

Policy to support people to raise a concern, tell us their story or make a complaint

Listening, Responding & Learning

UNIQUE IDENTIFIER:	CE/XX/055/V7.1
DOCUMENT STATUS:	Final approved by Q&S March 2015 (inc further amendments from V7)
DATE ISSUED:	March 2015
DATE TO BE REVIEWED:	March 2018

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
V1	Oct 2014	Amendments & contributions made by L Broster.
V2	Oct 2014	To Quality & Safety Committee
V3	Oct 2014	For Q&S incorporating views of Paul Maubach & Rebecca Bartholomew
V4	Oct 2014	Comments from Q&S
V5	Oct 2014	New sections 7.9 and 5.2.1 added
V6 Final	Dec 2014	New objective and consistency amends
V7 Final	May 2015	New diagram added to clarify the roles and responsibilities of various teams. Agreed by Chief Nursing Officer following recommendation at Q&S
V7.1	October 2016	Formatting

REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Paul Couldrey	October 2014	Director PCIG Consulting Ltd	V1
Laura Broster	October 2014	Head of Communications & Public Insight	V1/ V2
Quality & Safety Committee	October 2014		V3
Audit Committee	Dec 2014		V6
Chief Nursing Officer	May 2015		V7
Emma Smith	October 2016	Governance Support Manager	V7.1

APPROVALS

This document has been approved by:

VERSION	WHERE	DATE
V3-5	Quality & Safety Committee	October 2014
V6	Audit Committee	December 2014
V7.1	Quality & Safety Committee (TBC)	November 2016

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

DOCUMENT STATUS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS

These documents will provide additional information:

Whistle blowing policy Safeguarding policy	This document refers to these policies in some areas
---	--

Foreword

We are here to support anyone who has a concern or complaint about the services we provide or those which we plan and buy (commission).

We think a subtle and important point to start with is the title of this policy, we believe that there are far too many negative connotations with the word complain... so we want to focus on raising concerns as we believe it will encourage more dialogue and improve the way we respond.

According to the Oxford dictionary to **complain** is synonymous with the following words,
protest, protestation, objection, remonstrance, statement of dissatisfaction, grievance, charge, accusation, criticism, quibble, grumble, moan, whine

To raise a **concern** however is synonymous with the following words,
anxiety, worry, disquiet, apprehension, apprehensiveness, unease, uneasiness

It is far softer, evokes a less defensive reaction and allows for more sympathetic handling.

In reality, a concern or complaint is a statement made by someone who is unhappy with the care or service they have received. These can be expressed in a number of ways – in person, by telephone, in writing, by email or through a third party. What we must do is understand why that person is unhappy, and then act upon it. Many people contacting our team to raise a concern will be emotional, in handling any concern or complaint, we owe it to these people to acknowledge that emotion.

Our core value of respecting others means that we should place a value on that emotion, hearing it and feeling it in order that we properly understand the true impact of what has happened.

Our core value of being open to receiving feedback means that we must fully listen to the complainant and be open to acknowledging if services or care have not met the standards we expect.

Our core value of consistency means we should treat every complainant equitably and undertake all due diligence that is required.

Our core value of professionalism means that we should also seek to impartially obtain all the relevant facts to any case so that we can offer a comprehensive assessment of what has happened and what lessons might need to be learned.

Our core value of taking responsibility means we should ensure that we follow through on each and every case fully, to ensure that the best possible outcome and resolution is reached for each individual.

This policy is intended as a guide, a minimum standard to be achieved. We will commit to treating each concern raised individually, validating those emotional exchanges where necessary to enable people to move on.

This policy sets the minimum standards we expect, but we will ensure that each person who contacts us has the opportunity from the start and throughout to clarify what timescales and response would be right for them. The success of our concerns service will not be measured on

how quickly we can issue a final letter, it will be measured on the feedback that people using it give as to how well we helped address their concerns.

We are also committed to making the recommendations in the Francis & Berwick Reports, 'normal business'. We are working with our providers to increase the openness and transparency around complaints information and ensuring that we act on the feedback that we receive from the public through these channels.

Any complaint or concern raised with us is an opportunity to listen, respond and learn from experiences of people using the services we deliver or commission. This policy helps us to make the most of that opportunity and for us to meet the needs of those raising concerns with us.

