**Complaints Procedure (England)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| 1 | 15.10.2020 | H Harman | Dr M Bolina and Dr Z Hutchinson | Updated version |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 3](#_Toc45127141)

[1.1 Policy statement 3](#_Toc45127142)

[1.2 Status 3](#_Toc45127143)

[1.3 Training and support 3](#_Toc45127144)

[2 Scope 3](#_Toc45127145)

[2.1 Who it applies to 3](#_Toc45127146)

[2.2 Why and how it applies to them 3](#_Toc45127147)

[3 Guidance 4](#_Toc45127148)

[3.1 Legislation 4](#_Toc45127149)

[3.2 Definition of a complaint 4](#_Toc45127150)

[3.3 Complaints procedure promulgation 4](#_Toc45127151)

[3.4 Responsible person 4](#_Toc45127152)

[3.5 Complaints manager 5](#_Toc45127153)

[3.6 Complainant options 5](#_Toc45127154)

[3.7 Timescale 5](#_Toc45127155)

[3.8 Response times 5](#_Toc45127156)

[3.9 Route of a complaint 6](#_Toc45127157)

[3.10 Verbal complaints 6](#_Toc45127158)

[3.11 Written complaints 7](#_Toc45127159)

[3.12 Complaints advocates 7](#_Toc45127160)

[3.13 Investigating complaints 8](#_Toc45127161)

[3.14 Final formal response to a complaint 8](#_Toc45127162)

[3.15 Confidentiality in relation to complaints 9](#_Toc45127163)

[3.16 Persistent and unreasonable complaints 9](#_Toc45127164)

[3.17 Complaints involving external staff 9](#_Toc45127165)

[3.18 Complaints involving locum staff 10](#_Toc45127166)

[3.19 Summary 10](#_Toc45127167)

[Annex A – Patient complaint form 11](#_Toc45127168)

[Annex B – Third party patient complaint form 12](#_Toc45127169)

[Annex C – Complaint handling desktop aide-memoire 13](#_Toc45127170)

[Annex D – Annual Complaints Report 14](#_Toc45127171)

[Annex E – Complaint review form 22](#_Toc45127172)

[Annex F – Complaint leaflet 25](#_Toc45127173)

[Annex G – Complaints log (example) 28](#_Toc45127181)

[Annex H – Acknowledgement of a complaint letter (example) 29](#_Toc45127182)

[Annex I – Final response to a complaint letter (example) 30](#_Toc45127183)

# Introduction

## Policy statement

The purpose of this document is to ensure that all staff are aware of the complaints procedure within St. George’s Medical Centre, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received by the organisation.

## 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.

## Training and support

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

# Scope

## Who it applies to

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.

## Why and how it applies to them

All staff at St. George’s Medical Centre 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. St. George’s Medical Centre takes 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 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](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# Guidance

## 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 organisation adopts a patient-focused approach to complaint handling in accordance with the [National Health Service England Complaints Policy (2017)](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) whilst also conforming to guidance detailed in:

1. [Good Practice Standards for NHS Complaints Handling 2013](https://www.noeccn.org.uk/resources/Documents/Education%20Group/Resources/Good-Practice-standards-for-NHS-Complaints-HandlingSept-2013.pdf)
2. [Parliamentary & Health Service Ombudsman’s Principles of Good Complaints Handling 2009](https://www.ombudsman.org.uk/sites/default/files/page/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf)
3. [My Expectations 2014](https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf)
4. [The NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england)
5. [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16](https://www.cqc.org.uk/sites/default/files/20150510_hsca_2008_regulated_activities_regs_2104_current.pdf)

## Definition 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.[[1]](#footnote-1)

There is no difference between a “formal” and an “informal” complaint. Both are expressions of dissatisfaction.[[2]](#footnote-2)

## Complaints procedure promulgation

St. George’s Medical Centre has prominently displayed notices detailing the complaints process. 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 3.1.

