

Complaints Policy

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Introduction

1.1 Policy statement

The purpose of this document is to ensure all staff at The Tutbury Practice understand that all patients have a right to have their complaint acknowledged and investigated properly. The Tutbury Practice takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner.

The policy is aligned to the mandatory requirements of:

- [Local Authority Social Services and National Health Service Complaints \(England\) Regulations \(2009\)](#)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014 \(Regulation 16\)](#)

The organisation aims 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 in regard to the individual protected characteristics of those to whom it applies.

1.2 Status

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

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Guidance

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 \(2021\)](#) whilst also conforming to guidance detailed in:

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

2.2 Responsible person

At The Tutbury Practice the responsible person is Phillip Hope, Practice Manager alongside Zoe Dearsley, Assistant Practice Manager and the GP Partners, Dr M Salwey and Dr A S Lindsay. They are responsible for ensuring compliance with the complaints regulations making sure action is taken because of the complaint.

2.3 Complaints manager

At The Tutbury Practice the complaints manager is Zoe Dearsley, Assistant Practice Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users.

2.4 Definition of a complaint versus a concern

For the purposes of this policy, the [NHSE Complaints Policy](#) defines that a complaint is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not 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 this organisation will aim to do this in around 3 working days and, with the agreement of the enquirer, we will categorise this as a concern and not a complaint.

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

2.5 Complaints procedure statement

The Tutbury Practice has prominently displayed notices in the Reception area detailing the complaints process. In addition, the process is included on the organisation website and a complaints leaflet is also available from Reception.



The information provided is written in conjunction with this policy and refers to the legislation detailed in [Section 2.1](#).

2.6 Parliamentary and Health Service Ombudsman (PHSO)

[The Parliamentary and Health Service 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.

2.7 Complainant options

The complainant, or their representative, can complain about any aspect of care or treatment they have received at this organisation to this organisation via the complaints manager or directly to NHS England.

If direct to NHSE they can be contacted on:

- Telephone: 03003 112233
- Email: england.contactus@nhs.net
- Post:

NHS England
PO Box 16738
REDDITCH
B97 9PT

Note: Patients can talk to NHS England in British Sign Language (BSL) via a video call to a BSL interpreter. Currently this needs to be booked although this will eventually be available via an App or through the NHS E website.

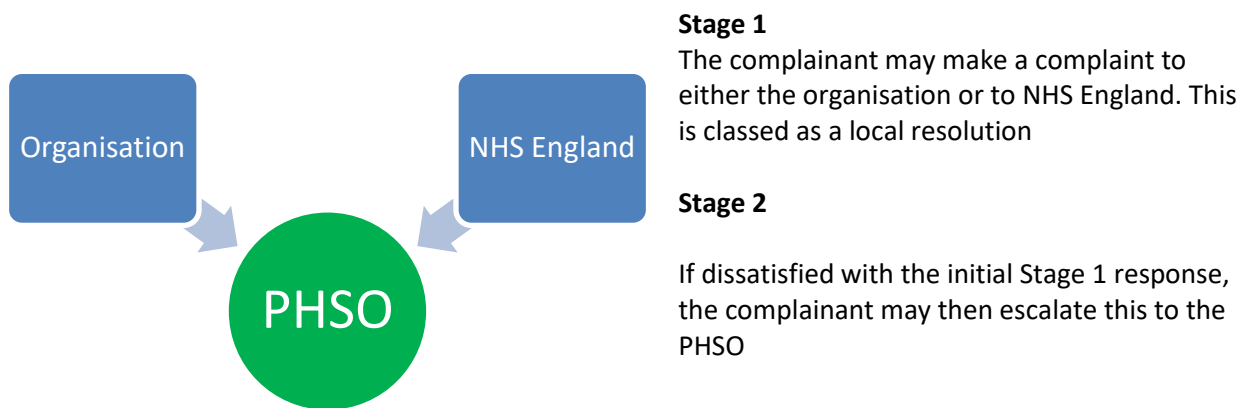
Patients may be unaware of how to complain to the NHS. Should any complainant be unaware, the guidance [here](#) has been provided by NHS E.

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

If dissatisfied with the response from NHS E to 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:





Patients, or a person acting on their behalf, can complain to either the organisation or NHS E but not both. Note, NHS E cannot investigate if an organisation has already responded.

The complainant should be provided with a copy of the organisation complaint form detailing the complaints process and they should be advised of the two-stage process.

2.8 Timescale

The time constraint for 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 a complaint 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 Phillip Hope, Practice Manager.

We will aim to respond to all complaints within 3 business days in the initial instance. Investigation responses are aimed to be actioned within 28 days.

2.9 Responding to a concern

Should the complaints manager become aware that a patient, or the patient's representative, wishes to discuss a concern and should be responded to as detailed below in the first instance.

