

**COMPLAINTS HANDLING POLICY AND PROCEDURES**

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| **Complaints Handling Policy and Procedures** |
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# Introduction

Long Catlis Road Surgery aim to provide the highest quality care to the local community. We wish to know what people think about the services and, therefore, welcome both positive and negative feedback from our patients.

Compliments, new ideas, constructive comments, queries, and concerns, as well as complaints, all help us to confirm what we are doing right and identify problem areas. They give us an insight into the standard of the services that we provide. Above all, they help us to take action to prevent similar problems occurring in the future and to further improve our services.

# Making a complaint

A complaint may be made by a service user, or any person affected by or likely to be affected by the action, omission or decision that is subject of the complaint.

Someone acting on behalf of another person may make a complaint on behalf of that person, where that person is unable to make the complaint themselves or has asked the person to make the complaint on their behalf. Where the person is unable to make a complaint themselves, the representative will need to have or have had sufficient interest in their welfare and be an appropriate person to act on their behalf.

# Legal Framework

These Policy and Procedures are written to conform with current NHS directives, statute, Department of Health Guidance, and guidance from the Health Service Ombudsman and CQC.

# Purpose

The purpose of this Policy is to ensure that the rights and commitments set out in the NHS Constitution relating to complaints are upheld by staff. The rights and commitments set out in the NHS Constitution are:

* + The right to have any complaint made about NHS services dealt with efficiently and to have it properly investigated.
	+ The right to know the outcome of any investigation into a complaint.
	+ The right to take a complaint to the independent Health Service Ombudsman if the complainant is not satisfied with the way their complaint has been dealt with by us.
	+ The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
	+ When mistakes happen, they shall be acknowledged; an apology made; an explanation given of what went wrong and the problem rectified quickly and effectively.
	+ The commitment to ensure that the organization learns lessons from complaints and claims and uses these to improve our services.

# Principles Underlying the Complaints Policy

People complain for many different reasons. Most people receiving NHS health care do not set out to become complainants, so when they do express a concern or raise a complaint, we recognise that it is usually a highly significant thing for them to do.

When members of the public raise matters with us if things have gone wrong, we commit to:

* + Invite the complainant to have a say in how the case is handled and how things are to be put right.
	+ Provide an honest and open response to all the concerns
	+ Provide a thorough and detailed explanation concerning events leading up to the complaint.
	+ Provide an apology where things have gone wrong.
	+ Provide a report to the complainant concerning what the organisation will learn from this experience, with the reassurance that other patients will have a better outcome consequently.
	+ Where possible, contract to provide care or treatment to reinstate the patient to the point at which the complaint was made.

No one should be discriminated against or treated badly because of making a complaint or raising a concern. Where the complainant is a patient, it is important that their right to care is not compromised by their complaint and that they are not treated adversely.

It is important to listen and react appropriately when patients, carers or relatives express a concern or make a complaint. Not everything that patients, relatives, and carers raise as a concern is necessarily a ‘complaint’. Most complaints and concerns can and should be resolved informally by the people to whom they were addressed or by their immediate manager. All possibilities should be explored to resolve the complaint positively.

Where patients find it difficult to complain, or are unable to complain, we welcome complaints from a close family member or a patient advocate in appropriate circumstances. When someone complains on behalf of a patient, we will need to ensure that the patient has agreed to their information being shared for the purposes of investigation and resolution of the complaint.

Information received from a complainant will remain confidential and be communicated only to those people who need to know. Specific patient information will be anonymised wherever possible.

If the complainant is dissatisfied with the final response, s/he has the right to take their complaint to the Health Service Ombudsman.

# Duties and Responsibilities

Dr Uwuseba holds the responsibility for ensuring the development, implementation, and operation of this policy regarding complaints. He will lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.