Best wishes

Laura Broster, Head of Communications & Public Insight
Viv Vasey, Complaints & Freedom of Information Officer

Contents

POLICY OVERVIEW

- 1 Introduction
- 2 Purpose
- 3 Who This Policy Applies To
- 4 Key Principles

THE POLICY

- 5 The policy

Appendix A – NHS Complaints Process Advice for Patients & CCG leaflet

Appendix B – Supporting Documents (Consent forms)

Appendix C - Initial contact form

Appendix D - Local Resolution Procedure for Concern or complaints Relating to a Purchasing Decision or CCG Administrative Function

Appendix E - Concern or complaint Outcome Form

Appendix F - Process Flow Chart

Appendix G- Complaints Service Evaluation

Appendix H –Verbal complaints capture form

Appendix I- Quality review meeting

Appendix J- Continual/Vexatious Concern or complaints Policy

POLICY OVERVIEW

1.0 INTRODUCTION

If a patient is not happy with the care or treatment they have received, they have the right to complain, have a concern or complaint investigated, and be given a full and prompt reply.

The NHS Constitution explains these rights when it comes to making a concern or complaint. Patients or their representatives have the right to:

- have their concern or complaint dealt with efficiently, and be properly investigated
- know the outcome of any investigation into their concern or complaint
- take their concern or complaint to the independent Parliamentary and Health Service Ombudsman if they're not satisfied with the way the NHS has dealt with the concern or complaint
- make a claim for judicial review if they think they've been directly affected by an unlawful act or decision of an NHS body
- receive compensation if they have been harmed

Most issues can be resolved without people having to make a formal concern or complaint, we encourage people to try having an informal chat with us or the service provider first.

For example, if you have problems booking a GP appointment speak to the practice manager about it. If you are worried about something during your hospital outpatient appointment talk to one of the nurses or the clinic manager.

NHS England calls this informal process 'local resolution' and urges everyone to see if things can be solved there and then before they escalate to a real problem.

However, if despite everything this doesn't solve their problem, or even if it does but they would still like to raise a concern or make complaint, then they should follow the NHS concern or complaints procedure as set out by this Dudley CCG Policy.

2.0 PURPOSE

The purpose of this policy is to make it clear how Dudley CCG will listen, respond & learn from patient and public concerns or complaints.

The Clinical Commissioning Group (CCG) is committed to working within the legislation to achieve sustainable improvement in the health and well-being of the population. The CCG intends to use this Policy to underpin the work to commission the highest standard and quality of healthcare as a means to help achieve the ambition of the CCG.

Effective concern/ complaint management is a key element of the CCG's approach to quality.

The Policy to support people to raise a concern, tell us their views or make a complaint. The policy will enable all staff to deal effectively with all concerns raised by patients encouraging a culture of openness, transparency and willingness to re-evaluate and change service delivery to meet the highest standards of quality of care.

3.0 WHO THIS POLICY APPLIES TO

This policy applies to anyone wishing to raise a concern or make a complaint.

With an active lead from all managers at all levels to ensure that concern or complaints are resolved efficiently, in an open and transparent way we should forge a high level of confidence in the services that the CCG commissions. If followed, the policy, should ensure that the CCG captures and acts on any learning opportunity.

4.0 KEY PRINCIPLES

Key points we will remember when handling concerns

- We welcome comments, concerns and complaints, and can use them to further improve services.
- We must make it as easy as possible for people to raise concerns and then we must respond as quickly as possible.
- Everyone has a responsibility to deal with concerns, but nobody is on their own. The Communications & Public Insight Team has the specific role to manage the concerns system properly and to support the patients, carers and staff involved.
- Remember, just because something has always been done in a certain way, doesn't mean that it is always right! Concerns are often the catalyst for reviewing and improving the way that services are provided.

What are the objectives of our policy?

- It will be easy to use and widely accessible
- It will be fair and impartial to all involved
- It will be honest and thorough in looking into concerns
- It will deal with concerns as close as possible to the point at which they arise and will keep everyone informed
- It will deal with all of the points raised and provide a full response
- It will respect confidentiality and privacy
- It will provide the option to further review ongoing concerns
- It will help us & our providers to monitor and improve standards
- It will help us to learn and make improvements to benefit patients and staff
- It will identify changes made as a result of the concerns, and make sure the person raising the concern, and staff, are told about the changes
- It will make sure that improvements are recognised and adopted.

5.0 THE POLICY

5.1 Introduction

The purpose of this policy is to outline the way in which Dudley Clinical Commissioning Group (DCCG) will manage concerns and complaints within the guidance of,

- The Local Authority Social Services and National Health Service Concern or complaints (England) Regulations 2009 (No 309). http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1
- amendments 1st September 2009 (No 1768); http://www.opsi.gov.uk/si/si2009/uksi_20091768_en_1
- The Parliamentary and Health Service Ombudsman Principles of Good Concern or complaint Handling.