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.
- All facts need to be ascertained prior to any conversation.



- Should the person be angry, contacting them too soon may inflame the situation further if they did not receive the outcome that they desired.
- 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 3 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 The Tutbury Practice the outcome will always be to ensure that the best response is always provided.

2.10 Responding to a complaint

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager at The Tutbury Practice will provide an initial response to acknowledge any complaint within three working days after the complaint is received.

All complaints are to be added to the complaints log in accordance with [Section 2.28](#).

Complaints are aimed to be investigated and responded to within 28 days.

Within the current NHS Complaints Policy that dictates its responses, i.e., not a practice response, the following is advised:

If NHS England has not provided a response 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.

The MDU provides advises in its document titled [How to respond to a complaint](#) that a response or decision should be made within six months with regular updates during the investigation. If it extends beyond this time then the complainant must be advised.

2.11 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 the complaint cannot be dealt with verbally then the patient would be asked to put this in writing for further investigation by the complaints manager.



An acknowledgement of the verbal complaint will suffice and therefore the complaints manager does not need to subsequently respond in or record in the complaints log.

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 agreement with the enquirer, then the process at [Section 2.9](#) should be followed.

Verbal complaints will be addressed by senior members of staff depending on the area of the complaint. Sharon Wesson, Reception Coordinator will contact any complainant with a concern around Reception. Zoe Dearsley will contact any complainant with a concern around Administration. Zoe Dearsley, Assistant Practice Manager will contact the complainant around any concern not relating to Reception or Administration.

2.12 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 completed the complaint form ([Annex A](#)) letter or email to the complaints manager.

When a complaint is received then the response is to be as per [Section 2.10](#).

2.13 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 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, the organisation may request evidence to substantiate the complainant's claim to have a right to the information.



- Has given consent to a third party acting on their behalf in the form of a Tutbury Practice consent form or carers application. This consent must be documented on the patient's medical records.
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs

Should the complaints manager believe 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.

2.14 Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within the organisation leaflet at [Annex D](#).

Independent advocacy services include:

- [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
- [Advocacy People](#) – gives advocacy support. Call 0330 440 9000 for advice or text 80800 starting message with PEOPLE
- [Age UK](#) – may have advocates in the area. Visit their website or call 0800 055 6112
- [Local councils](#) can offer support in helping the complainant to find an advocacy service.

2.15 Investigating complaints

The Tutbury Practice 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.

2.16 Conflicts of interest

The complaints manager and/or investigating clinician must consider and declare whether there are any circumstances by which a reasonable person would consider that their ability to apply judgement or act as a clinical reviewer could be impaired or influenced by another interest that they may hold.

[The NHS England Complaints Policy](#) indicates this includes, but is not limited to, having a close association with the complained about, having trained or appraised the complained about and/or being in a financial arrangement with them previously or currently.

Should such circumstances arise, the organisation should seek to appoint another member of the organisation as the responsible person with appropriate complaint management experience.

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 as per [NHS Resolution](#) (see extract):

- 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 PHSO should 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 six months, signed by the responsible person, 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 D](#).

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

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.

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 CCG/NHS E area teams. As the response from NHS E 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 the [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.

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 Complaints involving locum staff

The Tutbury Practice 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.

2.23 Significant events

When a complaint is raised, it may prompt other considerations, such as a significant event (SE). SEs are an excellent way to determine the root cause of an event and The Tutbury Practice can benefit from the learning outcomes because 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 The Tutbury Practice.

2.24 Fitness to practise

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 The Tutbury Practice, Zoe Dearsley, Assistant Practice Manager will be responsible for firstly discussing the complaint with the clinician involved and then seeking guidance from the relevant governing body where applicable. If a complaint relates to a particular clinician that clinician will be expected to respond.



2.25 Staff rights to escalate to PHSO

It should be noted that any staff who are being complained about can also take the case to the PHSO. An example may be that if they are not satisfied with a response given on their behalf by a commissioning body.

It should be noted that independent doctors are unable to use the PHSO as they have no legal requirement to have an appeals mechanism. It is good practice to provide independent adjudication on complaints, therefore using a service such as [Independent Sector Complaints Adjudication Service](#) (ISCAS) should be considered.

2.26 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 submission](#) to NHS Digital

This data is submitted by Zoe Dearsley, Assistant Practice Manager to NHS E within the KO14b complaints report on the shared drive and then published by NHS Digital. Any reporting period covers the period from 1 April until 31 March.

3 Use of complaints as part of the revalidation process

3.1 Outlined processes

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.



The General Pharmaceutical Council (GPhC) revalidation process can be sought [here](#) and information relating to the Healthcare Professionals Council (HCPC) revalidation process can be found [here](#).

