


Medical Clinics Limited 	
Name: Complaint Management Policy	Version: 05
Effective date: 01 April 2024	Reviewed by: Indra Sivalingam, Quality Lead
Review date: 01 April 2026	Approved by: Patient Safety Team
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1. SCOPE:

This policy applies to handling of complaints received in relation to all services provided by Medical Clinics Limited and is applicable to all staff working in all areas of the business i.e. private and NHS services.

2. INTRODUCTION:

Complaints are formally managed through a system of recording, acknowledgement, investigation and response. In addition, complaint categories are used to understand customer requirements and improve customer satisfaction. Medical Clinics Limited aims to ensure that all the health and social care services it provides, commissions, contracts for and maintains, are of the highest standard. Good customer care is at the heart of the organisation's success. Complaints are an invaluable tool in ensuring the service's aims are achieved and are an integral part of its quality and safety procedures. The Organisation welcomes any complaints, comments, or suggestions as we strive towards continual improvement.

3. OBJECTIVES:

The Organisation is committed to resolving complaints in a timely, helpful, and constructive way. Making a complaint can be a difficult decision and the complainant may be anxious about how this will affect their future care, therefore the Organisation guarantees that the care of a complainant will not be compromised because of any complaint that has been made. Extra care will be taken to ensure that the most vulnerable of the services complainants are reassured that their concerns are listened to and acted upon. Fairness, kindness, impartiality, and speedy resolution will underpin all procedures. As part of its quality and safety ethos, the organisation believes that any expression of dissatisfaction requires a response.


4 LINKED STRATEGIES AND POLICIES:

- 4.1 Human Rights Act 1998 (Weblink: [Human Rights Act 1998](#))
- 4.2 Records Management Policy
- 4.3 Patient access policy

5 DEFINITIONS:

Complaint: A complaint is a formal written expression of dissatisfaction with the quality of service, procedures, facilities, billing, conduct or attitude of employees. Complaints can be received directly from the customer, or indirectly from a third party or relative, and may also be received through external and statutory bodies e.g. NHS trust, ICB, CQC. Complaints must include details of the patient and date of treatment and contact details. For complaints received from a third party, patient consent must be obtained prior to sharing any personal information.

Concern: Is an informal complaint, usually received verbally or telephonically which is resolved amicably at the time. The complainant is satisfied with the feedback and is not expecting any further investigation or a written response.

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Upheld: If a complaint is received which relates to one specific issue, and evidence is found to support the allegation made, the complaint is recorded as 'upheld'.

Integrated care board (ICB): Statutory NHS organisations responsible for planning health services for their local population. Commissions organisations to provide support to NHS for specific healthcare services.

Care Quality Commission (CQC): Independent regulator of health and social care in England.

Complaints risk matrix: defines the seriousness of the complaint based on various factors as categorised on Radar.

Escalated complaint: The complainant is unsatisfied with the response and outcome of the complaint and has contacted the ICB or CQC for further intervention, or where a concern has been raised and further investigation warrants this to be handled as a formal complaint.

Mixed Sector Complaints: A complaint that involves the Organisation and another NHS providers, local council or primary care provider.

Social Media complaints: Complaints published on a public platform e.g. Google reviews, Facebook etc.

'Contact Us' on the company websites: Complaints received via the <https://sussexcds.co.uk/> website.

Patient satisfaction survey responses: Feedback received from patient satisfaction surveys on Survey Monkey.


6 ROLES AND RESPONSIBILITIES:

Registered Manager – ultimately responsible for complaints policy and administration within the Organisation. Main role is to ensure a robust policy and system is in place within the organisation. May be involved in investigation of serious complaints where necessary.

Complaint Manager/s – Regional Operations Managers, Service Manager and Practice Managers are responsible for the overall management of all complaints, procedures for handling and considering complaints and are the point of contact for members of the public, primary care providers and staff seeking assistance with complaints.

Quality Lead - Oversees the complaint management process. Ensures that persons involved in managing complaints understand their roles and responsibilities. Reviews information logged on Radar for accuracy and relevance. Monitors outstanding events to maintain timeframes for complaints management and close out. Extracts and analyses data from Radar for the purposes of identifying trends and areas for improvement.

All employees – responsible for informing patients how to make a complaint and supporting management activities with regards to investigation and development of an action plan following a complaint. Upon receipt of a complaint, must log the event on Radar immediately to ensure traceability and accurate recordkeeping, and inform their line manager.