The Business Manager-Tamara Olseen will act as the designated complaints manager for the practice. She is:

* + responsible for managing the procedures for handling and considering complaints
	+ ensuring that action is taken, if necessary, in the light of the outcome of a complaint or investigation
	+ responsible for the effective management of the complaint’s procedure

# Principles

Long Catlis Road Surgery will:

* + publicise for patients how any complaints can be made, and how any concerns or issues can be raised
	+ aim to resolve any concerns or issues without recourse to the need to make use of the formal complaints policy whenever possible. (If a complaint is made orally and is resolved to the complainant’s satisfaction within 24 hours, it need not be responded to formally)
	+ acknowledge receipt of a complaint and offer to discuss the matter with the complainant within three working days
	+ deal efficiently with complaints and investigate them appropriately
	+ write to the complainant on completion of any investigation explaining how it has been resolved, what appropriate action has been taken, and (for NHS funded patients) reminding them of their right to take the matter to the Health Services Ombudsman if they are still unhappy
	+ assist the complainant in following the complaints procedure, or provide advice on where they may obtain such assistance

# Complainants

Long Catlis Road Surgery may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment. Complaints may also be made

* + where the patient is a child:
		- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child,
		- by a person duly authorized by a local authority to whose care the child has been committed under the provisions of the Children Act 1989; or
		- by a person duly authorized by a voluntary organisation by which the child is being accommodated
	+ where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare

If the complaint involves another organisation as well, Long Catlis Road Surgery will endeavour to ensure that the complainant should be sent a single, coordinated response. The organisation which has the most serious complaint or large number of issues about it would normally take the lead.

# Time limits on making a complaint

Normally a complaint should be made within 3 years from the date the incident occurred. Where it is decided not to investigate, the complainant will have the opportunity to approach the Ombudsman.

# Communicating with Complainants

We will endeavour to communicate with complainants in their preferred manner; this may be by telephone, e-mail, writing or a combination of all of these, or by meeting with them. It may need to be in a language other than English or in another format, for example Braille. We can provide a translation service to assist complaints if requested.

# Training and Support for staff

All staff should know how to react and what to do if someone raises a concern or makes a complaint.

We will arrange for all new staff to have, as part of their induction programme, an awareness session on complaint handling.

It is important that any member of staff who is the subject of a complaint is treated fairly. We recognise that for those staff the process can be distressing and stressful. We will ensure that support is available to staff who may be the subject of a complaint.

The purpose of a complaint investigation is to find out why things went wrong and what needs to be put in place to ensure that it will not happen again. Inevitably some complaints will identify information about serious matters, which may indicate the need for a disciplinary investigation. However, consideration as to whether such action is warranted is a separate matter for management, outside the complaint’s procedure.

Managers should ensure that staff are shown a copy of any letter of complaint concerning them, prior to them being interviewed during the investigation. Managers should also ensure that any member of staff mentioned in the response receives a copy of the final response to the complainant.

# Complaints Reporting and Accountability

The Business Manager will ensure that the practice partners are provided with a full breakdown of comments, compliments, concerns, and complaints received. The breakdown will include the number of complaints received, compliance with time limitations, types of complaints, outcomes, emerging trends/concerns and lessons learnt, and complaints considered by the Ombudsman.

A summary of this information will be reported and discussed on a 12 monthly basis at the Practice Meeting. They will ensure that an annual report is prepared for submission to the PCT. The report will include:

* + The number of complaints received
	+ The number of those which were well founded
	+ The number referred to the Ombudsman
	+ The subject matter of the complaint
	+ Improvements in services made because of complaints received

When a complaint is received consideration should be given as to whether the issues raised should also be reported through other procedures such as Serious Untoward Incidents, Adult Protection, Child Protection or Local Counter Fraud Service.

# Vexatious Complaints

Long Catlis Road Surgery is committed to treating all complainants equitably and recognises that it is the right of every individual to pursue a complaint. It will endeavour to resolve all complaints to the complainant’s satisfaction. However, on occasion staff may consider that a complaint is vexatious in nature, i.e. the complainant raises the same or similar issue repeatedly, despite having received full responses to all issues raised. Vexatious complaints are often symptomatic of other underlying issues and the complaints procedure may not be the most appropriate means of dealing with these.