4 CQC regulatory complaint assessment during inspection

4.1 Overview

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

When assessing complaints management, the CQC will seek to be satisfied of the following, as directed within the GP Mythbuster 103 – Complaints management:

- People who use the service know how to make a complaint or raise concerns
- People feel comfortable, confident and are encouraged to make a complaint and speak up
- The complaints process is easy to use. People are given help and support where necessary
- The complaints process involves all parties named or involved in the complaint. They have an opportunity to be involved in the response
- The provider uses accessible information or support if they need to raise concerns
- The complaints are handled effectively, including:
 - Ensuring openness and transparency
 - Confidentiality
 - Regular updates for the complainant
 - A timely response and explanation of the outcome
 - A formal record
- Systems and processes protect people from discrimination, harassment or disadvantage
- Complaints are logged and monitored to assess trends and shared with the wider team. They are used to learn and drive continuous improvement. Trends are used to highlight where changes or improvements may be needed.

The Assistant Practice Manager will advise the complaints procedure to the complainant or their representative. In many cases, a prompt response and, if the complaint is upheld, an explanation and an apology will suffice and will prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

When an issue is relating to Reception or Administration the complainant will be contacted verbally by



either the Reception Coordinator or the Admin Coordinator. If the issue can be solved without a written response it will be.

The CQC will also expect all staff to fully understand the complaints process as detailed at [Section 1.1](#).

5 Summary

The care and treatment delivered by The Tutbury Practice are 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 can 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

COMPLAINT FORM



Tutbury Practice

Complaint form

*please complete in BLOCK CAPITALS

1	Complainants details	
	Name	
	Address	
	Contact phone number	

2	Patient details (if different to above)	
	Name	
	Address	
	Contact phone number	

3	Patient name, signature and date to consent for investigation into the complaint					
	Name		Signature		date	

4	Patient name, signature and date of explicit consent if a 3rd party is complaining on their behalf					
	Name		Signature		date	

5	Indicate which department the complaint relates to					
	Reception		Administration		Clinical	

6	If the complaint relates to a specific team member please indicate below				
	Team member name				

7	How would you prefer us to respond to your complaint?					
	In writing		Verbally		No response required	



8	Summary of complaint

8	Full description of events

8	Desired outcome

Every patient has the right to make a complaint about the treatment or care they have received at The Tutbury Practice.

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

Most complaints can be resolved at a local level. If this is a non-clinical issue please speak to a member of staff if you have a complaint prior to completing the form. We hope to solve any issues ahead of writing. A senior member of the team will be happy to discuss your concerns.

Time Frames

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

When we receive your complaint, we'll acknowledge receipt of it within 3 working days. We aim to investigate and respond fully within 28 days.

All complaints will be investigated in line with the NHS Responding to Complaints Guidance.

Confidentiality

We will respect and apply the utmost confidentiality when dealing with all complaints.

Third party complaints

This allows a third party to make a complaint on behalf of a patient. The patient must provide explicit consent for them to do so.

Final response

We will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. Further information is detailed in our organisation policy.

Dissatisfied with outcome?

If you are dissatisfied with the outcome of your complaint from this organisation then you can escalate your complaint to:

Patient Advisory Liaison Service (PALS) – The ICS

For PALS at Queens Hospital Burton on Trent:

Telephone: 01283 593110

Email: uhdb.contactpalsburton@nhs.net

For PALS at Royal Hospital Derby:

Telephone: 01332 785156

Email: uhdb.contactpalsderby@nhs.net

Health watch Staffordshire 0800 051 8371

Healthwatch Staffordshire is a local service that supports people who want to make a complaint about their NHS Care or treatment. Your local service is at:

Suite 2, Opus House, Priestly Court, Staffordshire Technology Park, Stafford ST18 0LQ

Tel: 0800 161 5600

Email: advocacy@ecstaffs.co.uk

Contacting the Care Quality Commission

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: <http://www.cqc.org.uk>

Ombudsman

If you're not satisfied with how your complaint was handled, either by us or NHS England, you can contact The Parliamentary Ombudsman. They're here to make final decisions on unresolved complaints.

