



## The Mount View Practice Complaints Procedure

### GENERAL STATEMENT

***'All members of the Mount View Practice team endeavour to maintain the highest standards of service and care for patients. If you feel we have failed, we will address your concerns and complaints thoroughly and promptly'***

This complaints procedure has been developed in line with the NHS Complaints Procedure Guidance for Primary Care (BMA August 2015) and the National Patient Safety Agency's 'Being Open' guidelines, 2009 and Good Medical Practice (GMC 2013).

### Responsible Person

The Partnership has overall responsibility for compliance.

Day to day responsibility for ensuring compliance has been delegated to the Practice Manager.

Day to day responsibility for investigating and responding to concerns and complaints will be delegated to an appropriate member of the Leadership Team.

### Procedure Requirements

The Regulations require all responsible bodies who deal with complaints will ensure that:

- Complaints are dealt with efficiently.
- Complaints are properly investigated (even if the complainant does not want to be informed).
- Complainants are treated with respect and courtesy.
- Complainants receive, so far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints or advice on where they may obtain such assistance.
- Complainants receive a timely and appropriate response.
- Complainants are told the outcome of the investigation of their complaint.
- Action is taken, if necessary, in the light of the outcome of the complaint.



- Complainants are advised of their options if the complaint has not been resolved to their satisfaction.

### **Who can make a complaint under this procedure?**

- Patients currently or previously registered at The Mount View Practice. Those aged 16+ whose mental capacity is unimpaired should normally complain themselves.
- Parents or legal guardians of children aged under 16 years. Some older children aged under 16 may be considered competent to make a complaint in their own right and if so, they may do so.
- Representatives of patients who lack capacity to make decisions for themselves, such as a partner or relative, or someone appointed under the Mental Capacity Act of 2005 with lasting power of attorney.
- A patient's nominated representative, such as a solicitor or MP with the patient's consent (usually written consent, but verbal consent may be taken).
- Next of kin of a deceased patient.

A complaint may be made verbally in person, or on the telephone, but you may be asked to follow this up in writing.

The patient may require assistance in making a complaint, due to lack of confidence, learning difficulties, disability, or limited understanding of the English language, for example. In these cases, the patient may wish to involve a friend, relative, advocate or interpreter and this is entirely permissible.

The Practice has a responsibility to ensure that the person making the complaint (if this is not the patient concerned) has the legal authority to do or has the patient's consent and is working in the best interest of the patient. If the practice is not satisfied that these conditions have been met, the complaint will not be considered (although the matter may be investigated if of a serious nature) and the reasons for the decision will be given in writing.

The patient and/or their representative must be always treated with courtesy and respect during the complaints process and the fact that a complaint has been made must not influence the future care of the patient in a negative way.



### **What complaints does the procedure cover?**

- Complaints made about the care or treatment provided by the Mount View's current and former GPs, locums, employees, and trainees.
- Complaints made about the premises or systems relating to services provided by The Mount View Practice.
- Complaints regarding contents of Medical Records.

### **What complaints does the procedure exclude?**

- Complaints about the care or treatment provided by non-Practice employees, such as Health Visitors, District Nurses and visiting practitioners from other agencies.
- Complaints about services provided by local pharmacies.
- Complaints about the care or treatment provided by hospitals or other secondary care providers.
- Complaints about the same subject matter as a complaint that has previously been made and resolved.
- Complaints alleging a failure to comply with a request for information under the Freedom of Information Act 2000.

Where a complaint relates to care provided by more than one responsible body, there is a 'duty to co-operate'. This means the responsible bodies must work together and share information so that a single response, agreed by each body as part of the final response, can be provided for the complainant. The responsible bodies must agree which one will take the lead in providing the final response and liaising with the complainant.

### **Time limits for making complaints**

Complaints should normally be made within 12 months of the date of the event that is the subject of the complaint, or as soon as the matter first came to the complainant's attention. The time limit can sometimes be extended (so long as it's still possible to investigate the complaint). An extension might be possible, for instance in situations where it would have been difficult for the patient or their representative to complain earlier.