## Responsible person

At St. George’s Medical Centre, the responsible person is Dr M Bolina, Senior GP Partner. They are responsible for ensuring compliance with the complaints regulations and making sure action is taken as a result of the complaint.

|  |
| --- |
|  |

## Complaints manager

At St. George’s Medical Centre, the complaints manager is 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.[[3]](#footnote-3)

## Complainant options

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

1. This organisation via the complaints manager
2. NHS England: Telephone 03003 112233, email england.contactus@nhs.net or in writing: NHS England, PO Box 16738, Redditch, B97 9PT. Patients can talk to NHS England in British Sign Language (BSL) via a video call to a BSL interpreter

## 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 the complainant becomes 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.

## Response times

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

A template for the acknowledgement of a complaint can be found at [Annex H](#_Annex_H_–).

There is no end date by which the complainant must receive their response in order to allow a full investigation, including that of third parties, to occur. However, regular updates from the organisation 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 complainant must be advised.[[4]](#footnote-4)

The complaints manager will advise the complaints procedure to the complainant or their representative. In many cases, a prompt response and, if the complaint is 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).

## Route of a complaint

Patients can 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. In accordance with Regulation 16[[5]](#footnote-5), all staff at St. George’s Medical Centre must fully understand the complaints process.

The complainant should be provided with a copy of the organisation leaflet detailing the complaints process at [Annex F](#_Annex_F_–) and they should be advised that the process is a two stage process as detailed below:

**Stage 1**

The complainant may make a complaint to either the organisation 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).

**Important:**  Complaints are not escalated to NHS E following the organisation’s response. A complaint made to either the organisation or NHS E will escalate to PHSO.

## Verbal complaints

If a patient 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 complaints should be managed at this level. After this conversation, the patient 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 complaints manager should still be informed as this needs to be added to the complaints log at [Annex G](#_Annex_G_–).

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

An acknowledgement of the verbal complaint will suffice and therefore the complaints manager does not need to subsequently respond in writing, although the verbal complaint must be recorded 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 meetings.

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 complaints manager then a full explanation of the events leading to the complaint is to be given to allow any appropriate response.

## Written complaints

An alternative option is for any complaint to be forwarded by letter or email to the complaints manager.

## Complaints advocates

Details of how patients can complain and also how to find independent NHS complaints advocates are to be detailed within the organisation leaflet at [Annex F](#_Annex_F_–). Additionally, the patient should be advised that the local Healthwatch can help to find an independent NHS complaints advocacy services in the area.

Independent advocacy services include:

1. 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
2. SeAp Advocacy – gives advocacy support. Call 0330 440 9000 for advice or text SEAP to 80800
3. Age UK – may have advocates in the area. Visit their website or call 0800 055 6112
4. Local councils can offer support in helping the complainant to find an advocacy service. Visit <https://www.gov.uk/find-your-local-council>

##  Investigating complaints

St. George’s Medical Centre will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance.

This organisation will adhere to the following standards 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 with the level of detail appropriate to the nature and seriousness of the complaint.
7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.
9. 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.

##  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 as per NHS Resolution (see extract)[[6]](#footnote-6):

* Be professional, well thought out and sympathetic
* Deal fully with all the complainant’s complaints
* Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required
* Set out what details are based on memory, contemporaneous notes or normal practice
* Explain any medical terminology in a way in which the complainant will understand
* Contain an apology, offer of treatment or other redress if something has gone wrong
* The response should also highlight what the organisation has done, or intends to do, to remedy the concerns identified to ensure that the problem does not happen again
* The response should inform the complainant that they may complain to the

Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied

Consideration must be given to the fact that the response is likely to be read by the complainant’s family and possibly legal advisers.

A full explanation and apology may assist in avoiding a claim. However, if a

patient subsequently brings a claim for compensation, the complaint file is likely to

be used in those proceedings so it is important that any response to a complaint is

clear and well explained and can be supported by evidence.

The full and final response should ordinarily be completed within six months, although should it be likely that this will go beyond this timescale, the Complaints Manager will contact the complainant to update and give a projected completion timescale.

A template example of the final response letter can be found at [Annex I](#_Annex_I_–).

##  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.

##  Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at St. George’s Medical Centre is achieved by following the guidance detailed at [Appendix 2](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) of the NHS England Complaints Policy.

