

# PATIENT FACING COMPLAINTS POLICY

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Date of Change	Changed By	Details of Change
06.01.2025	Katie Chambers	Previously was a practice policy, this has been developed specifically as a patient facing policy.
18.11.2025	Katie Chambers	General overview and header change

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## INTRODUCTION

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### 1.1 Policy Statement

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

## GUIDANCE

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### 2.1 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 (2021). This process must detail how to complain about any aspect of NHS care, treatment or service and this is a requirement written into the NHS Constitution.

### 2.2 Definition of a complaint versus a concern

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

There is no difference between a “formal” and an “informal” complaint. Both are expressions of dissatisfaction.

It is the responsibility of the complaints manager to consider whether the complaint is informal and therefore early resolution of an issue may be possible. If the complaints manager believes an issue can be resolved quickly then TWHS will aim to do this in 10 days. This will then be categorised as a concern and not a complaint.

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

## **2.3 Complaints information**

TWHS has displayed notices in both waiting rooms detailing the complaints process. In addition, the process is included on the website and a complaints leaflet is available upon request.

## **2.4 Responsible Person**

At TWHS, the responsible person(s) are Katie Chambers and Dr Sarah Steely. They are responsible for ensuring compliance with the complaints regulation and making sure action is taken as a result of the complaint.

## **2.5 Complaints Manager**

At TWHS the complaints manager is the Practice Manager, Katie Chambers. They are responsible for managing all complaints procedures and must be readily identifiable to service users.

## **2.6 Duty of candour**

This is a general duty to be open and transparent with people receiving care at TWHS. Both the statutory duty of candour and professional duty of candour have similar aims, to make sure that those providing care are open and transparent with the people using their services whether or not something has gone wrong.

## **2.7 Parliamentary and Health Service Ombudsman**

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.

## **2.8 Complainant options**

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

1. The Complaints Manager (Via the [practice.manager@nhs.net](mailto:practice.manager@nhs.net) email)
2. NHS England on 03003 112233

[England.contactus@nhs.net](mailto:England.contactus@nhs.net)  
NHS England  
PO Box 16738  
Redditch  
B97 9PT

3. The ICB – the commissioners for this practice (with effect from 1 July 2023)

<https://www.surreyheartlands.org/complaints-and-concerns>

NHS Surrey Heartlands ICB  
Block C, 1<sup>st</sup> Floor  
Dukes Court  
Woking  
Surrey  
GU21 5BH

0300 561 2500

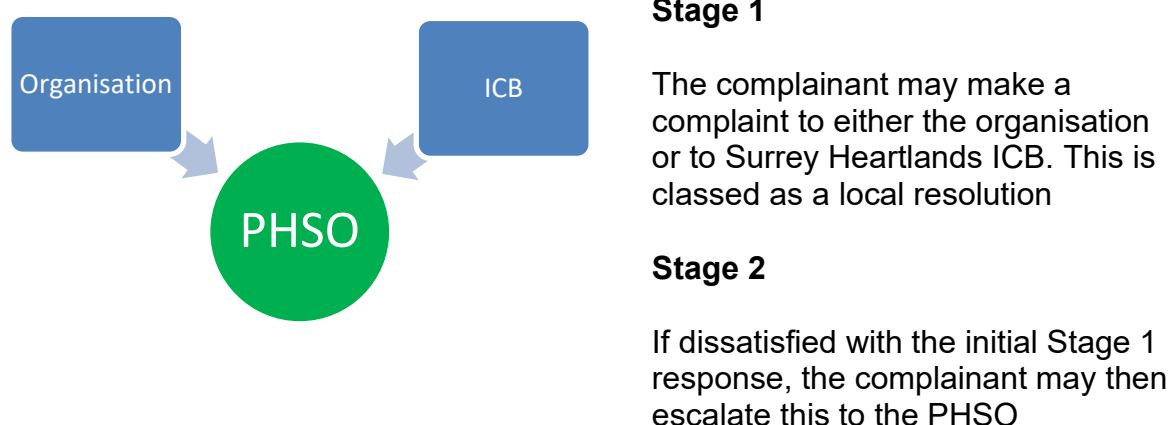
While this was previously NHS England or the organisation, should a complainant have an ongoing complaint that was submitted to NHS England prior to 1 July 2023, they will receive a letter from explaining that their complaint will continue to be investigated by NHS England along with details of their case handler? If NHS England receive a complaint on or after 1 July, the complainant will receive a letter advising that the ICB will be handling their complaint along with details of their case handler.

As complaints also come directly to this organisation, we have adopted a patient-focused approach to complaint handling.

Complaints are not escalated to an ICB following the organisation's response. A Stage 1 complaint is made to either the organisation or to the ICB.

If dissatisfied with the response from either ICB or the organisation, then the complainant may wish to escalate their complaint to the PHSO. This process is as detailed within the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations \(2009\)](#) where it states that there should be two stages of dealing with complaints.

See below image that further explains the route of any complaint:



## **2.9 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/complaints manager

Should any doubt arise, further guidance should be sought from Surrey Heartlands ICB by the Complaints Manager at TWHS.

## **2.10 Responding to a concern**

Should the complaints manager become aware that a patient, or the patient's representative, wishes to discuss a concern, there is no 'hard and fast' rule as to timescales to discuss the matter with them:

Points that should be considered are that:

- Should the patient be on the premises, then there will need to be a degree of interaction sooner than if it was a telephone call or email if the practice manager is readily available. If not then this will need to be dealt with in the agreed timeframe as per the policy.
- Many of the concerns raised are not a true complaint, simply a point to note or a 'grumble'. Although there is no official guidance on this matter, by discussing the concern with the complainant soonest, there is a potential that this could reduce any escalation to a more formalised complaint.
- All facts need to be ascertained prior to any conversation
- Consider any potential precedence that may be established and will any future concern be expected to always be dealt with immediately should any response be given too soon
- Time management always needs to be considered
- Many of the concerns raised are not a true complaint, simply a point to note or a concern and this will still be investigated, and an answer ordinarily given within 10 working days. In doing this and with agreement with the enquirer, this would not need to be logged as a complaint as it can be dealt with as a concern.

