guidance from the relevant governing body where applicable.

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 a 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 them as per the Records Retention Schedule (found on agilio).

All evidence of complaints is compiled within the Agilio.

Hall Green Surgery

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 by Maria Lawton, Practice Manager, 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.

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	Royal College of General Practitioners (RCGP)
Nurses	Nursing and Midwifery Council (NMC)
Pharmacists	General Pharmaceutical Council (GPhC)
Other healthcare professionals	Healthcare Professionals Council (HCPC) For Physician Associates, refer to the Royal College of Physicians

Hall Green Surgery

Annex A – Legislation and further reading

The following links support complaints management:

- [The Local Authority Social Services and National Health Services Complaints \(England\) Regulations 2009](#)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 16](#)
- [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](#)
- [CQC GP Mythbuster 103 – Complaints Management](#)
- [General Medical Council \(GMC\) ethical guidance](#)
- [Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners](#)

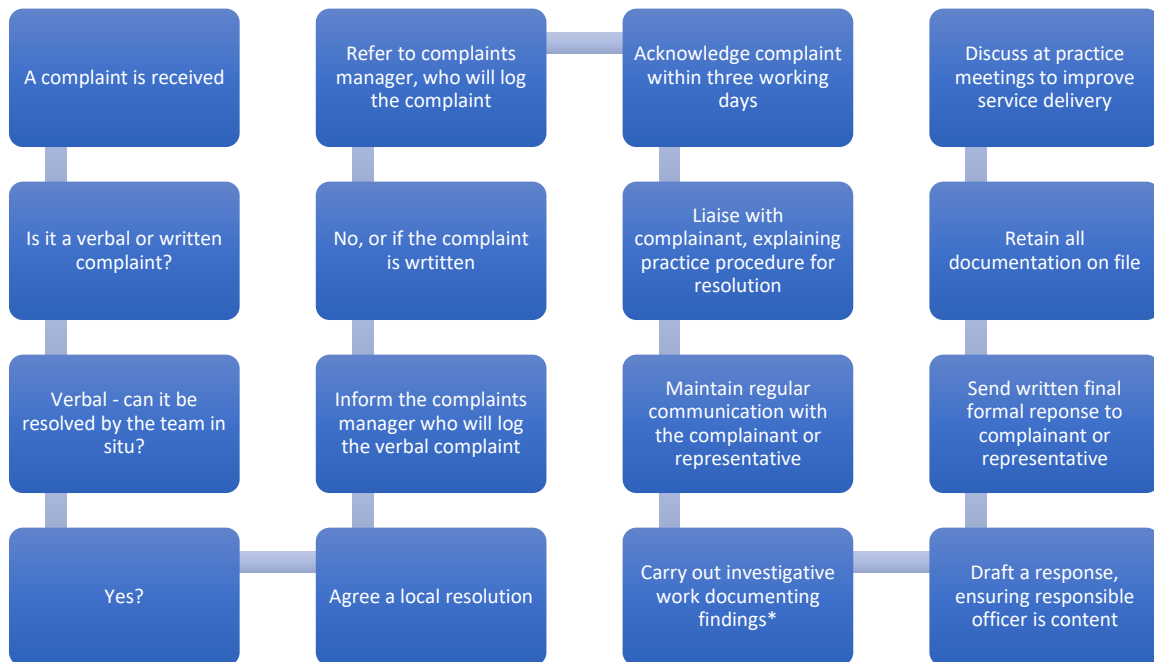
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Annex B – Complaint leaflet

[HALL GREEN SURGERY LEAFLET updated Jan 2025.pdf](#)

Hall Green Surgery

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.

Hall Green Surgery

Annex D – Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

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: OUTCOME

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SECTION 4: SIGNATURE

Surname & initials		Title	
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Hall Green Surgery

Signature		Date	
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SECTION 5: ACTIONS

Passed to management	YES / NO
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Annex E – Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

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)

Hall Green Surgery

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

Hall Green Surgery

Annex F – Acknowledgement of a complaint letter (example)

Hall Green Surgery Response to Complaints Process:

Acknowledge the complaint in writing within 3 working days. Your response should have the following:

1. Dear

Our Practice received an email/ letter/ phone call from on the (insert date) regarding your concerns about (insert patients name) medical care.