##  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.

##  Complaints involving locum staff

St. George’s Medical Centre will ensure that all locum staff, be it GPs, nurses or administrative staff, are aware of both the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left the organisation (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 difference between locum staff, salaried staff or partners.

##  Summary

The care and treatment delivered by St. George’s Medical Centre 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 organisation is able to investigate and resolve complaints in a timely manner, achieving the desired outcome for service users, whilst also identifying lessons learned and ultimately improving service delivery.

## Annex A – 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 organisation staff (if known). Continue on a separate page if required.

|  |
| --- |
|  |

**SECTION 3: OUTCOME**

|  |
| --- |
|  |

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**SECTION 5: ACTIONS**

|  |
| --- |
| Passed to management Yes/No |

##

## Annex B – 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)

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

## 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.

## Annex D – Annual Complaints Report (examples)

**Introduction**

The purpose of the Annual Complaints Report (ACR herein) is to detail the complaints received by St. George’s Medical Centre during the year 01 April 2019 to 31 March 2020. The organisation 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 St. George’s Medical Centre will be available to the public upon request.

**Tabular representation**

For ease of reading, the ACR is presented in tabular form and illustrated overleaf.

**Table 1** – Complaints received during reporting year [01 April 2019 – 31 March 20]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Number of complaints received** | **Warranted** | **Unwarranted** | **Partially warranted** |
| April | 2 | 1 | 1 | 0 |
| May | 2 | 1 | 1 | 0 |
| June | 2 | 1 | 0 | 1 |
| July | 3 | 1 | 0 | 2 |
| August | 1 | 1 | 0 | 0 |
| September | 1 | 1 | 0 | 0 |
| October | 1 | 1 | 0 | 0 |
| November | 0 | 0 | 0 | 0 |
| December | 2 | 2 | 0 | 0 |
| January | 1 | 1 | 0 | 0 |
| February | 1 | 1 | 0 | 0 |
| March | 1 | 1 | 0 | 0 |

**Table 2** – Nature of complaints during the reporting year 01 April 2019 – 31 March 2020 – add columns as required.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Number of complaints**  | **Treatment** | **Staff attitude** | **Access** | **Referral process** | **Facilities** | **Medication**  | **Waiting times** |
| April | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| May | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| June | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| July | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Aug | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Sept | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Oct | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Nov | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dec | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Jan | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Mar | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

**Table 3** – Referrals to the ombudsman during the reporting year 01 April 2019 – 31 March 2020

|  |  |  |
| --- | --- | --- |
| **Month** | **Number of complaints received** | **Referrals to ombudsman** |
| April | 2 | 0 |
| May | 2 | 0 |
| June | 2 | 0 |
| July | 3 | 0 |
| August | 1 | 0 |
| September | 1 | 0 |
| October | 1 | 1 |
| November | 0 | 0 |
| December | 2 | 0 |
| January | 1 | 0 |
| February | 1 | 0 |
| March | 1 | 0 |

**Table 4 –** Categorisation of complaints by staff group during the reporting year 01 April 2019 – 31 March 2020

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Number of complaints**  | **GP** | **Nurse** | **HCA** | **Pharmacy** | **Reception** | **Admin** | **Locum** |
| April | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| May | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| June | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| July | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Aug | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Sept | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Oct | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Nov | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dec | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Jan | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Mar | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

**Table 5** – Complaint trends identified during the reporting year 01 April 2019 – 31 March 2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Number of complaints received** | **Trends by category** | **Trends by staff group** |
| April | 2 | Treatment (ear-syringing) | Nursing |
| May | 2 |  |  |
| June | 2 |  |  |
| July | 3 |  |  |
| August | 1 |  |  |
| September | 1 |  |  |
| October | 1 |  |  |
| November | 0 |  |  |
| December | 2 | Attitude | Reception staff |
| January | 1 |  |  |
| February | 1 |  |  |
| March | 1 |  |  |