DCCG's Governing Body believes that a proactive approach to investigation and resolution of concerns raised regarding its commissioned services, will enable the organisation to continually monitor and improve the services that it commissions for our local population.

5.2 Objectives

DCCG aims to create a culture where patient/public concerns or complaints are welcomed and are resolved in a spirit of co-operation and openness.

DCCG are committed to:

- proactively building continuous and meaningful engagement with the public and patients to shape services and improve health;
- managing concern or complaints in accordance with our statutory and contractual obligations, our stated vision, goals, promises and objectives;
- ensuring that concerns or complaints are managed promptly and efficiently;
- properly investigating and treating complainants with respect
- acting from a point of emotion rather than process
- resolving the problem relating to the concern/ complaint, not just managing the complaint.

DCCG will comply with the Health Act 2009 and the NHS Constitution and ensure that patients have the right to:

- an independent concern or complaints Advocacy Service;
- have any concern or complaint about NHS services dealt with efficiently and have it properly investigated;
- know the outcome of any investigation into their concern or complaint;
- take their concern or complaint to the Independent Parliamentary and Health Service Ombudsman if they are not satisfied with the way their concern or complaint has been dealt with by the NHS.

Dudley CCG is firmly committed to the principles of **equality and diversity** in all areas of our work. We believe that we have much to learn from diverse cultures and perspectives and that diversity will make our organisation more effective in meeting the needs of all our patients and stakeholders.

Staff will treat patients and/or patients nominated representatives with dignity and respect when dealing with their concern or complaint. We will assure complainants that raising concerns will not prejudice the treatment and care provided. We will not discriminate on the grounds of gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexuality, religion or age.

Dudley CCG recognises that staff provide professional care, often under challenging circumstances and are affected by concern or complaints made against them. It is important that all staff receive training, support and feedback to enable them to deal with concern or complaints in an open, courteous manner whilst at the same time being supported by the organisation they work for.

5.3 Which Complaints/ Concerns will/ will not the CCG Investigate?

DCCG will investigate all concerns brought to them regarding all commissioned and directly provided services and all DCCG policies and decisions. We will also play a role, where required, in co-ordinating complex concerns or complaints involving more than one organisation.

DCCG will also monitor the complaint management of all commissioned services, monitoring themes and trends in provider services. This will be reported quarterly to the Quality & Safety Committee.

Key themes and serious concerns/ complaints will be raised with the Quality and Safety Team to ensure they are raised at Clinical Quality Review Meetings with the relevant provider organisation.

The following concerns or complaints will not be dealt with under the NHS complaints Regulations 2009:

- A concern or complaint made by a local authority, NHS body, primary care provider or independent provider;
- A concern or complaint made by an employee of a local authority or NHS body about any matter relating to employment;
- A concern or complaint made orally and resolved to the complainant's satisfaction within 24 hours;
- A concern or complaint which has previously been made and resolved to the same complainant and where local resolution has been exhausted;
- A concern or complaint which is, or has been, investigated by a Health Service Commissioner under the 1993 Act;
- A concern or complaint arising out of the alleged failure by the CCG to comply with a request for information under the Freedom of Information Act 2000;

5.4 What about concerns/ complaints about Primary care services?

Primary care services are responsible for the local resolution of concerns or concern or complaints through operating practice-based concern or complaint procedures, which they are required to establish under their contract.

If local resolution cannot resolve the concern or complaint, the NHS England Area Team lead for primary care or complaints is responsible for organising the conciliation. NHS England is responsible for purchasing primary care services such as GPs, dentists, pharmacists, optical services and some specialised services, and patients should contact them if they wish to complain about any of these services. A primary care contractor may seek the help of a lay conciliator to assist in the process of resolving a concern or complaint at local level. This process will be provided by the local area office of NHS England.

Primary Care Practitioner/Providers can be described as:

- General Medical Practitioners
- General Dental Practitioners
- Pharmacists
- Ophthalmic Optician or Ophthalmic Medical Practitioner
- Out of Hours Service

When patients contact NHS England via email England.contact@nhs.net Please ensure you advise them to state 'For the attention of the concern or complaints manager' in the subject line.

6.0 WHO THIS POLICY APPLIES TO

This policy applies to anyone wishing to raise a concern or make a complaint. It is also a crucial guide for all CCG staff on how we can get the most out of the complaints process.