I would firstly like to express how sorry we are that you feel (insert patients name) has not received the high level of service and care he/she is entitled to. We take great pride in trying to deliver a high level of service and care to all our patients and families and we are sorry that on this occasion you/ they have been disappointed. We would also like to thank you for taking the time to detail your concerns. It is very important that we learn from feedback both negative and positive. With that in mind we take all feedback, complaints, and comments very seriously at our practice.

2. **Advise an investigation will take place with(note staff team: not necessary to put individual names)**
3. **Advise date**
4. **Advise a Partners Practice Meeting will take place (if clinical) and date**
5. **Advise when they should expect a response following your 'findings'**
6. **Advise complaints process if they are not satisfied with response (see bottom of generic letter)**
 - **This should be completed within 7 working days to aim for a Gold Standard however if there will be delays ie if someone you need to speak to is on leave, or you need to get information from a third party: advise how long you anticipate the delay may cause.**
 - **If there are any unforeseen delays you need to write to patient and explain with a new date in place.**
 - **Investigate the complaint/ speak to staff/ partners**
 - **Draft up response**
 - **Have the response authorised by Practice Manager or GP if it is clinical**
 - **Email full response as below**
 - **Complaint to be discussed at a Practice Meeting**
 - **Significant Reports to be filed and discussed if necessary.**

Hall Green Surgery

Hall Green Surgery

164 Ormskirk Road

Upholland

Lancashire

WN8 0AB

Tel: 01695 588848

Email: welaccg.prescriptionhallgreen@nhs.net

Date:

FAO:

Re:

NHS No:

Dear

Our Practice received an email/ letter/ phone call from on the (insert date) regarding your concerns about (insert patients name) medical care. I am writing to you now to advise that I have fully investigated your concerns and am able to provide a response from the practice.

I would firstly like to express how sorry we are that you feel (insert patients name) has not received the high level of service and care he/she is entitled to. We take great pride in trying to deliver a high level of service and care to all our patients and families and we are sorry that on this occasion you/ they have been disappointed. We would also like to thank you for taking the time to detail your concerns. It is very important that we learn from feedback both negative and positive. With that in mind we take all feedback, complaints, and comments very seriously at our practice.

(Insert Full Investigation Process detailing the dates of meetings, who you met with and why, any third-party meetings and input)

As a result of the investigation process detailed above, I am now able to respond to your concerns. I have addressed your concerns in the order we have received them in your email/ letter/ telephone call and have referenced them numerically. If you require any further information, please do not hesitate to contact me.

Numerically list each concern. Copy a short sentence describing patients complaint or use their words if in an email. Put in bold like a title and respond to the complaint with your findings. Ensure every response is:

- **Accurate**
- **Factual**
- **Truthful**
- **Polite**
- **Concise**

Hall Green Surgery

- **Clear: Do not use medical or local terminology and if that is necessary explain briefly what the term means**

If the complaint highlights any errors/ areas that need to be improved: List here

Detail what (if any) the practice will do next to improve/ deal with concern. Examples are:

- Retraining of staff
- Meeting with staff involved to remind protocols
- Change of protocol
- Significant Event Report
- Further reporting to CCG or any organisation deemed necessary
- Timescales in which these will be done

If the complaint can be dealt with internally i.e. if it was a minor error/ staff attitude/ general dissatisfaction, then the further steps can be dealt with quite simply. If further action is necessary, then you need to provide a timescale on when this will be done and if necessary, how this will be reported back to the patient.

Insert: I trust that I have covered all your concerns raised in your email/ letter/ phone call. I hope that you are able to feel some reassurance on receipt of this report in that we are providing care to (insert patient name) and will continue to try and assist her/him/you with her/his/your medical care.

*I am extremely sorry that this has caused concern and I hope going forward we will be able to 'meet the/ patient name your expectations'/ deliver an improved service/ * insert what you will provide.*

I hope that you are satisfied with the way I have investigated your complaint and communicated the findings to you. If there is anything that you are unsure about or would like further information on then please don't hesitate to contact me. We are here to assist you and your family through this process.