If a member of staff feels that a complaint or complainant is vexatious, they should discuss with the Business Manager who will take advise from an appropriate source.

# Complaints Procedure

We encourage complaints and concerns to be resolved as quickly and efficiently as possible. Front line staff will be expected to resolve verbal complaints and concerns quickly without the need for them to go through more formal complaints handling arrangements. Guidance for staff is attached as **Appendix A**.

People wishing to make a complaint or raise a concern should be put through to the Operations Manager. The Operations Manager will try and resolve matters as quickly as possible. Where the complainant accepts the response as being satisfactory and appropriate, there will be no requirement for further action.

Contacts from members of the public wishing to raise a concern will be recorded on a contact sheet (**Appendix B**). This form will be monitored by the Operations Manager.

All written complaints should be date stamped upon receipt and handed to the Business Manager immediately.

The Business Manager will read through the complaint carefully to ensure a clear understanding of the issues raised.

Within three working days of receiving a complaint it will be acknowledged and the complainant offered the opportunity to discuss, either by telephone or face to face, how the complaint will be handled. The handling and investigation of a complaint will consider the nature of the individual case and the needs of the individual making the complaint.

A telephone call is sometimes useful as it ensures a clear understanding of all the issues – and whether there are more to be addressed. It also provides the complainant with a human contact, demonstrating that the complaint is being taken seriously.

If the complaint has been received from a representative of the patients, confirm consent with the patient.

Negotiate a timeframe for the response with the complainant. This must be realistic, especially if a key member of staff is not going to be present for a short while (for example if on leave), but you must endeavour to provide a response in a timely fashion.

Keep the complainant informed regarding the progress of their complaint.

Following the initial discussion with the complainant the Business Manager will need to liaise with appropriate colleagues to agree an action plan, having considered the complainant’s requirements, to achieve resolution of the complaint. The action plan will include the timescales for investigating and responding to the complaint. The complainant should be informed of the action plan as speedily as possible.

There may be occasions when it is not be possible to achieve the outcome desired by the complainant. During the initial discussion with the complainant the Business Manager will need to be clear about what can be achieved and what cannot.

It will be the responsibility of the Business Manager to prepare a draft response for non-clinical issues and ensure that the draft has been seen and approved by the Partners within the timescales agreed. It is the responsibility of the clinical governance lead ton respond to complaints on clinical issues.

**Appendix D** provides guidance on writing response letters. If the Business Manager becomes aware of delays that are likely to affect the ability to respond within the timescales, they will notify the complainant and an extension agreed if necessary.

# Complaints Action Plan

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help Long Catlis Road Surgery respond appropriately. It also gives the person who is complaining more confidence that Long Catlis Road Surgery is taking their concerns seriously.

Having a clear understanding of the complaints process is also crucial in helping managers decide on the best response.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

* + address the concerns raised as quickly as possible
	+ stay in regular contact with whoever has complained to update them on progress
	+ follow closely any agreements made – and, if for any reason this is not possible, then explain why.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

# Response and Organisational Sign Off

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant.

Accountability for signing off final response letters will rest with the Clinical governance lead. The final response letter sent to the complainant will:

* + Make clear to the complainant that all appropriate actions have been taken at local level, or that there is an action plan in place to address it.
	+ A written explanation of how the complaint has been considered, the conclusions reached based on facts, and an explanation of what actions, if any, Long Catlis Road Surgery intends to take consequently.
	+ Inform the complainant of their right to take their case to the Ombudsman

If the complainant has asked for a meeting, there will need to be a discussion with the complainant as to when they would find it more helpful to have a meeting.

# Audit

The operation and effectiveness of this policy will be incorporated into Long Catlis Road Surgery’s ongoing audit programme.