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7 DETAILS AND PROCEDURE FOR COMPLAINT HANDLING:

7.1 Right to complain and time limits:

The right to complain extends to all patients/clients, former patients/clients, any person affected or likely to be affected by the decision of the organisation, any person who has the patient's consent to complain on their behalf i.e. family member or MP. In respect of family doctor, dental, pharmacy or optical care the complainant/patient must be an existing or former patient of the practitioner who has arrangements with the Organisation to provide dermatology services. Complainants regarding any issues must register a complaint within six months of the date of the incident or within six months of the date of discovering a problem. Complaints regarding social services issues must be registered within one year of the date of the incident.


7.2 Procedure for formal complaints:

Acknowledgement:

- The employee receiving the complaint must log the event on Radar, ensuring the correct details and summary of the complaint is included. Where written communication is available, these should be uploaded onto Radar.
- The employee must inform their line manager and/or Regional Operations/Service Manager immediately either in writing or report verbally.
- Receipt and acknowledgement of the complaint must be completed by the Regional Operations/Service Manager or designated person within **3 working days** hours of receiving the complaint and should include the name and title of the complaints handler who will be the point of contact for the complainant throughout the complaints process.
- The complaint workflow on Radar must be updated immediately once the complaint has been acknowledged.

Investigation:

- The details of the complaint are investigated by all person's involved; this includes feedback from members of the team involved in the complaint.
- The complainant should not be contacted directly by persons named in the complaint unless consent is obtained by the Regional Operations/Services Manager.
- If the Organisation receives a complaint that, in whole or part, relates to another organisation it will, within ten working days of receipt of the complaint, ask the complainant if they wish details of the whole or relevant part of the complaint to be forwarded to the correct organisation and if so, do this within five working days of notification.
- Mixed sector complaints will involve full co-operation with all bodies to seek to resolve the complaint. Although each body must use their own complaints procedure every effort will be made to ensure that all matters of concern are addressed. Care will be taken to ensure confidentiality is maintained and permission to release information from individuals will be sought where appropriate.
- Employees who are the subject of a complaint will be supported by the Organisation (employer) during the investigation process. The aim is to satisfy the complainant whilst being fair to the employee. Staff who are asked to provide information and/or written statements

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to respond to a complaint are entitled to seek support from their immediate manager, union, professional organisation etc., providing this does not radically affect laid down time limits. Clinicians whose professional judgment is being questioned are advised to seek appropriate professional support. Again, laid down time limits must be adhered to where possible. The Responsible Manager must be informed immediately if time limits are likely to be breached.

Response:

- A detailed response will be sent to the complainant within **40 working days** of receiving the complaint or specified longer time as agreed with the complainant. The response will summarise the nature and substance of the complaint, describe the investigation that has taken place, detail its conclusions and any actions the service intends to take where necessary. For complaints relating to clinical practice, the Clinicians’ review of the complaint details and feedback is integral in formulating a response to the patient.
- Written apologies will always be provided if merited.
- The Responsible Manager or deputy will sign the letter and the complainant will be given details of how to refer the complaint for review to the relevant body if they remain dissatisfied and do not wish to return to the Organisation.
- Conciliation, mediation, or a meeting with the management team will also be offered to the complainant if appropriate.
- All complaint workflows on Radar must be updated with the relevant information including risk scores and learning outcomes. A copy of the response letter must be uploaded for recordkeeping purposes.
- Care must be taken to ensure that any allegations of breaches of the Human Rights Act are acted upon immediately. Upon receipt of such an allegation, the Complaints Manager will inform the Clinical Director. Legal advice will be sought as soon as possible.

7.3 Procedure for informal complaints / concerns:

- If a service user wishes to raise a concern or non-formal complaint about the organisation, they will be directed to the Regional Operations Manager/Service Manager. The concern will be investigated and, if upheld, action will be taken by the Regional Operations/Service Manager. A written response is not required for informal complaints/concerns.
- The service user has the right, at any time within the investigation period, to make a formal complaint if they are dissatisfied. Such complaints must be in writing, but assistance will be available to put the complaint in writing, if required.
- All concern workflows on Radar must be updated with the relevant information. The Radar event reference must be linked when a concern has been escalated to a formal complaint.
- Negative responses received from patient satisfaction surveys on Survey Monkey are reviewed monthly and where required the patient is contacted to discuss their comments. The Services/ Regional Operations Manager determines if the comment warrants a formal complaint investigation.

