



Roundwell Medical Centre

Complaints Procedure

Policy statement

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

Scope

Who it applies to

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

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS)

Why and how it applies to them

All staff at Roundwell 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. Roundwell 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.

We 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 with regard to the individual protected characteristics of those to whom it applies.

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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.

Roundwell Medical Centre adopts a patient-focused approach to complaint handling in accordance with the [National Health Service England Complaints Policy updated \(2021\)](#) whilst also conforming to guidance detailed in:

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

Responsible person

The responsible person is Frances McKenzie, Business Manager. She is responsible for ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no Complainant is discriminated against, for making a complaint.

Complaints manager

The complaints manager is Frances McKenzie, Business Manager. She is responsible for managing the complaints procedures and must be readily identifiable to service users. The responsible person and complaints manager can be the same person. The Complaints Manager may delegate complaints and investigations into complaints to the Operations Manager (Patient Services).

Complaints procedure

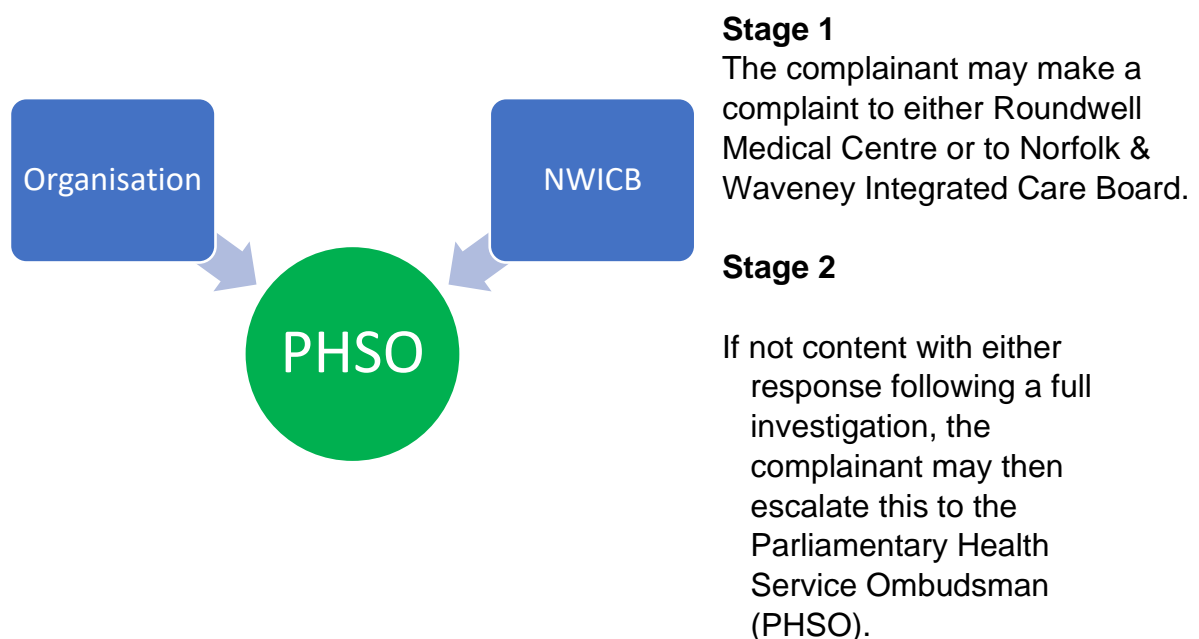
There are prominently displayed notices in both Ground Floor and First Floor waiting rooms detailing the complaints process. In addition, the process is

included on our website and a complaints leaflet is also available from the Patient Services Team.

Complainant options

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. All staff must fully understand the complaints process.

The complainant should be provided with a copy of the practice complaints leaflet detailing the complaints process at [Annex D](#) and they should be advised that the process is a two-stage process



Important: Complaints are not escalated to NWICB following our response. A complaint made to either the organisation or NWICB will escalate to the PHSO.