As required, anonymised summaries of complaints received from patients receiving NHS funded care will be provided to relevant commissioner(s) as required by relevant contractual agreements.

# Support to Complainants

**Independent Complaints Advocacy Service (ICAS)**

ICAS provides unbiased support to people if they have a complaint regarding their NHS treatment. They can:

* + Help deal with the complaints process, providing an opportunity to explore the issues with someone who is independent of the health service.
	+ Help the complainant explore all the issues.
	+ Help represent the complainant’s issues to the NHS independently and objectively.
	+ Refer to other relevant agencies regarding the complaint.
	+ Meet the complainant in their own home or in a mutually convenient location and attend meetings with them.
	+ Provide interpreters if there is a communication issue.
	+ Generally, support the complainant through the process.

# Mediation

The Health Mediation Service for Kent provides well-trained health mediators who are independent of the practice/service and do not personally know the parties involved in the complaint. The Mediator will listen to all aspects of the complaint and assist in finding a resolution to the problem. The Mediator can meet separately with each party, avoiding conflict. Either party can request mediation, but both parties must agree to it before proceeding.

The service is free, but not legally binding. Mediation does not prevent parties from initiating other procedures.

# Appendix A

**Guidelines for staff receiving the initial verbal contact with a complainant**

The initial contact an organisation has with a person who is unhappy about their service can be key to the outcome of the complaint. It is crucial to obtain all the information that will allow you to assess someone’s concerns correctly, resolve them quickly if you can and build a good ongoing relationship with them. The body language and tone of voice used by staff receiving this contact is important. You must show that you are interested and that you are listening to what they are saying.

1. If the person is angry try not to interrupt them. Let them speak and listen to them. Once they have calmed down then you speak and reassure them that you have listened.
2. If someone has telephoned you, offer to call them back and give them the chance to meet face to face to discuss the issue.
3. Please use the telephone record sheet provided (appendix B) it will prompt you to capture all the information that will help us at the first stage. For instance:
	* An accurate spelling of the caller’s surname
	* Date of birth is important to confirm identification and can sometimes alert us to the need for immediate action
	* All contact details are essential: telephone number – landline and mobile, email address and postal address
	* Listen carefully and then check back with the caller that you have understood the issue
4. Say sorry. This is important as many complainants state that nobody said sorry to them until they had the final response letter. Saying sorry is not admitting to anything and does not mean you are blaming anyone. It is an acknowledgement at this stage that for whatever reason this person has felt aggrieved and upset enough to call you.
5. Check that the caller’s immediate medical needs, or those of the person that they are calling on behalf of, are being met. Is there any action that needs to be taken urgently to address any needs? This takes priority over investigating a complaint; that can be done later.
6. If this is a simple matter, ie level 1 complaint, (see appendix B for guidance) that you can resolve quite easily and quickly then do so. If the complainant is happy with the resolution, then the matter can be closed. You will need to submit the completed contact form to the Operations Manager.
7. If it is a more serious matter that is going to need an investigation you will need to pass it on to the Operations Manager. Inform the caller that you are going to do this and say that they will be in contact with them. The Operations Manager will need a copy of the completed telephone contact sheet.

If the patient wishes to make a complaint to the Clinical Commissioning Group, the following information should be given:

# NHS Swale Clinical Commissioning Group

Bramblefield Clinic, Grovehurst Road, Kemsley, Sittingbourne, Kent ME10 2ST

**Telephone:** 03000 425100 or 03000 425101

**Email:** [swale.ccg@nhs.net](https://web.nhs.net/owa/nigel.whapshott%40nhs.net/redir.aspx?C=1cJcmBY36Em4NwTJhc7Ho4kpV6lg6M9Ib3PFoMkP1C5DXE_nvAAQEEa585yOhiX51IpTyaSxR2U.&URL=mailto%3aswlale.ccg%40nhs.net)

Or

Parliamentary and Health Service Ombudsman Millbank Tower

Millbank London SW1P 4QP

The patient may wish to contact the Care Quality commission. The patient must be advised how to do this and given help if required.