With an active lead from all managers at all levels to ensure that concern or complaints are resolved efficiently, in an open and transparent way we should forge a high level of confidence in the services that the CCG commissions. If followed, the policy, should ensure that the CCG captures and acts on any learning opportunity.

6.1 Specific Responsibilities

6.1.1 The Governing Body

Is responsible for reviewing on an annual basis the concern or complaints received by the CCG, for monitoring themes and trends in concern or complaints about services it commissions and ensuring that the agreed procedures are followed.

6.1.2 The Accountable Officer

Is responsible for overseeing the concern or complaints handling process, viewing the correspondence related to each individual concern or complaint and agreeing and signing the written response to all complainants.

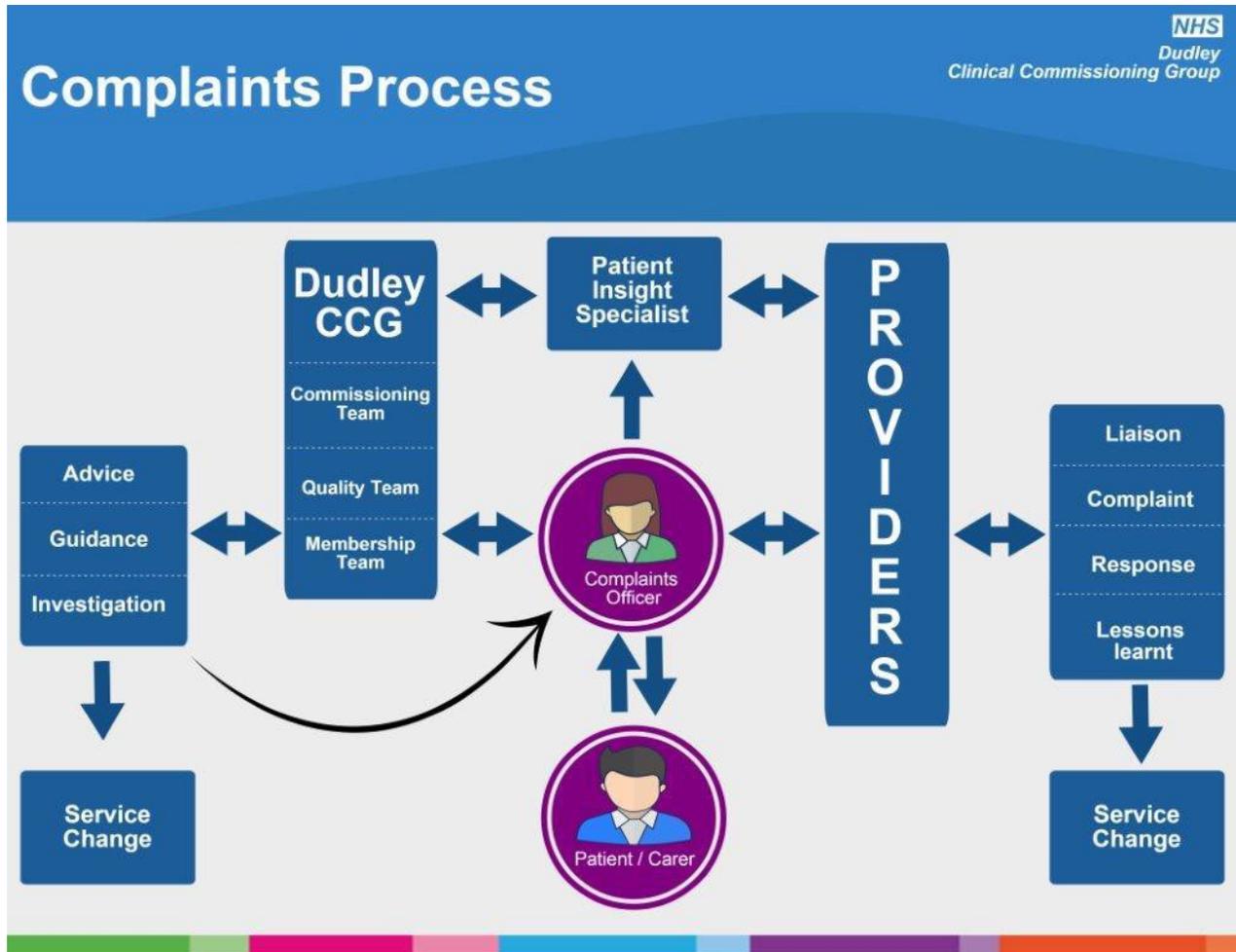
6.1.3 Quality and Safety Committee

The Quality and Safety Committee are responsible, together with the Accountable Officer for overseeing the management of the CCG's concern or complaints procedures, reviewing the concern or complaints received by the CCG, reviewing concern or complaints received by services the CCG commissions and agreeing the action to be taken to ensure that lessons are learnt throughout the organisation from the results of the reviews.