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7.4 Exclusions:

Complaints cannot be considered, or further considered, under this policy to the extent that:


- the complainant has withdrawn the complaint.
- it repeats a complaint previously considered under the relevant complaints procedures.
- the complaint relates solely to other NHS or Social Service bodies or primary care providers in respect of the exercise of their functions.
- the complaint is made by an employee in respect to any matter relating to their contract of employment.
- the complaint is made by an independent provider about any matter relating to arrangements made by the NHS.
- the complaint is a care standard complaint.
- the complaint relates to an issue previously investigated by the Healthcare Commission or Local Commissioner or proceedings have been commenced under section 59 of the Care Standards Act.
- criminal proceedings have been commenced in relation to the substance of the complaint in respect of social service issues.
- a complainant has stated in writing that s/he intends to take legal proceedings.
- a complaint about which the Organisation is taking, or proposing to take, disciplinary proceedings against a person who is the subject of the complaint in relation to the substance of the complaint.
- a complaint about the Organisation's alleged failure to comply with the Data Protection Act or Freedom of Information Act.
- complaints about private medical treatment provided in an NHS setting unless it relates to the Organisation
- Social Media complaints published on a public platform e.g. Google reviews, Facebook etc.

7 EXTERNAL REPORTING:

The ICB will be informed via monthly KPI reporting or annual clinical governance reports with details of the complaint. Details of the complaint should be submitted directly to the commissioning manager including the date the complaint is received, complaint summary and what action and outcome the service have undertaken.

8 MONITORING COMPLAINTS

The senior management team will discuss current complaints under investigation at the Senior Management meeting, and complaint trends will be reviewed on a quarterly basis at the Quality Review meeting. The Quality lead will measure and monitor the complaint target monthly on the Quality scorecard.

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9 HEALTH SERVICE COMMISSIONER (OMBUDSMAN) and LOCAL AUTHORITY OMBUDSMAN

Complainants have a right to approach the Ombudsman if they feel they have suffered an injustice or hardship because of unsatisfactory treatment or service from the NHS or Social Services. The Ombudsman will not, in normal circumstances, consider a request for intervention until the previous stages of the complaints system have been exhausted. The Organisation will co-operate fully with any enquires or investigations held by the Ombudsman and any recommendations made by the Ombudsmanⁱ.

In situations where all options to placate the patient have been exhausted, the patients are still unhappy, do not consider the complaint resolved and they request for their complaint to be escalated, we can refer them to the Health Ombudsman. For patients that request their complaint be escalated, the Health Ombudsman weblink www.ombudsman.org.uk can be included in the final response letter/email. The Organisation is unable to escalate complaints on behalf of the patient to the Ombudsman. This link should not routinely be included in initial response letters.

10 LEARNING FROM COMPLAINTS

At the conclusion of every complaint, a review of the issues raised, and actions taken, and learning outcomes will take place, and will be shared amongst the relevant team or across the organisation where appropriate. The service will use all complaints as tools to seek improvement in the services they provide. Key issues will be identified and, if required, an any action plans formulated will be included in the Quality Improvement log to evidence continuous improvement. Learnings will be communicated at Clinical governance and Quality meetings. Clinicians will be provided with a monthly report detailing any complaints received from patients in their care. This information will be used for reflective practice and for appraisal and revalidation purposes.

11 CONTACTING THE CARE QUALITY COMMISSION (CQC)

The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and they publish what they find, including performance ratings to help people choose care. The CQC set out what good and outstanding care looks like and will make sure services meet fundamental standards.

Further information can be found on the CQC website: <http://www.cqc.org.uk/content/report-concern-if-you-are-member-public>

Patients and staff have the right to contact CQC should the need arise, and they wish to raise a concern and/or 'whistleblow'. Contact details can be found on the CQC website, www.cqc.org.uk. <https://www.ombudsman.org.uk/making-complaint>

12 RECORD KEEPING REQUIREMENTS

Electronic records of all complaint investigations and associated action plans will be stored on Radar for an indefinite period. All records are kept in line with the Records Management Policy



13 REFERENCES:

12.1 Responding to complaints: Guidance for general practice under the Clinical Negligence Scheme for General Practice (CNSGP)

12.2 Human Rights Act 1998

12.3 NHS England Complaints policy, Sept 2023

14 HISTORY:

Date:	Rev.	Changes made:	Updated by:
Jan-2019	1.	Policy creation	Dr Russell Emerson
March 2022	2.	Review record and contents page added.	Grace Hancock
April 2022	3.	Reviewed policy, added updated website link to gov ombudsman services, added additional complaint manager titles and added that a deputy can acknowledge a complaint on behalf of a complaints manager to avoid delay.	Anna Baldwin
April 2023	4	Scheduled Review, no changes.	Anna Baldwin
April 2024	5	Policy reviewed. New template inserted. Radar processes defined. Integrated SCDS and Private Clinic complaint policies. Timeframes aligned with NHS England complaints policy. Health Ombudsman weblink attached.	Indra Sivalingam