**Table 6** – Remedial actions/lessons identified 01 April 2019 – 31 March 2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Number of complaints received** | **Remedial actions** | **Lessons identified** | **Comments** |
| April | 2 | Treatment plans reviewed for ear syringing | Staff require regular refresher training | Annual training to be arranged by…. |
| May | 2 |  |  |  |
| June | 2 |  |  |  |
| July | 3 |  |  |  |
| August | 1 | Review GP rota to ensure sufficient coverage to maintain acceptable waiting times | GPs must ensure they discuss leave requirements in advance with PM – no later than June | Leave pro forma to be emailed to all staff following Easter for summer to enable management time to source cover |
| September | 1 |  |  |  |
| October | 1 |  |  |  |
| November | 0 |  |  |  |
| December | 2 | Staff survey conducted identifying excessive workload at peak times during the year | Manager/lead receptionist to maintain an awareness during peak times, monitoring staff for fatigue etc.  | Discuss the rotation of staff between administrative roles and reception to alleviate fatigue |
| January | 1 |  |  |  |
| February | 1 |  |  |  |
| March | 1 |  |  |  |

**Table 7** – Changes to organisation policy 01 April 2019 – 31 March 2020

|  |  |  |
| --- | --- | --- |
| **Month** | **Number of complaints received** | **Changes to policy** |
| April | 2 | Ear syringing protocol changed to reflect annual refresher training requirement |
| May | 2 |  |
| June | 2 |  |
| July | 3 |  |
| August | 1 | HR policy regarding leave requests changed stating new cut-off dates for summer break |
| September | 1 |  |
| October | 1 |  |
| November | 0 |  |
| December | 2 | HR policy update regarding monitoring of staff for fatigue |
| January | 1 |  |
| February | 1 |  |
| March | 1 |  |

**Summary**

This ACR ensures transparency between St. George’s Medical Centre and its patients. The information is accurate and reflects the complaints received during the reporting year [01 April 2019 to 31 March 2020]. This information is available to the public upon request and will be displayed in [insert location] and also discussed at the PPG meeting.

[Signed]

[Insert name]

[Insert role/position]

[Insert date]

## Annex E – Complaint review form (example)

**Introduction**

The purpose of the complaint review form is to enable St. George’s Medical Centre 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 organisation.

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 organisation.

**Usage**

This form can be used by the complaints manager and responsible officer and any other parties involved in the management of complaints at St. George’s Medical Centre. 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.[[7]](#footnote-7)

The **complaint review form** is shown overleaf.

**Complaint review form St. George’s Medical Centre (example)**

|  |  |  |
| --- | --- | --- |
| Complaint reference number | Patient identifying number | Date of review |
|  |  |  |

|  |
| --- |
| **Summary of complaint:** |

|  |
| --- |
| **Summary of learning points (explain how this will be communicated to the team):** |

|  |  |
| --- | --- |
| **Action points:**1.2.3.4.5.6.7.8. | **By whom:**1.2.3.4.5.6.7.8. |

|  |
| --- |
| **Complaint category (please delete as appropriate):*** Treatment
* Staff attitude
* Access
* Referral process
* Facilities
* Medication
* Waiting times
 |

|  |
| --- |
| **Complaint staff group (please delete as appropriate):*** GP
* Nurses
* HCA
* Pharmacy/dispensary
* Receptionists
* Admin
* Locum staff
 |

|  |
| --- |
| **Date team meeting held to discuss complaint (detail those present):** |

|  |
| --- |
| **Review date (detail when the complaint was reviewed to ensure actions completed):** |

|  |  |
| --- | --- |
| **Complaints manager signature:** |  |
| **Complaints manager name:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Responsible officer signature:** |  |
| **Responsible officer name:** |  |
| **Date:** |  |

##

## Annex F – Complaint leaflet (example)

A patient information leaflet regarding complaints is via PDF.