This is done through review of the CCG and provider organisation's Quarterly and Annual Concern or complaints reports. The Registered Nurse, Governing Body Lay Member and Executive GP Lead for Quality are core members of this Committee which is a sub-committee of the Governing

Body.

The diagram below explains the relationship between the CCG internal teams and their role in managing people's concerns.



6.2 Systems and Processes for Concern or complaint Investigation

The procedure for handling concern or complaints has two stages:

6.2.1 Local Resolution (See appendix F - Flow Chart)

Relates to internal action by staff and managers of the CCG to investigate and resolve any concern or complaint to the satisfaction of the complainant, within an agreed reasonable timescale that has been agreed with the complainant. If no agreement of a reasonable timescale is available, a reasonable timescale as determined by the concern or complaints manager.

6.2.2 Independent Review

If the complainant remains dissatisfied after the concern or complaint has been investigated thoroughly at Local Resolution stage, they have the right to refer their concern or complaint to the Parliamentary and Health Service Ombudsman for review

6.3 What is a concern or complaint?

A concern or complaint is an expression of dissatisfaction from:

- (a) A person who receives or has received services from a responsible body; or
- (b) A person who is affected, or likely to be affected, by the action, omission or decision of the responsible body which is the subject of the concern or complaint, or their representative.

6.4 Who can raise a concern or make a complaint?

In the case of concerns or complaints it is paramount that the needs of the complainant are acknowledged. Concerns or complaints will be accepted from patients, relatives, carers or friends of patients, their MP, staff, PALS, Healthwatch or external organisations such as Social Services. Concerns or complaints received from others on behalf of the complainant will only be pursued with the knowledge and written consent of the complainant.

All members of staff are patients and may well have concern or complaints of their own. They shall be made aware that they too have the right to raise an issue for formal investigation through the Concern or complaints Procedure, where this is not part of the Grievance and Disciplinary Procedure.

6.5 Requests can be made by individuals acting on behalf of the patient

Requests can be made by individuals acting on behalf of the patient, but they must declare on the consent form (appendix B), why they have this entitlement and provide proof if required. This is generally where they have parental responsibility for a child. It may also be where an individual has been legally appointed by a Court of Protection or Guardianship order – in such circumstances the FOI & Complaints officer will seek further advice about the purpose and the details of what should be released.

If the requestor is not the patient, and has an enduring power of attorney registered with the court of Protection, these details should be conformed before releasing information.

6.6 How can people raise a concern or make a complaint?

A concern or complaint may be made in writing, paper or electronic, or verbally.

Where it is made verbally (see appendix H) the freedom of Information and complaints officer must take a written record of the concern or complaint and the date on which it was made together with, a record of the name of the complainant and the subject matter of the concern or complaint.

The acknowledgement must be accompanied by the written record with a request to the complainant to sign and return it. Verbal concern or complaints will be dealt with and given due attention and all complainants must be made aware of the assistance that the ICAS and/or the Patients Advice and Liaison Service or Healthwatch can give in supporting and resolving concerns locally.

6.7 Important points of the process (set out in Appendix F)

- All concern or complaints will be acknowledged by telephone contact, (where possible) and in writing with the complainant within three working days, all records should be kept in written or electronic form.
- All concern or complaints will be dealt with within a mutually agreeable time (between the complainant and the CCG). This should be within a maximum of 25 working days following complainant consent to share concerns with commissioned services, other than in exceptional circumstances, when the complainant will be kept informed.
- Timescales are anticipated based on the level of complaint. this will be assessed by an agreed risk matrix developed by the Quality and Safety Team (Appendix G) Note: If consent is not received, a reminder letter will be sent advising that the case will be closed if consent is not received by the deadline stated.
- The complainant should submit the concern or complaint within twelve months of the occurrence of the concern.
- Under no circumstances will a concern or complaint directed to the Accountable Officer be dealt with in an entirely verbal context, unless it is with the knowledge and agreement of the complainant. It will be the responsibility of the FOI and Complaints Officer dealing with the concern or complaint to maintain a written record of all conversations which will be kept on file.
- When appropriate a face to face meeting may be arranged between a complainant and a designated representative of the CCG.
- The CCG will measure success by the feedback from complainants as to how well their complaint was dealt with. A form will be sent out to complainants after a 2 week period of time to capture this (template form Appendix G)
- After receipt of each concern/ complaint the CCG will call the complainant to establish the next steps and clarify the intended outcome. at this point an recording of any emotions will be made. these will be presented to any investigating officer and to the accountable officer to frame the response we want to give back. we believe that this will ensure that each concern or complaint is dealt with emotionally first and should improve our ability to connect with the complainant and respond appropriately (Appendix J).