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

- Roundwell Medical Centre via the complaints manager
- Norfolk & Waveney Integrated Care Board:
 - By Telephone: 01603 595857.
 - By email: complaintsservice@nhs.net.

- By post: NHS Norfolk and Waveney ICB, County Hall, Martineau Lane, Norwich, NR1 2DH.

Parliamentary and Health Service Ombudsman (PHSO)

The Ombudsman's role is to make final decisions on complaints that have not been resolved locally by the NHS in England. The Ombudsman looks at complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or has given a poor service and not put things right.

The Ombudsman can recommend that organisations provide explanations, apologies and financial remedies to service users and that they take action to improve services

Timescale

The time constraint on bringing a complaint is normally

- 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 NWICB by the complaints manager.

Responding to a complaint

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager will provide an initial response to acknowledge any complaint within three working days after the complaint is received and should give an indication of when the outcome can be expected. If appropriate the investigator may contact the complainant to discuss the complaint to clarify the information or request further information.

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 the timescale given in the acknowledgement letter but no longer than six months unless all parties agree to an extension.

All complaints are to be added to the complaints log in accordance with [Logging & retaining complaints](#).

Verbal Complaints

If a patient wishes to complain verbally the complainant should be advised that the Operations Manager (Patient Services) will be advised of the complaint who will contact the complainant to. If the matter demands immediate attention, the Operations Manager (Patient Services) should be contacted who may then offer the patient an appointment or may offer to see the complainant at this stage.

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 in accordance with [Logging & retaining complaints](#).

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 investigating manager should record notes of the discussion (for reference only) which may be used when discussing complaints at meetings.

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.

Written complaints

Whilst this is not the preferred option due to the timescales involved in compiling a letter of complaint and any subsequent response for both the patient and the complaints manager, an alternative option can be offered for any complaint to be forwarded by letter or email to the complaints manager.

When a complaint is received then the response is to be as per [Responding to a complaint](#).

Who can make a complaint?

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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 we 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, we need 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 we 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 we can contact them for 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 be of the opinion that 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 MDDUS (defence union) or NHS England area complaints team to confirm prior to notifying the complainant in writing of any decision.

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 D](#).

Additionally, the patient should be advised that the local Healthwatch [Healthwatch Norfolk – 01953 856029) 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. [Advocacy People](#) – gives advocacy support. Call 0330 440 9000 for advice or text 80800 starting message with PEOPLE
3. [Age UK](#) – may have advocates in the area. Visit their website or call 0800 678 1602
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

The practice will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance.

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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 are 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 the timescale given in the acknowledgement letter but no longer than 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

Following this and 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):

For significant complaints the final response should only be issued to the complainant once the letter has been agreed by MDDUS (defence union).

- 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 the timescale advised to the complainant in the acknowledgement letter but no later than six months after receiving the initial complaint, 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 F](#).

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 is achieved by following the guidance detailed at [Appendix 3](#) of the 2021 NHS England Complaints Policy.

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 MDDUS (defence union) for guidance.

1. It is strongly suggested that should any organisation receive a complaint that highlights that legal action has been taken then they should be cautious.
2. 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/NHSE area teams. As the response from NHSE states, you must deal with a complaint that cites legal action against you as you would for any other complaint.
3. Should any complainant cite legal action that refers to an incident after 1 April 2019, contact NHS Resolution and they will assist under Clinical Negligence Scheme for General Practice (CNSGP). Refer to the NHS Resolution Guidance for general practice document [here](#).
4. It is strongly suggested that organisations make a record of everything involving the complaint.

NHS Resolution can be contacted [here](#).

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.

Multi-agency complaints

Should a complaint be received that refers to any other organisation, the complaint is to be investigated in collaboration with all the organisations that are involved. Complaints managers from each organisation will need to determine which the lead organisation will be and the lead organisation will then be responsible for coordinating the complaint.

Complaints involving locum staff

The practice will ensure that all locum staff; GPs, nurses or administrative staff, are aware of both the complaints process and that they will be expected to take part 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.

