



# **Priory Medical Group Complaints Policy**

Owner: Dr Tom France

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## Introduction

This policy, prepared with direct reference to the NHS England complaints policy, outlines our dedication to handling complaints in line with current guidance (NHS Complaints Regulations 2009) and best practice standards. As a partnership we strive to provide a timely, transparent complaints process that is fair to all involved.

## Scope

This policy only applies to formal complaints made to Priory Medical Group (PMG) about the services delivered to its registered patients. For the purposes of this policy, a complaint is defined as an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not which requires a response.

## Roles and Responsibilities

The overall accountability for the complaints process and associated policies and procedures lies with the nominated Complaints Partner. Support is provided in the form of a complaints team. This is formed of dedicated complaints handlers and a patient contact centre manager. Their primary function is accepting complaints, following due process and escalating as required to either the appropriate line manager or supervising Partner.

It is the responsibility of the Patient contact centre manager to consider whether informal and therefore early resolution of an issue may be possible. If an issue can be resolved quickly we aim to do this within 10 working days and, with the agreement of the enquirer, would categorise this as a concern. However, if the enquirer is clear that they wish to make a formal complaint, we will follow our complaints policy in full.

## How to make a complaint

We will accept complaints in a manner in which our patients wish to deliver them, or find most convenient based on their individual circumstances. This may include, but is not limited to;

- Online form via our website (contact us page) [www.priorymedical.com](http://www.priorymedical.com)
- Telephone – 01904 404100
- Email – [hnyicb-voy.priorymedical-complaints@nhs.net](mailto:hnyicb-voy.priorymedical-complaints@nhs.net)
- Verbally at our reception sites
- By post to any of our surgery sites

We will always strive to make the necessary reasonable adjustments in order to handle any complaint. For people whose first language is not English, we have access to a translation and telephone interpreting service.

When receiving an inbound call to the complaints teams, an offer should be made to call the complainant straight back so that they do not incur excessive costs. If the complaints team make an outbound call to a complainant, for reasons of security and confidentiality, they should withhold the telephone number. All complaints calls are recorded and stored securely for the required statutory period.

The Customer Contact manager and PMG Partnership is responsible for publishing information about the complaints process including advice on signposting to advocacy services. This includes making Easy Read materials about the complaints process available. These can be found on our website.

### Who can make a complaint?

In line with the Regulations, a complaint may be made by “a person who receives or has received services” or “a person who is affected, or likely to be affected, by the action, omission or decision.....which is the subject of the complaint”.

A complaint may be made by a representative acting on behalf of a person mentioned above who:

#### Has died

The complainant would usually be the personal representative of the deceased. In order to respond to the personal representative, PMG may request some formal documentation from this person such as copy of a will (to demonstrate their role as executor) or a lasting power of attorney relating to health care.

#### Is a child

We must be satisfied that there are reasonable grounds for the complaint to be made by a representative of the child (rather than by the child themselves), and that the representative is making the complaint in the best interest of the child (a child is considered anyone up to the age of 18).

#### Has physical or mental incapacity

In the case of a person who is unable to make the complaint themselves because of either physical incapacity or who lacks capacity within the meaning of the Mental Capacity Act 2005, PMG needs to be satisfied that the complaint is being made in the best interest of that person.

#### Has given consent to a third party acting on their behalf

In this case PMG will require the following information;

- Name and address of the person making the complaint
- Name and either date of birth or address of the person who is the subject of the complaint
- A consent form signed by the person who is the subject of the complaint

This information is recorded as part of the complaint file.

#### 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, where the constituent is not the patient or the person who is the subject of the complaint, we will pursue consent in the usual way.

## Advocacy services

Local authorities have a statutory duty to commission independent advocacy services to provide support in order for people to make a complaint about their NHS care or treatment. People who contact PMG to discuss making a complaint should be given information about the local advocacy provider within York (and in certain circumstances other specialist advocacy) at the earliest opportunity. This information will be provided again at the acknowledgement stage.

## Time limit for making a complaint

A complaint must be made not later than 12 months after the date on which the matter, which is the subject of the complaint occurred or, if later, the date on which the matter which is the subject of the complaint came to the notice of the complainant.

The time limit shall not apply if PMG is satisfied that the complainant had good reasons for not making the complaint within that time limit and, notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.

If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this.

## Complaints about another provider

Where PMG is the recipient of complaints about other providers, or complaints pertaining to more than one provider, we will discuss with you who is most appropriately placed to respond. Should you wish and provide your consent these can be forwarded directly to the responsible complaints officer of said organisation.

## Acknowledgement

Where a complainant has specified the way in which they wish to be addressed all communication from the acknowledgement stage onwards will follow that request, including the use of pronouns. An acknowledgement to a complaint:

- Must be within 3 working days;
- Will be in writing unless in exceptional circumstances where it may be verbal (if made verbally it must be followed up in writing as soon as is possible);
- Must include an offer to discuss the handling of the complaint;
- Must include an offer to discuss the timeframe for responding to the complaint;
- Should include a summary of what the complaint is about and, where unclear, offer to discuss the desired outcome.
- When the complaint has been made verbally, it must include the written statement which has been recorded as the formal complaint;
- Must include information about local NHS Complaint Advocacy Services (and consideration be given to providing information about specialist advocacy services such as when the complaint may also be a serious incident or claim);
- Will address any issues of consent
- Must include the name and title of the complaints handler who will be the point of contact for the complainant throughout the complaints process.