[http://www.cqc.org.uk/sites/default/files/documents/20120117\_whistleblowing\_quick\_guide\_f](http://www.cqc.org.uk/sites/default/files/documents/20120117_whistleblowing_quick_guide_final_update.pdf) [inal\_update.pdf](http://www.cqc.org.uk/sites/default/files/documents/20120117_whistleblowing_quick_guide_final_update.pdf)

# Appendix B

**Contact Record Sheet**

Use this sheet to record any comments, concerns, compliments, or complaints

|  |  |
| --- | --- |
| **Date of Contact:** | **Time of Contact** |
| **Caller Details** |
| First Name: Mr/Mrs/Ms | Surname: |
| Address: | Phone No: e-mail: |
| Dob: |  |
| If not patient, relationship to patient: |
| **Patient Details (if different to above)** |
| First Name | Surname: Mr/Mrs/Ms |
| Address: | Phone No:e-mail: |
| **Details of Call (use a separate sheet if you need more space)** |
| **Service involved:** |
| **Staff member involved:** |
| **Details:** |
| **Action :** |
| **Call Handler Details** |
| Name: |
| Level (see notes over page for guidance): | 1 | 2 | 3 | 4 |
| **Passed to Operations Manager for action: Yes/No Date:** |
| **Operations Manager Report:** |
| **Details:** |
| **Action agreed:** |

**Guidance notes to assist in assessing the issues and action required.**

|  |  |  |
| --- | --- | --- |
| **Category** | **Description** | **Action Plan** |
| **Level 1 Minor** | Something for which it should be possible to get a quick solution, and which does not warrant full complaints procedure | Check that the complainant is happy for someone to contact them - either the Operations Manager or Business Manager. Agree with the complainant the timescale for someone to call them back - ideally the same day. If the matter is resolved quickly and the complainant is happy with the outcome there is no need to take the matter further. A copy of the contact record sheet and outcome shall be retained by theOperations Manager. |
| **Level 2 Significant** | Something which will require some investigation/ contact with one or more members of staff which may take a short time, might involve some correspondence but is unlikely to warrant an in-depth investigation | Check that the complainant is happy for the Operations Manager to contact them. They will discuss with the complainant the outcome and timeframe for resolution. If unable to resolve within agreed timeframe or the complainant is not happy the Operations Manager will discuss with the Business Manager. |
| **Level 3 Major** | A serious complaint that requires full investigation. | Check that the complainant is happy for the Business Manager to contact them. They will discuss with the complainant the outcome and timeframe for resolution. An action plan for the investigation will be agreed with the Business Manager and one of the Partners and Regular reviews of progress and correspondence will be carried out. |
| **Level 4 Complex** | A serious complaint involving more than one provider. For example, GP out of hours service, an Acute Trust andCommunity Services. | This will normally be coordinated by the Business Manager and external agency eg CCG. |

**Appendix C**

**Guidelines for a complaint investigation Principles to apply**

Throughout the investigation keep in mind the customer care ethos that Long Catlis Road Surgery wishes to maintain in our approach to handling a complaint:

* + Listening to our customers and learning from them
	+ Making sure every effort must be made to resolve a complaint locally
	+ Ensuring flexibility is key to our approach
	+ Action should be proportionate to the issue raised
	+ Ensuring an outcome for the patient
	+ Always strive to provide a positive outcome

# NHS Constitution

* + When dealing with complaints all staff need to be aware of the following rights and pledges set out in the NHS Constitution:
	+ The right to have any complaint made about NHS services dealt with efficiently and to have it properly investigated.
	+ The right to know the outcome of any investigation into a complaint.
	+ The right to take a complaint to the independent Health Service Ombudsman if the complainant is not satisfied with the way their complaint has been dealt with by the NHS.
	+ Ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
	+ When mistakes happen to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively.
	+ To ensure that the organisation learns lessons from complaints and claims and uses these to improve their services.