6.8 Secondary Care Providers concern or complaint Investigations

When the CCG receive a concern or complaint about the services it commissions from secondary care provider the CCG shall record the complaint/concern and forward to the provider for investigation and response to the CCG (not to the complainant directly). The CCG will need to provide the Provider a consent form to manage the complaint/concern and should at this time agree a time scale for the provider to respond to the complaint.

Providers should be given the appropriate timescale (see classification below) to respond to complaints with the ability to extend this timescale due to complaint complexities, any extension should be agreed with the complainant and with the advice from the Quality Team.

The classification of the complaint should be assessed by the Quality Team for clinical issues and discussed with the Head of Communication and Public Insight.

From October 2014, NHS providers will be required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The duty has been introduced as part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities.

DCCG expects its providers to comply with the duty of candour and to be open and transparent with us too. We recognise data protection but do expect providers to provide the CCG with monthly reports for inclusion in the Quality and Safety committee CCG reports. Providers should provide reporting on number and type of concerns/complaints raised, the average time taken to respond to complaints and any trends identified.

We are also keen to understand the tone of the complaint responses from our providers and will work with them towards auditing samples of these to assure ourselves that the right approach is being taken.

6.9 Closure of a concern or Complaint

Each response letter will identify a date by which the complainant should get in touch with the concern or complaints team to notify them if they are not satisfied their concern or complaint has been addressed fully, otherwise the case will be closed.

A response letter will provide information about how to contact the Ombudsman if unhappy with the outcome of the concern or complaint investigation and handling by the CCG.

On closure of the case the case review documentation will be completed and databases will be updated to ensure accurate and full records are maintained.

7.0 CLASSIFICATION OF COMPLAINTS

When a concern or complaint is received it must be classified using the definitions below, this will happen using the form provided in Appendix I in conjunction with the Quality Team:-

Complaint – minor

Relates either to an unsatisfactory service or experience not directly related to clinical care or to a single resolvable issue relating to care with minimal impact and minimal risk to the provision of care or the service.

Examples include complaints about

- manner and attitude.
- delayed or cancelled appointments
- cleanliness

Acknowledgement within 3 working days.

Final response within 10* working days.

Complaint – moderate

Relates to a service or experience which appears to be below reasonable expectation in several ways, but not causing lasting problems. There may be some potential for litigation. Includes clinical care issues.

Examples include complaints about

- alleged prescribing errors
- event resulting in moderate harm
- failure to meet care needs
- complaint affecting a vulnerable adult

Acknowledgement within 3 working days.

Final response within 20* working days.

Complaint – major

Raises significant issues regarding standards, quality of care and safeguarding of or clear evidence of denial of rights. Evidence of quality assurance or risk management issues. High probability of litigation and adverse local publicity.

Examples include complaints about continuing care assessment or issues listed under Moderate, but where there are multiple issues, where serious harm is caused or where joint investigations with other NHS or Social Care Trusts are required.

Acknowledgement within 3 working days.

Final response within 25* working days.

Complaint – catastrophic

Serious issues which may cause long-term damage, including grossly substandard care or professional misconduct. High risk of litigation or adverse national publicity.

Examples include complaints about:

- Events resulting in serious harm or death.
- Criminal offence (e.g. assault)
- Abuse or neglect.

Acknowledgement within 3 working days.

Final response within 25* working days.

****These are suggested response timescales for consideration during negotiation with complainants.***

7.0 ADDITIONAL INFORMATION

8.1 Publicity/Information

The means of making a concern or complaint will be widely publicised to patients and staff.

Information on the CCG Concern or complaint Policy together with a guide to making a comment suggestion or concern or complaint is available on the CCG Internet Site. The CCG will also publish on its website details of “lessons learnt” and actions they have taken as a result of previous patient feedback and concern or complaints.

Notices will be displayed in all public areas within CCG and member practice premises informing individuals wishing to make a concern or complaint how and to whom concern or complaints should be addressed. Information on how to make a concern or complaint will be included in all patient information leaflets.