## Investigation

Complaints received by the practice will be separated by the nature of the complaint – be this clinical or non clinical services. Clinical service complaints will be reviewed by the responsible complaints partner and a timeframe for response given based on the risk level of the complaint.

Non clinical service complaints, for example (this is not exhaustive) business decisions, service provision, premises and front of house will remain the responsibility of the managers of these services and the PMG Executive team.

Whilst the complaints partner holds overall responsibility for complaints handling and addressing complaint urgency, clinical complaints will be delegated to supervising line managers or practice partners for investigation and response, within the afore mentioned timeframes.

In the event that our investigation is likely to take longer than the original timeframe identified at the acknowledgement stage, you will be contacted to be advised of a new timeframe for responding and an explanation given as to the reason for the delay.

## Response

PMG will endeavour to respond to all complaints within an acceptable timeframe and with either a verbal or written response. The decision as to the method of response will lie with the responsible investigating manager/partner unless the complainant has specified their preferred method of contact. Patients are able to request a written response following an initial telephone call and this should be offered to complaints closed verbally.

### **A response to a complaint must:**

- Include an explanation of how the complaint has been considered
- Provide information about who has been involved in the investigation
- Include a meaningful apology where it is due
- Refer to any records, documents or guidelines that have been considered
- Conclude and evidence how a decision was reached
- Tell the complainant what has been done to put things right where appropriate
- Signpost the complainant to next steps including details of the Parliamentary and Health Service Ombudsman (PHSO)

## Confidentiality and consent

PMG has a legal duty to maintain the confidentiality of personal information. PMG will not access or share information pertaining to complaints without following our standard operating procedure in relation to consent for complaints. All personal data received is recorded and stored on a secure server with limited authorised access. Information is retained with respect to GDPR safeguards and protocols.

## **Duty of Candour**

The intention of the duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The statutory duty of candour is about people's right to openness and transparency from their health or social care provider. It means that when something goes wrong during the provision of health and care services, patients and families have a right to receive explanations for what happened as soon as possible and a meaningful apology.

## **Exceptions to the policy**

### **> Safeguarding and patient safety**

There may be circumstances in which information disclosure is in the best interest of the patient, or the protection, safety or wellbeing of a child or adult at risk. In these circumstances, a complaint will be escalated as necessary in line with PMG's safeguarding policy and procedure.

### **> The safety of complaints staff**

Within the complaints process there is scope for a planned local resolution meeting. Complaints staff should be supported by a colleague with appropriate experience according to the nature of the complaint and a suitably trained member of staff for taking minutes. A safe venue should be sought for such a meeting. Managers should be aware of the location and duration of the meeting. A colleague should be identified as a key point of contact and the complaints staff undertaking the engagement should make contact with this colleague prior to the start of the meeting and then again upon conclusion.

## **Persistent and unreasonable contact**

This guidance covers all aspects of the complaints policy and associated documents and is intended for use as a last resort after all reasonable steps have been taken by the partnership to resolve an issue.

It is important to consider that persistent contact may be necessitated due to individuals having recurrent concerns about their level of care or service. To ensure this process is fair and without prejudice the following steps must be taken by senior management and/or the executive team with whom no conflict of interest exists.

It is important that the content of a clinical complaint is not lost due to the manner in which it is presented.

Unreasonable behaviour or persistent contact can be recognised by, but is not exclusive to:

- Persist in pursuing an issue when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services could assist to help them specify their complaint.
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
- Change the substance of a complaint/concern or seek to prolong contact by continually raising further issues in relation to the original contact. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
- Consume a disproportionate amount of time and resources.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.

Prior to the decision being made that a patient's conduct or manner constitutes persistent unwanted contact, all efforts should be taken to:

- Ensure all aspects of clinical complaints are addressed and steps taken to prevent recurrence (where applicable).
- Ensure all documentation surrounding the complaint and contact is up to date and adequately referenced.
- Communicate with the complainant that their complaint has been resolved and should they continue to have concerns they should contact the ombudsman.

Should continued contact occur despite steps taken above, this should be escalated to the responsible Complaints Partner or other delegated manager of suitable training to consider how further communication could be managed. This may include but is not limited to:

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate.
- Limiting the person to one mode of contact.
- Informing the person of a reasonable timescale to respond to correspondence.

- Informing the person that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.
- Asking the person to enter into an agreement about their conduct.

Where a person's contact has been identified as persistent and/or unreasonable, the decision to declare them as such must be made based upon information provided by the call handling, front of house and complaints team. Information gathering for this purpose will be the responsibility of the complaints team and Complaints manager.

It is important that all relevant information be made available before a decision is made, in order to ensure the person is treated fairly when considering imposing of restrictions. The final decision will be taken by the Executive team following consideration of removal of anyone with a conflict of interest.

Once a decision has been made, either the most senior manager or complaints lead will write to the person informing them that their complaint/concern has been responded to as fully as possible and there is nothing to be added.

Additionally; that repeated contact regarding the complaint/concern in question is not acceptable and that further calls will be terminated and that any further correspondence will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and co-ordinated approach across the organisation (ensuring that only information pertaining to the restriction is made available rather than information relating to the subject of the case). If the person raises any new issues then they should be dealt with in the usual way.

This policy has been prepared in line with NHS complaints handling regulations and in vast part has been copied and adapted from 'NHS England Complaints Policy; Version 3 Updated October 2021

Other references/resources:

<https://www.themdu.com/guidance-and-advice/guides/duty-of-candour-in-primary-care-and-independent-practice>

<https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-20>