# Action needed when a complaint is received

The complaint should be acknowledged within 3 days of receipt.

It is important that personal contact is made with the complainant right at the beginning, whichever is thought to be appropriate, to create a good relationship and give the complainant confidence that the complaint is being taken seriously.

The assessment/action plan should include the following considerations: Is patient consent needed?

Initial grading of the complaint against the matrix in Appendix B Does the grading indicate there could be legal implications?

A timeframe in which an investigation can be conducted, and a response provided

Would an early meeting be beneficial to ensure all issues are understood?

Should we suggest the complainant should seek support from ICAS? Do we know the complainant’s expectations, and can we meet them?

Once the action plan has been agreed, the Operations Manager will contact the complainant to

discuss what is proposed and if the complainant is happy the detailed investigation should commence.

# The Investigation

When developing the action plan for the investigation, consider the following: Do any staff need to be interviewed and statements obtained?

What policy or other documentation might be needed to support the investigation? Does the complaint need a root cause analysis undertaken?

Do we need an independent clinical assessment of the issue or the complete complaint? Are we going to be able to work for a positive outcome?

Has something gone wrong that can be put right?

If so, is there a remedy or redress that can be proposed eg, can we sort out treatment, reimburse financial loss for travel expenses, etc?

Would it be beneficial to involve the mediation service and, if so, at what stage?

If the complaint was unjustified and the service vindicated how can this be presented to the complainant in an acceptable context?

Keep a record of all contacts and correspondence relating to the complaint.

When the findings of the investigation are complete and a response letter has been drafted, share them with all staff involved. Then, consider if it would be best to meet with the complainant to discuss findings before providing the written response. This provides an opportunity to ensure that all the issues have been covered and that there are no additional issues that were not raised at the outset.

If a meeting has been held, review the response draft, and obtain final approval from the relevant Partner.

# Follow up action

If the response letter indicates that changes are going to be made because of the complaint the Business Manager will note on the complaint file that action is outstanding. The case will remain open until the action has been completed and once completed the Business Manager will report the outcome to the complainant.

# Appendix D

**Guidelines for the Response Letter**

The way a response letter is worded can make the difference between resolving and escalating a complaint. The following guidance will assist in the preparation of a final response letter to go out under the signature of one of the Partners or the Business Manager. No letter shall be sent without the Business Manager of Clinical Governance lead agreement.

# Consider the following:

Think about who you are “talking” to.

Content and style both require accuracy. Check for spelling, grammar, and punctuation. Ensure you use Long Catlis Road Surgery headed paper.

Do not include any facts which cannot be substantiated.

Avoid jargon and complex language. Keep the vocabulary simple and sentences short. Explain clinical terms. The easier the message is to understand, the easier it is to accept. However, there is a balance between explaining things simply and being patronising.

Give thought to the structure of the letter. For example, it may be helpful to take each issue in turn under separate headings or to put events in chronological order. Consider whether there needs to be a separate report with a covering letter.

Avoid being defensive, judgmental, trivialising the complaint or responding emotionally. Get someone else to check the letter for accuracy and tone.

# What the letter should cover

1. **Acknowledgement**

Acknowledge the complainant's right to complain. If complainant is correct, say so clearly. If, on investigation, the facts do not appear to support the complainant’s version of events, it is still advisable to thank the complainant for taking the time to write and provide the opportunity of seeing how the misunderstanding arose.

# Apology

Complainants expect to receive an apology (irrespective of whether their complaint is valid or not). Extending an apology does not necessarily indicate blame. You can apologise for the distress that has been caused; that there has been a misunderstanding or miscommunication.

If something has gone wrong, then make the apology sincere and be open about the error. A well worded apology early in the letter can do a great deal to appease a dissatisfied patient. An apology can:

* Diffuse emotion
* Allow parties to move forward to a new phase where resolution is possible
* Be the first step to repairing a damaged relationship
* Help to restore dignity and trust.