Logging and retaining complaints

All organisations will need to log their complaints and retain as per the Records Retention Schedule.

All evidence of complaints is compiled within the KO14b Complaints Log Toolkit.

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 submission¹

This data is submitted by the Business Manager to NHSE within the KO14b complaints report by timeframe given by NHSE

Summary

The care and treatment delivered by Roundwell 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



Roundwell Medical Centre

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: SIGNATURE

Surname & initials		Title	
Signature		Date	

Annex B – Third party patient complaint form



Roundwell Medical Centre

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)

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SECTION 4: COMPLAINT DETAILS

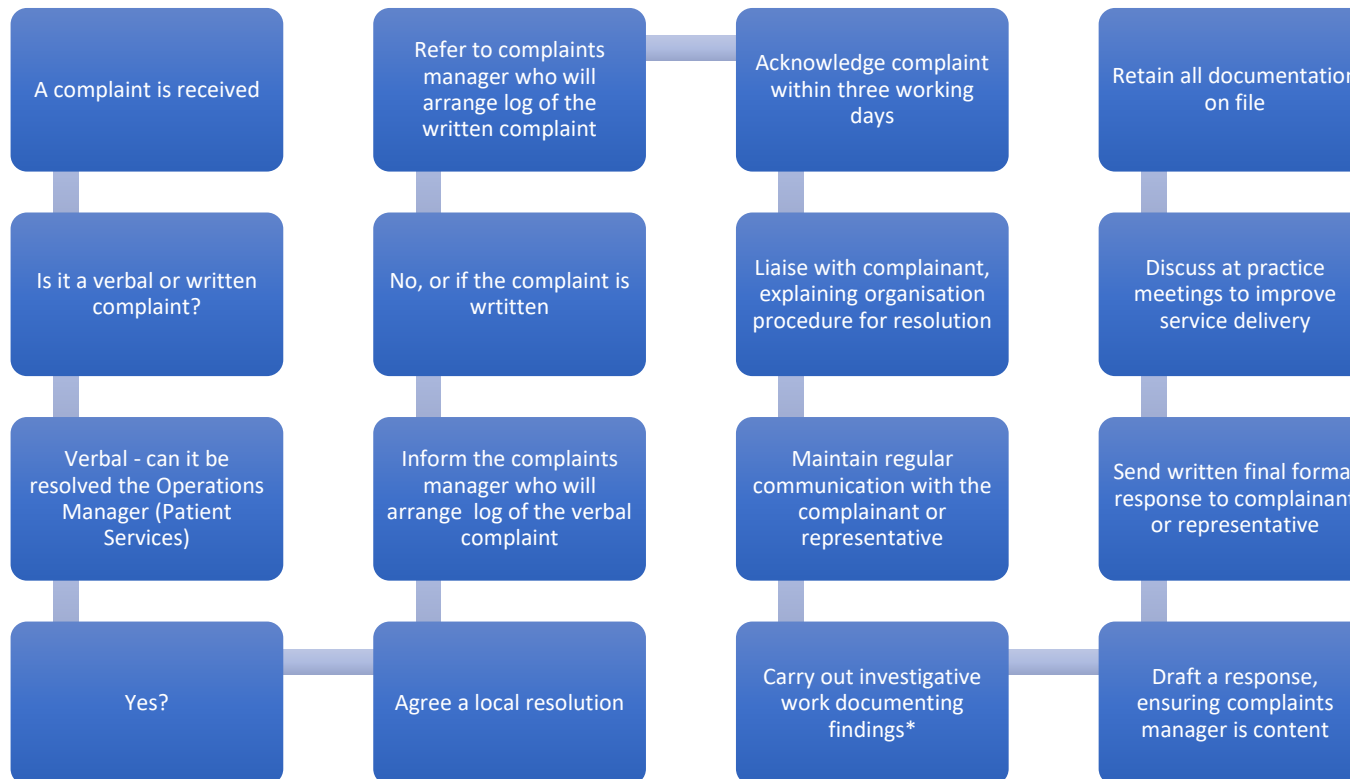
Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

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SECTION 5: SIGNATURE

Surname & initials		Title	
Signature		Date	

Annex C – Complaint handling desktop aide-memoire



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* 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

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Annex D – Complaint leaflet

A patient information leaflet regarding complaints is shown below.