Whilst each concern will warrant its own response, generally at TWHS the outcome will always be to ensure that the best response is always provided.

## **2.11 Responding to a complaint**

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager at TWHS will provide an initial response to acknowledge any complaint within seven working days after the complaint is received. We will respond to a complaint to acknowledge this within 3 working days.

All complaints are to be added to the complaints log.

There are no timescales when considering a complaint, simply that it must be investigated thoroughly and that the complainant should be kept up to date with the progress of their complaint. We do however try to answer all complaints with a final response within 40 days if possible.

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

## **2.12 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.

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

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

## **2.13 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.

## **2.14 Who can make a complaint?**

A complaint may be made by the person who is affected by the action or it may be made by a person acting on behalf of a patient in any case where that person:

- Is a child (an individual who has not attained the age of 16)  
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, this organisation needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.
- Has given consent to a third party acting on their behalf. This will be based on a wall house consent form being completed.

In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:

- Patients full name and DOB

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 the defence union or NHS Resolution to confirm prior to notifying the complainant in writing of any decision.

## **2.15 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.

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. 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 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>

## **2.16 Investigating complaints**

TWHS 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 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 six months following the initial complaint being made. If the complaint is still being investigated, then this would be deemed to be a reasonable explanation for a delay.

## **2.17 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:

- 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

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.

## **2.18 Confidentiality in relation to complaints**

Any complaint is investigated with the utmost confidence and all associated documentation will be held separately from the complainant's medical records.

Complaint confidentiality will be maintained, ensuring only managers and staff who are involved in the investigation know the particulars of the complaint.

## **2.19 Persistent and unreasonable complaints**

The management of persistent and unreasonable complaints at TWHS will follow that as detailed by Surrey Heartlands ICB.

## **2.20 Complaints citing legal action**

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

- It is strongly suggested that should any organisation receive a complaint that highlights that legal action has been taken then they should be cautious
- By doing nothing with any complaint of this type, this could affect the outcome of a CQC assessment and/or the relationship with your ICB
- Should any complainant cite legal action that refers to an incident after 1 April

2019, contact NHS Resolution and they will assist under the [Clinical Negligence Scheme for General Practice \(CNSGP\)](#). Refer to the NHS Resolution Guidance for general practice document [here](#)

It is strongly suggested that organisations make a record of everything involving the complaint

The patient is to be aware that a complaint of this nature will be acknowledged within 3-7 working days however the full and final response may be delayed based upon practice communications with their defence union and CNSGP

## **2.21 Complaints involving external staff**

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

## **2.22 Multi agency complaints**

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 state that organisations have a duty to co-operate in multi-agency complaints.

If a complaint is about more than one health or social care organisation, there should be a single co-ordinated response. Complaints managers from each organisation will need to determine which the lead organisation will be and the lead organisation will then be responsible for coordinating the complaint, agreeing timescales with the complainant.

If a complaint becomes multi-agency, the organisation should seek the complainant's consent to ask for a joint response. The final response should include this:

## **2.23 Complaints involving Locum staff**

TWHS 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.

## **2.24 Significant events**

When a complaint is raised it may prompt other considerations, such as a Significant Event. SEs are an excellent way to determine the root cause of an event and TWHS can benefit from the learning outcomes as a result of the SE.

It is advised that the complainant, their carers and/or family are involved in the SE process. This helps to demonstrate to the complainant that the issue is being taken seriously and investigated by TWHS. NHS(E) see too many instances where complainants are not involved in the SE process.

## **2.25 Fitness to practice**

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

At TWHS the partner mentor will be responsible for firstly discussing the complaint with the clinician involved and then seeking guidance from the relevant governing body where applicable as well as liaising with the complaints lead and manager.

## **2.26 Logging and retaining complaints**

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

Evidence required includes:

- a. Logging, updating and tracking for trends and considerations
- b. Details of all dates of acknowledgement, holding and final response letters and the timely completion of all correspondence relating to the complaint
- c. Compliance with the complaints in the categories that are required to complete the annual KO14b submission

This data is submitted by The Practice Manager to NHS E within the KO14b complaints report annually and then published by NHS Digital. Any reporting period cover the period of 1 April to 31 March.

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## **USE OF COMPLAINTS AS PART OF THE REVALIDATION PROCESS**

- 3** As part of the revalidation process, GPs must declare and reflect on any formal complaints about them in tandem with any complaints received outside of formal complaint procedures at their appraisal for revalidation. These complaints may provide useful learning.

The Royal College of General Practitioners (RCGP) has produced appraisal guidance for this purpose.

Nurses may also wish to use information about complaints as part of their NMC revalidation. This feedback can contribute towards submissions about organisation related feedback, and it can also be part of a written reflective account. Likewise, pharmacists and other healthcare professionals may wish to consider using complaints and their management as part of their revalidation process.

## CQC REGULATORY COMPLAINT ASSESSMENT DURING INSPECTION

- 4 The CQC will inspect the organisation to ensure the organisation is safe, effective, responsive, caring and well-led under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014 \(Regulation 16\)](#) and particularly with regard to KLOE [R4 concerns and complaints](#).

## SUMMARY

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The care and treatment delivered by TWHS 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.