## How does the procedure work?

In many cases, a complaint or concern can be raised informally in person or by telephone by contacting the Practice. The Reception Team will ask you a few questions and pass your concerns on to the Leadership Team. A member of the Leadership team will then contact you to discuss your concern within 3 working days.

If the matter is more serious or cannot be dealt with as above, the complainant will be encouraged to give full details of the complaint in writing by letter or by using the Practice complaints email address at [lscicb-fw.mountviewcomplaints@nhs.net](mailto:lscicb-fw.mountviewcomplaints@nhs.net)

A member of the Leadership team will acknowledge receipt of your concerns in writing or by return of email within three working days. They will introduce themselves to you and will be your point of contact at the Practice whilst we investigate your concerns.

They will investigate your concerns using the Investigating Complaints Toolkit (Appendix 1).

If your complaint is about an employee, the employee will be informed and will be given the opportunity to respond. The Practice will maintain its duty of care to employees and will ensure they are treated fairly within the complaint's procedure.

In most cases our response will be provided within one month. This is to allow us time to properly investigate your concerns. However, if a response is not provided within six months (or a later date if one was agreed with the complainant), the Practice Manager must write to the complainant and explain why it is delayed.

The complainant may choose to raise the concern with NHS England rather than the Practice. In this case, NHS England will decide whether it is appropriate to act on the complaint directly or to refer it to the practice for a response. NHS England will obtain the complainant's consent for this.

The complainant should contact NHS England by e-mail at [england.contactus@nhs.net](mailto:england.contactus@nhs.net) or write to:

NHS England  
PO Box 16738  
Redditch  
B97 9PT

or telephone 0300 311 2233



### **What if the complaint is not satisfactorily resolved?**

If the complainant is not satisfied with our final response, a local resolution meeting (LRM) might be offered as a second stage of resolution. This can include the following representatives:

- The complainant, who may be accompanied by a friend or relative.
- A Practice Partner, who is not directly involved in the complaint.
- A chairperson (usually the Practice Manager).
- The staff member involved in the complaint.
- An independent GP for a second opinion, if required.
- A note-taker (this may also be the Practice Manager rather than a separate person).

If this stage of local resolution is unsuccessful, the complainant may complain to NHS England (as above) or to the Parliamentary and Health Service Ombudsman within 12 months of the final correspondence at completion of local resolution either online via [www.ombudsman.org](http://www.ombudsman.org) or in writing to:

Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

### **Disciplinary Action**

The complaints procedure is a means for addressing patient complaints and does not have a disciplinary function. However, some complaints may suggest a need for disciplinary investigation.

Any disciplinary investigation will be treated entirely separately from the complaint's procedure.

Complainants have no role in decisions to initiate disciplinary investigations (although they can refer serious concerns about clinicians directly to their respective councils) and no right to know the details or the outcome of such procedures.



### **Record keeping, monitoring, and reporting**

All action taken in responding to a complaint will be recorded. This includes all communication with the complainant and statements collected during the investigation, in addition to the letter of complaint and the final response.

All records are retained for a period of 10 years.

The Practice Manager will produce a monthly Patient Services report containing details of all informal and formal complaints. This will be presented for discussion at the monthly Partners' meeting. Any learning points identified at the meeting will be disseminated as appropriate.

Where appropriate, a complaint may lead to a more formal risk assessment, or may be put forward for discussion at a multi-disciplinary Significant Event meeting.

The Practice Manager will produce an annual report of formal complaints, which will be discussed by the Partners and sent, with patient identifiable information removed to the appropriate body. Partners may retain a copy of the report for their portfolio for discussion at their appraisal.

The annual report will contain the following information:

- Numbers of formal (written) complaints received.
- Numbers of complaints that were considered well-founded (upheld).
- Number of complaints referred to the Ombudsman.
- A summary of the subject matter or nature of complaints (excluding confidential information).
- Any matters of general importance arising from the complaints, such as lessons learned, or from the way in which they were handled.
- Details of action taken to improve services because of the complaint.

No patient identifiable information will be included in the complaints annual review or submissions to our governing bodies and copies of reports must be kept for a period of three years.



## Publicity

The Practice must ensure that patients, their carers and any visitors to the premises for which it is responsible are aware of the complaint's procedure.