[file:///C:/Users/LaptopUser/Desktop/Complaints%20leaflet%2001.02.2022.pdf](file:///C%3A%5CUsers%5CLaptopUser%5CDesktop%5CComplaints%20leaflet%2001.02.2022.pdf)

## Annex G – Complaints log (example)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date Received** | **Format** | **Consent obtained** | **Complaint description** | **Ack’d date** | **Outcome** | **Upheld** | **Date closed** |
| 1/20 | 08 Jan 20 | In person | N/A | Fall in car park | N/A | Apologised, SEA raised, repairs to car park. Discussed at all meetings | Yes | 31 Jan 20 |
| 2/20 | 10 Feb 20 | Email | Yes | Wrong tablets prescribed on mother’s prescription  | 12 Feb 20 | Advised that the drug was the same, although different branding. Letter written to daughter following investigation | No | 19 Feb 20 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

## Annex H – Acknowledgement of a complaint letter (example)

[Organisation]

[Address]

[Complainant’s name]

[Complainant’s address]

[Date]

Reference [Enter]

Dear [name],

**Acknowledgment of complaint**

Thank you for your letter [dated] with regard to your complaint. We are sorry that you have felt that the standard of service at St. George’s Medical Centre warranted your complaint.

Please be advised that, whilst complaints are infrequent, when received we will thoroughly investigate and will always manage these in line with the NHS contract.

We are aware that you would wish for a response as soon as possible and we will endeavour to conduct a full and thorough investigation in the shortest period of time possible. However, please be advised that this may take some time and, whilst we do hope to respond more quickly, current NHS complaints guidance allows this to be upwards of six months. If, for whatever reason, the investigation is likely to exceed this timescale, we will contact you and update you with all progress to date.

Please find enclosed a copy of the Complaints Leaflet. This details what you should expect, a list of advocacy services should you need any support and also what to do should you not be content with the findings of this complaint.

Yours sincerely,

[Signed]

[Name]

[Role]

Enc: Complaints Leaflet

## Annex I – Final response to a complaint letter (example)

[Organisation]

[Address]

[Complainant’s name]

[Complainant’s address]

[Date]

Reference [Enter]

Dear [name],

**Final response to complaint**

Further to my letter dated [enter], please see below the findings following a full investigation into your complaint dated [insert].

[Detail, although the response is to include the following as per section 3.14]

1. Be professional, well thought out and sympathetic
2. Deal fully with all the complainant’s complaints
3. Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required
4. Set out what details are based on memory, contemporaneous notes or normal practice
5. Explain any medical terminology in a way in which the complainant will understand
6. Contain an apology, offer of treatment or other redress if something has gone wrong. The response should also highlight what the organisation has done, or intends to do, to remedy the concerns identified to ensure that the problem does not happen again.

Please be advised that this is the final response. Should you remain dissatisfied with the findings of this investigation, then you may further complain to:

Parliamentary and Health Service Ombudsman (PHSO)

Milbank Tower

LONDON

SW1P 4QP

0345 015 4033

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Yours sincerely,

[Signed]

[Name]

[Role]

1. [NHS(E) Complaints Policy 2017](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) [↑](#footnote-ref-1)
2. [Good Practice for Handling NHS Complaints 2013](https://www.patients-association.org.uk/wp-content/uploads/2014/06/Good-Practice-standards-for-NHS-Complaints-HandlingSept-2013.pdf) [↑](#footnote-ref-2)
3. [A Guide to Effective Complaints Resolution England](https://www.medicalprotection.org/docs/default-source/pdfs/Booklet-PDFs/eng-med-complaints-booklet.pdf?sfvrsn=4) [↑](#footnote-ref-3)
4. [http://www.themdu.com/guidance-and-advice/journals/inpractice-july-2014/timescales- for-acknowledging-investigating-and-responding-to-complaints](http://www.themdu.com/guidance-and-advice/journals/inpractice-july-2014/timescales-%20for-acknowledging-investigating-and-responding-to-complaints) [↑](#footnote-ref-4)
5. [Heath & Social Care Act 2008 Regulation 16](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints#guidance) [↑](#footnote-ref-5)
6. [https://resolution.nhs.uk](https://resolution.nhs.uk/wp-content/uploads/2019/03/CNSGP-Responding-to-complaints-1.pdf) [↑](#footnote-ref-6)
7. [NHS England Complaints Policy](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) [↑](#footnote-ref-7)