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Advocacy support

- [POhWER](#) support centre can be contacted via 0300 456 2370
- [Advocacy People](#) gives advocacy support on 0330 440 9000
- [Age UK](#) on 0800 678 1602
- Local Council can give advice on local advocacy services

Further action

If you are dissatisfied with the outcome of your complaint from either NHS England or this organisation then you can escalate your complaint to Parliamentary Health Service Ombudsman (PHSO) at either:

Milbank Tower, Milbank
LONDON
SW1P 4QP

or

Citygate, Mosley Street
MANCHESTER
M2 3HQ

Tel: 0345 015 4033

www.ombudsman.org.uk

Roundwell Medical Centre

25-27 Dr Torrens Way

Costessey, Norwich NR5 0GB

01603 744014 – nwicb.complaints.roundwellmedicalcentre@nhs.net



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Talk to us

Every patient has the right to make a complaint about the treatment or care they have received at Roundwell Medical Centre.

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

Who to talk to

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint. Alternatively, ask to speak to the Operations Manager (Patient Services)

If for any reason you do not want to speak to a member of our staff, then you can request that NHS England investigates your complaint. They will contact us on your behalf:

NHS England
PO Box 16738
Redditch
B97 9PT
0300 311 2233
England.contactus@nhs.net

A complaint can be made verbally or in writing. A complaints form is available from reception. Additionally, you can complain via email to complaints.roundwellmedicalcentre@nhs.net.

Time frames for complaints

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

Frances McKenzie, Complaints Manager will aim to acknowledge all complaints within three business days.

We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint.

Investigating complaints

Roundwell Medical Centre will investigate all complaints effectively and in conjunction with extant legislation and guidance.

Confidentiality

Roundwell Medical Centre will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record.

Third party complaints

Roundwell Medical Centre allows a third party to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party patient complaint form is available from reception.

Final response

Roundwell Medical Centre will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

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Annex E – Acknowledgement of a complaint letter (example)

[Complainant's name]

[Complainant's address]

[Date]

Dear [name],

Acknowledgment of complaint

Thank you for your letter [dated] regarding your complaint. We are sorry that you have felt that the standard of service at [Roundwell 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. Our promise to you includes that we will:

- Keep you [or your advocate] up to date with the progress of your complaint
- We will attempt to investigate and provide a detailed response as quickly as possible. Some complaints may take longer than others so we do not want to offer any specific timescale but we aim to respond within 4 weeks. However, throughout the investigation, the practice will keep you up-to-date with the progress and this can be by telephone, email or letter and will be as agreed with you
- You [or your advocate] can expect to receive a quality response
- Should there be any learning outcome, you [or your advocate] will be provided with what actions have been taken to prevent any future recurrence

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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 possible.

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 what to do should you not be content with the findings of this complaint.

Yours sincerely,

[Signed]

[Name]

[Role]

Enc: Complaints Leaflet

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

[Complainant's name]

[Complainant's address]

[Date]

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 3.16]

- a. Be professional, well thought out and sympathetic
- b. Deal fully with all the complainant's complaints
- c. Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required
- d. Set out what details are based on memory, contemporaneous notes or normal practice
- e. Explain any medical terminology in a way in which the complainant will understand

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- f. 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 in writing to the Parliamentary and Health Service Ombudsman (PHSO) at either:

Milbank Tower
Millbank
LONDON
SW1P 4QP

Citygate
Mosley Street
MANCHESTER
M2 3HQ

The PHSO may be contacted via telephone on 0345 015 4033. Further details on how to make a complaint to PHSO can be sought at www.ombudsman.org.uk.

Yours sincerely,

[Signed]

[Name]

[Role]

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