The Practice must also ensure that all its employees are informed about and appropriately trained in the operation of the complaint's procedure.

Signed on behalf of the practice

*Helen Carter*

01/12/2022

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Helen Carter  
Practice Manager

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Date



**Appendix 1: Investigating complaints toolkit**

**Step 1: Decide how serious the issue is**

Seriousness	Description
Low	<ul style="list-style-type: none"> <li>• Unsatisfactory service or experience not directly related to patient care. No impact or risk to provision of care, <b>OR</b></li> <li>• Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.</li> </ul>
Medium	<ul style="list-style-type: none"> <li>• Service or experience below reasonable expectations in several ways, but not causing lasting problems <b>OR</b></li> <li>• Has potential to impact on service provision, justifiable complaint. Some potential for litigation.</li> </ul>
High	<ul style="list-style-type: none"> <li>• Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality-assurance or risk-management issues that may cause lasting problems for the practice and so require investigation. Possibility of litigation and adverse local publicity <b>OR</b></li> <li>• Serious issues that may cause long-term damage or death, such as grossly substandard care or professional misconduct. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.</li> </ul>

**Step 2: Decide how likely the issue is to recur**

Likelihood	Description
Rare	Isolated or one-off – slight or vague connection to service provision.
Unlikely	Unusual, but may have happened before.
Possible	Happens from time-to-time – not frequently or regularly. May occur again at some time, but only occasionally.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.





**Step 3: Categorise the risk**

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low					
Medium					
High					

<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Extreme</b>
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Examples of low, moderate, high, or extreme risk and how best to deal with them are shown below:

Low	Moderate	High	Extreme
Simple, non-complex issues: <ul style="list-style-type: none"> <li>• Loss of property</li> <li>• Lack of cleanliness</li> <li>• Transport problems</li> <li>• Single failure to meet care needs</li> <li>• Medical records missing</li> <li>• Staff attitude or communication</li> </ul>	Several issues relating to short period of care: <ul style="list-style-type: none"> <li>• Event resulting in minor harm</li> <li>• Delayed referral</li> <li>• Failure to meet care needs</li> <li>• Miscommunication or misinformation</li> <li>• Medical errors</li> <li>• Incorrect treatment</li> </ul>	Multiple issues, longer period often involving more than one organisation or person: <ul style="list-style-type: none"> <li>• Moderate list +</li> <li>• Event resulting in serious harm e.g. damage to internal organs</li> <li>• Delayed 2WW referral</li> </ul>	Multiple issues relating to serious failures causing serious harm: <ul style="list-style-type: none"> <li>• Events resulting in serious harm or death</li> <li>• Gross professional misconduct</li> <li>• Abuse or neglect</li> <li>• Criminal offence e.g. assault</li> <li>•</li> </ul>



#### Step 4: Decide the best course of action

##### Low

Acknowledgement  
Investigation by Leadership Team  
Offer advocacy to complainant if indicated  
Financial redress if authorised by Practice Business Manager (small amount e.g. refund prescription charge)  
Verbal response by Leadership Team

##### Medium

Acknowledgement  
Investigation by Leadership Team  
Consider seeking advice from defence body/LMC  
Include in report for partners' meeting  
Offer advocacy to complainant if indicated  
Financial redress if authorised by Practice Business Manager (small amount e.g. refund prescription charge)  
Offer conciliation/mediation  
Written practice response

##### High

Acknowledgement  
Investigation by Leadership Team  
Involve designated partner (not directly involved in complaint)  
Seek advice from defence body/LMC  
Include in report for partners' meeting  
Offer advocacy to complainant if indicated  
Offer conciliation/mediation  
Written practice response  
Ask for a review of complaint file by NHSE if deemed necessary



## Extreme

Acknowledgement

Investigation by Leadership Team

Involve designated partner (not directly involved in complaint)

Seek advice from defence body/LMC

Consider involvement of external advisor e.g. NHSE, LMC

Include in report for partners' meeting

Offer advocacy to complainant if indicated

Offer conciliation/mediation

Written practice response

Ask for a review of complaint file by NHSE if deemed necessary

Significant event review

Report to external bodies as required e.g. ICB, NHSE, CQC