The Parliamentary Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

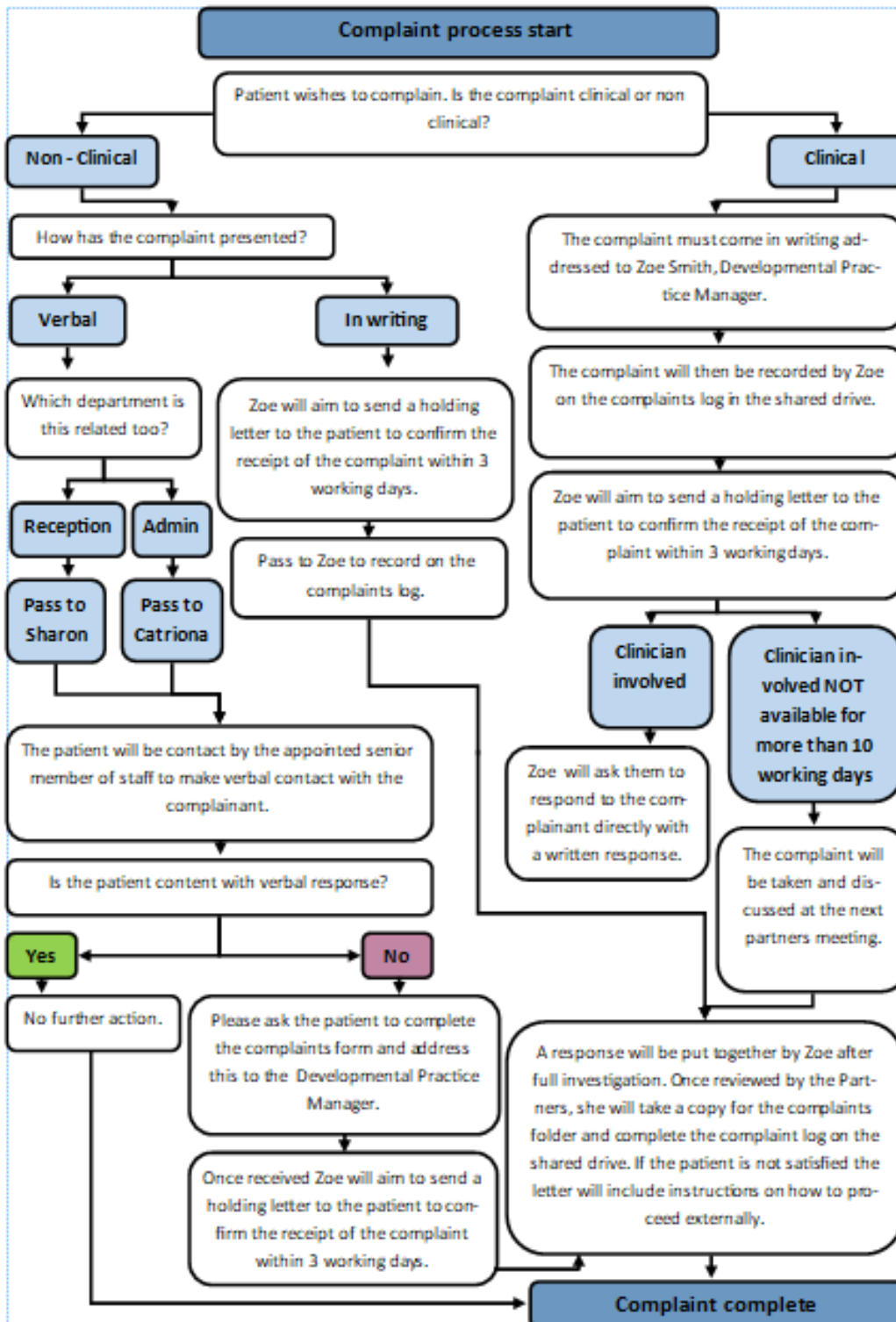
Telephone: 0345 015 4033

Textphone: 0207 217 4066

Website: www.ombudsman.org.uk

ANNEX B

COMPLAINT HANDLING FLOW CHART



* 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.

ANNEX C

COMPLAINT HOLDING LETTER

Dr Michael G Salwey
Dr Anna S Lindsay

THE TUTBURY PRACTICE

Tutbury Health Centre
Monk Street
Tutbury
Burton upon Trent
Staffordshire
DE13 9NA
Tel: 01283 812210
www.thetutburypractice.nhs.uk

[Date]

[Patient Name]
[Patient Address]

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 The Tutbury Practice 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.

Raised concerns will be fully investigated and we aim to respond within 28 days. If, for whatever reason, the investigation is likely to exceed this timescale, we will contact you and update you with all progress to date.

Yours sincerely,

Zoe Dearsley
Developmental Practice Manager
The Tutbury Practice

ANNEX D

FINAL RESPONSE TO COMPLAINT LETTER (example)

Dr Michael G Salwey
Dr Anna S Lindsay

THE TUTBURY PRACTICE

Tutbury Health Centre
Monk Street
Tutbury
Burton upon Trent
Staffordshire
DE13 9NA
Tel: 01283 812210
www.thetutburypractice.nhs.uk

[Date]

[Patient Name]
[Patient Address]

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
- 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 online or 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, by email phso.enquiries@ombudsman.org.uk or by using their [secure online form](#). Further details on how to make a complaint to PHSO can be sought at www.ombudsman.org.uk.

Yours sincerely,

[Signed]
[Name]
[Role]