Additional information will be available on the website or via the designated concern or complaints manager to assist those people who wish to make concern or complaints as to the correct process to be followed. This will include information about the advocacy. The information will also detail the processes that will be followed to ensure that each concern or complaint is an opportunity to learn and to improve services.

8.2 Resolution Meetings

These should be considered when investigations and response letters have failed to resolve the complainant’s questions and concerns.

8.3 Monitoring and Review

The CCG Quality and Safety Committee will receive a quarterly concern or complaints report which will:

- outline the number of concern or complaints received
- identify the subject matters
- detail achievement against performance standards
- identify trends and areas of concern
- highlight any improvements put into place resulting from lessons learnt
- contain details of any concern or complaints referred to the Parliamentary and Health Services Ombudsman, if these were upheld and any recommendations made to the CCG.

An Annual Concern or complaints Report will be produced and included in the CCG Annual Report. A copy will also be available on the CCG website.

8.4 Organisational Learning

National guidance indicates that one of the primary goals for most complainants is to ensure that their concerns have been listened to and that the same thing will not happen again.

As a result of concern or complaints received, the CCG will:

- ✓ Review and analyse concerns and concern or complaints received
- ✓ Take action to improve service delivery as a result of individual concern or complaints
- ✓ Take action to improve service delivery using the analysis of trends from concern or complaints data

- ✓ Report regularly on the number, type and outcome of concern or complaints received.

Concern or complaints are a rich source of information and the CCG should clearly demonstrate that positive action has been taken as a result of concern or complaints, and that learning from concern or complaints is embedded across the organisation. See appendix E- Outcome forms.

8.5 Independent Concern or complaints Advocacy Service (ICAS)

ICAS can help individuals make a concern or complaint or express a concern about the CCG or Primary Care Services. Staff at ICAS can support individuals if they wish to make a concern or complaint, and give advice about using the concern or complaints process. They can also write letters on an individual's behalf and attend meetings.

8.6 Withdrawn Concern or complaints

Any concern or complaint received by the CCG, either verbally or in writing, can be withdrawn at any stage of the procedure. This should be confirmed in writing by the complainant and then closed on the system.

If after a 3 month period from receipt of a verbal concern or complaints, the complainant does not return a signed Confirmation of Verbal Concern or complaint form, or where consent has not been obtained the complaint will closed on the system.

8.7 Independent Review – Health Service Ombudsman

If the complainant remains dissatisfied with the actions undertaken following the investigation/response received they have the right to ask the Health Service Ombudsman to review their concern or complaint. The Health Service Ombudsman is independent of the NHS.

8.8 Disclosing Information in Complaints process

Responding to a complaint may involve providing information that relates both to the requester and another individual.

The Data Protection Act 1998 (DPA) says you do not have to comply with a request if to do so would mean disclosing information about another individual who can be identified from that information, except where:

- the other individual has consented to the disclosure; or
- it is reasonable in all the circumstances to comply with the request without that individual's consent.

Therefore in regards to complaints requests, requests from a complainant about themselves will be that their information can be disclosed directly to them subject to conditions below.

If however the complaint is made of behalf of another there needs to be considerations given as to the disclosure of the patient data to the requester. You should make decisions about disclosing third-party information on a case-by-case basis. You must not apply a blanket policy of withholding it.

To help you decide whether to disclose information relating to a third-party individual, it helps to

follow the three-step process described below.

8.9 Requests for medical records

Requests for medical records are to be considered under the Data Protection Act 1998 s.7 and for deceased patients under the Access to Medical Records Act 1990 s.10, this should be administered by the Governance Department.

Step 1 – Does the request require the disclosure of information that identifies a third party?

You should consider whether it is possible to comply with the request without revealing information that relates to and identifies a third-party individual. Bear in mind that the names of clinical staff involved with the care of the individual are not considered third party data in this context.

Step 2 – Has the third-party individual consented?

In practice, the clearest basis for justifying the disclosure of third party information in response to a complaint is that the third party has given their consent. If a complaint is being made on behalf of a child below 12 then this consent is automatic, children aged above 12 the appropriate consent forms should be in place to support the complaint, this is the same with any adult complaint on behalf of another.

However a difficulty when disclosing the personal information of a deceased patient when another has complained about their care/treatment.

If you don't have consent to disclose patient information to another in a complaint response the following should be considered:-

- any duty of confidentiality owed to the third-party individual;
- any steps you have taken to try to get the third-party individual's consent;
- whether the third-party individual is capable of giving consent;
- any stated refusal of consent by the third-party individual.