If you are unhappy with the way I have dealt with your complaint please could you feed this back to me in the first instance to provide me with the opportunity to assist you further. If I am still unable to assist you then you have the right to escalate this complaint and seek further advice with our Clinical Commissioning Group or Patient Liaison Service. I have added the link to this advice:

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

If you have reached the end of the complaints process and are not happy with the organisation's final decision, you have the right to take your complaint to the Parliamentary and Health Service Ombudsman to look at.

The Parliamentary and Health Service Ombudsman makes final decisions on unresolved complaints about the NHS in England. This organisation is independent of the NHS.

Hall Green Surgery

For more information, call 0345 015 4033 or visit the Parliamentary and Health Service Ombudsman website.

All these advisory services are free of charge.

Yours Sincerely

Hall Green Surgery

Annex G – Final response to a complaint letter (example)

Hall Green Surgery
164 Ormskirk Road
Upholland
Lancashire
WN8 0AB
Tel: 01695 588848

Email: welaccg.prescriptionhallgreen@nhs.net

Date:

FAO:

Re:

NHS No:

Dear

Our Practice received an email/ letter/ phone call from on the (insert date) regarding your concerns about (insert patients name) medical care. I am writing to you now to advise that I have fully investigated your concerns and am able to provide a response from the practice.

I would firstly like to express how sorry we are that you feel (insert patients name) has not received the high level of service and care he/she is entitled to. We take great pride in trying to deliver a high level of service and care to all of our patients and families and we are sorry that on this occasion you/ they have been disappointed. We would also like to thank you for taking the time to detail your concerns. It is very important that we learn from feedback both negative and positive. With that in mind we take all feedback, complaints and comments very seriously at our practice.

(Insert Full Investigation Process detailing the dates of meetings, who you met with and why, any third-party meetings and input)

As a result of the investigation process detailed above I am now able to respond to your concerns. I have addressed your concerns in the order we have received them in your email/ letter/ telephone call and have referenced them numerically. If you require any further information, please don't hesitate to contact me.

I trust that I have covered all of your concerns raised in your email. I hope that you are able to feel some reassurance on receipt of this report in that we are providing care to and will continue to try and assist her with her medical problems.

Hall Green Surgery

I am extremely sorry that this has caused so much concern and I hope going forward will feel assured that they can contact me directly if they have any concerns or questions regarding their healthcare in order for me to be able to assist them promptly.

I hope that you are satisfied with the way I have investigated your complaint and communicated the findings to you. If there is anything that you are unsure about or would like further information on then please don't hesitate to contact me. We are here to assist you and your family through this process.

If you are unhappy with the way I have dealt with your complaint please could you feed this back to me in the first instance to provide me with the opportunity to assist you further. If I am still unable to assist you then you have the right to escalate this complaint and seek further advice with our Clinical Commissioning Group or Patient Liaison Service. I have added the link to this advice:

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

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For more information, call 0345 015 4033 or visit the Parliamentary and Health Service Ombudsman website.

All of these advisory services are free of charge.

My direct email is: maria.lawton@nhs.net

Our Practice email is: WELACCG.prescriptionhallgreen@nhs.net

Yours Sincerely

Maria Lawton
Practice Manager

Hall Green Surgery

Annex H – Complaints Sign

HALL GREEN SURGERY PRACTICE COMPLAINTS PROCEDURE

WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART
OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS.
OUR SYSTEM MEETS NATIONAL CRITERIA

OUR PRACTICE COMPLAINTS PROCEDURES ARE DETAILED
IN OUR PRACTICE LEAFLET AND
IS AVAILABLE FROM RECEPTION AND ON OUR WEBSITE:

<http://www.hallgreensurgery.nhs.uk/>

HALL GREEN SURGERY COMPLAINTS LEAD: LYNN RASBURN
HALL GREEN SURGERY PRACTICE: MANAGER IS MARIA LAWTON

OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD
OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY
PROBLEMS THAT MAY OCCUR.

HELP US TO HELP YOU