**Primary Care Directorate**

**Complaints Process**

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| Version | 1.0 |
| Approved By | Policy Review Group |
| Ratified By | Clinical and Non Clinical Policy Review Group  |
| Date Ratified | 20th January 2021 |
| Name and Job Title of Author | Dr Liz Dawson – Medical DirectorCharan Saduera – Associate Director for Quality, Compliance and Performance |
| Executive Director Lead | Mohit Venkataram |
| Implementation Date | 1st February 2021 |
| Last Review Date | 15th February 2024 |
| Next Review Date | 15th February 2027 |

Version Control Summary

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| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Comment** |
| 1.0 | December 2020 | Dr Liz Dawson – Medical DirectorCharan Saduera – Associate Director for Quality, Compliance and Performance | New process for attachment to Trust Complaints Policy |
| 1.1 | 24th August 2023 | Joanne Alder-PaveyQuality & Compliance Lead  | Amend process for formal complaints |
| 1.2 | 12th September 2023 | Joanne Alder-PaveyQuality & Compliance Lead  | Amend process for formal complaints |
| 1.3 | 20th November 2023 | Joanne Alder-PaveyQuality & Compliance Lead  | Add process for complaints via CQC |
| 1.4 | 15th February 2024 | Emily Van De Pol Primary Care Director | Escalation process and investigation officer  |

#  Formal Complaints

***Within 3 working days***Practice (London & Luton) or PALS Team (Beds.) to

1. acknowledge complaint
2. send to Q&C Lead to log con InPhase
3. and send to corporate complaints team
* Practice GP or senior clinician and Practice Manager to review and risk rate complaint; if the complaint is clinical, investigated with oversight of a Senior Clinician, if non-clinical, investigated by Practice Manager.

Seek support from the corporate complaints team if required.

Any complaints from/ via an ICB or MP must be treated as formal

Any complaints received from CQC should be forwarded to the Quality Assurance Team at elft.cqc@nhs.net

The QA Team will co-ordinate this process

Complaint reviewed by grading panel. If the panel declares a Serious Incident, the complaints process pauses

Corporate Complaints Team send letter directly to complainant and uploaded to InPhase

**Send to local practice immediately**

**Formal complaint received by corporate complaints team**

All response letters sent to Corporate Complaints Team for quality assurance and CEO

Complaints reviewed and themes identified for lessons learned

Populate actions module on InPhase with recommendations and evidence

* Response letters for Bedfordshire practices signed off by Clinical Director.
* Response letters for London signed off by Medical Director (clinical complaints) or Assistant Director (non-clinical complaints
* All letters for final sign off by Service Director prior to sending

Complaint deadline agreed with the complainant. Deadline documented on InPhase

Copy of written response and all documents relating to complaint investigation are sent to Q&C Directorate Lead

**Written complaint received by local practice**

#  PALS Complaints

**The primary care standard for responding to PALS / informal complaints is that these must not take more than 25 working days and should be resolved far sooner than this deadline**

**PALS complaint received by local practice**

**Complaint is discussed with complainant and risk rated.**

**Complaint is not resolved at the time. Complainant may or may not require written response**

**Complaint is resolved at the time; complainant may or may not require written response**

**Send complaint to Q&C Lead to log on InPhase**

**Complaint is investigated;** **if the complaint is clinical, investigated by GP, if non-clinical, investigated by Practice Manager**

**Outcome of complaint discussion/investigation recorded on InPhase**

**Copy of written response and any documents relating to complaint investigation are sent to Q&C Lead for uploading to InPhase.**

**If the complainant is dissatisfied with the complaint response, they can detail their specific queries and an Investigating Officer external to the practice will be appointed. Response will be signed off and sent from the CEO’s office**

**Complaints are reviewed and themes identified for lessons learned**

**Populate actions module on InPhase with recommendations and evidence**

# Escalation

The Trust aims to respond to straightforward formal complaints in 25 working days. The Regulations stipulate that a complaint must be responded to within six months.

Primary Care Directorate responses to PALS and Formal complaints are being delayed as a consequence of team members’ not responding to reasonable requests for information. There is a requirement for all staff to participate in the learning from patient complaints, clinical incidents and near-miss events. This is included in job descriptions. This includes engaging with any investigation processes.

For straightforward complaints there will be an internal deadline of up to 10 day with prompts and escalations as below.

Support is available for staff involved in complaints investigations

Investigating Officer / PALS contacts colleague for response to points of complaint with a deadline of 10 working days

If it is not possible to respond within the deadline the team member should let the investigating officer know immediately along with the reason. Acceptable reasons for a delay are:

* Complexity
* Number and type of points raised by complainant
* Availability of MDU /similar response

Service Director and/ or Medical Director intervene

Reminder at day 10

CC Service Director and Medical Director

No Response received

Reminder a day 8

CC Head of Ops or AD of primary care

No Response received

Reminder at day 5

Response received No further action

No Response received

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#  Complaints Risk Rating Matrix

|  |  |
| --- | --- |
|  | **LIKELIHOOD** |
| 1Rare | 2Unlikely | 3Possible | 4 Likely | 5 Almost certain |
| **CONSEQUENCE** | 5Catastrophic | 5 | 10 | 15 | 20 | 25 |
| 4Major | 4 | 8 | 12 | 16 | 20 |
| 3Moderate | 3 | 6 | 9 | 12 | 15 |
| 2Minor | 2 | 4 | 6 | 8 | 10 |
| 1Negligible | 1 | 2 | 3 | 4 | 5 |

To consider:

Is the patient or a staff member at immediate risk?

Is there an immediate clinical risk?

Is there a risk of reputational damage to the practice/Trust?

Could there be a financial implication?

Can the issue be resolved immediately?