Place the apology at the beginning of your letter. An apology at the end of the letter can look like an afterthought, although a conclusion should include a reiteration of the apology given earlier.

# Condolences

If there has been bereavement, offer condolences. In very distressing cases it can be good practice to write a short covering letter to the full response along the lines of:

*I am writing in answer to the complaint you made about … in relation to the treatment of ... Firstly, please accept my sincere condolences on behalf of our staff*.

*I am very aware, given your sad loss, that our reply may cause distress by revisiting events, which are still very upsetting to you. I therefore enclose our full reply as a separate letter in case you wish to delay reading it until you feel able to.*

# Confirm the issues

List the issues outlined in the complaint as agreed when the action plan was formulated. This will be helpful for the complainant as they can see that you have understood their concerns. It is also helpful as it can give a structure to your letter and ensure that all points are covered.

# How you investigated the complaint

Give details of how you undertook the investigation. For example, mention who you consulted/interviewed, what policies you referred to, whether you reviewed the patient’s notes, whether you sought some advice from outside the practice.

# Explanation

Set out what happened and why it happened.

Answer all the points or questions raised by the complainant.

Explain the circumstances. Keep the explanation short and to the point. It should not undermine the apology. Do not make excuses or pass the blame. Give all the facts as objectively as possible and include those which differ from those given by the complainant. Avoid any note of contention. The complainant may be mistaken or have misunderstood and if this needs to be pointed out present this conclusion in an acceptable way. Always respect the complainant’s position. A belittled complainant is an aggrieved complainant.

Where there has been a conversation, with no independent witnesses, it may be necessary to say that no conclusions can be drawn on the issue. However, in some cases you may have to recognise the balance of probability where two versions of events do not concur.

Attach copies of any supporting documents e.g. copies of records, policies and protocols as appropriate.

Refer to National and Local Guidelines and explain how they were followed; if they were not followed explain why or apologise that they were not.

# Conclusions

Draw conclusions from the information you have gathered during the investigation. If things have gone wrong say so. Again, you may find that in some cases you cannot draw a conclusion, lor you need to decide on the balance of probability. You must always ensure that the contact details for the Parliamentary and Health Service Ombudsman is on the bottom of each letter. This will ensure that a patient can escalate their complaint without having to identify this to the practice.

# Learning from the complaint

Set out the action that you propose to take following the complaint and explain how this may prevent the problem happening again and/or mitigate the complainant’s loss or suffering.

Where you can offer involvement of the complainant in the remedy this will help to reassure them that action is being taken. For example, when rewriting a policy or procedure ask if they would like to see the draft; if physical changes have been made in the service, such as an improved surgery environment, invite them back in to have a look.

# Follow up

Offer to answer any further questions or meet with the patient to discuss the response. Ask them to come back to you if they remain dissatisfied – there may be more you could do.

# The Ombudsman’s role

If the complaint remains unresolved and it is necessary to tell the complainant there is nothing further that can be done locally, advise them that they have the right to complain to the Ombudsman if they remain dissatisfied.

# Closing Paragraph

Reiterate your apology and the hope that your letter has been able to reassure them that the issues have been taken seriously. Avoid saying that the problem will not reoccur unless you can be sure that it will not.

# Action following dispatch of the Response Letter Lessons learned

Remember to share the outcome of the complaint with those who were involved and let them know what changes to the Service may have resulted from the complaint. You should carry out an audit on the changes implemented to ensure that the changes are in place, and they are working.

The outcome of all complaints will be reviewed (and minuted) at the monthly Practice Meeting.

Documents for support

NHS Constitution (DH, 2009)

* The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2008)
* Listening, improving, responding: a guide to better customer care (DH, 2009)
* NHS Litigation Authority guidance about complaints
* Being open – communicating patient safety incidents with patients and their carers (NPSA, 2009)