8.10 Confidentiality

Confidentiality is one of the factors you must take into account when deciding whether to disclose information about a third party without their consent. A duty of confidence arises where information that is not generally available to the public (that is, genuinely 'confidential' information) has been disclosed to you with the expectation it will remain confidential. This expectation might result from the relationship between the parties. For example, the following relationships would generally carry with them a duty of confidence in relation to information disclosed.

- Medical (doctor and patient)
- Employment (employer and employee)
- Legal (solicitor and client)
- Financial (bank and customer)
- Caring (counsellor and client)

In dealing with patient data confidentiality MUST be assumed, this duty continues after death.

As such no personal data of a deceased individual should be passed to a complainant unless they can demonstrate a legal power for this access, power of attorney etc. Each disclosure should be on a case-by-case basis.

8.11 Safeguarding

In some cases a concern of complaint may lead to safeguarding concerns. These will need to be investigated and as such should be escalated appropriately. At the initial meeting with the CCG Quality Team the FOI and complaints officer will discuss the complaint/ concern and if there are issues which present a safeguarding adults or children concern the complaint will be escalated to the CCG Safeguarding team. See form in appendix I. For more information on safeguarding in Dudley you can visit www.safeguarding.dudley.gov.uk.

Appendix A – NHS Complaints Process Advice for Patients

Stage one: Making a concern or complaint

If you don't feel like you can solve issues informally then you should make a formal concern or complaint to your service provider such as your GP, dentist, hospital or pharmacist. If you cannot make a concern or complaint yourself, then you can ask someone else to do it for you.

Every NHS organisation has a concern or complaints procedure. To find out about it, ask a member of staff, look on the hospital or CCG's website, or contact the concern or complaints department for more information. You probably have to make the concern or complaint in writing.

However, if you feel too uncomfortable to complain to the service provider directly then you can make a concern or complaint to the commissioner of the services instead. NHS services are commissioned, planned and paid for by either NHS England or Dudley Clinical Commissioning Group (DCCG).

Note: if you have already complained to your service provider then the commissioner will not be able to reinvestigate the same concerns. In this case you should proceed to stage two of the concern or complaints process.

NHS England is responsible for purchasing primary care services such as GPs, dentists, pharmacists, optical services and some specialised services, and you should contact them if you wish to complain about any of these services.

When you contact NHS England via email (england.contactus@nhs.net) ensure you state 'For the attention of the concern or complaints manager' in the subject line.

You should provide as much information as possible to allow NHS England to investigate your concern or complaint, such as:

- your name and contact details
- a clear description of your concern or complaint and any relevant times and dates
- details of any relevant healthcare providers or services
- any relevant correspondence, if applicable

Contact Dudley CCG for secondary care including hospital treatments, emergency care and some community services, like district nursing.

When should I complain?

As soon as possible. Concern or complaints should normally be made within 12 months of the date of the event that you're complaining about, or as soon as the matter first came to your attention.

The time limit can sometimes be extended (so long as it's still possible to investigate the concern or complaint). An extension might be possible, for instance in situations where it would have been difficult for you to complain earlier, for example, when you were grieving or undergoing trauma.

If you made your concern or complaint to NHS England you will receive the findings of the investigation together with an appropriate apology and the changes or learning that have taken place as a result of the investigation.

Stage two: I am not happy with the outcome of my concern or complaint

If you are unhappy with the outcome of your concern or complaint you can refer the matter to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government.

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
Tel: 0345 015 4033

If you have problems with your hearing or speech then you can use a textphone (minicom) on 0300 061 4298. (Calls to these numbers cost the same as a call to a UK landline.) You can also call using Text Relay.

Dudley Clinical Commissioning Group (CCG) is responsible for planning and buying (commissioning) health services for Dudley people.

We are here to support anyone who has a concern or complaint about the services we provide or those which we plan and buy.

What if I have a problem with my NHS treatment or care in the hospital, community or mental health services?

Although we want you to always get the best possible care, we know that sometimes things can go wrong. If you are unhappy about any aspect of the care or service you receive, then first of all you should discuss it with your doctor, nurse or other appropriate person in the organisation. They are the best person to resolve your problem or complaint quickly.

If, however you are not completely satisfied or they cannot resolve your problem, you may wish to make a formal complaint or call us for advice.

How to make a complaint

Anyone can raise a concern or make a complaint. You can complain about NHS services or treatment you receive, or you can complain on behalf of another person. If you are making a complaint on behalf of someone else, please ask for their permission before you get in touch.

All of our providers have their own complaints service but you are welcome to contact us if you do not want them to handle the complaint for you.

If your concerns have already been investigated by another organisation, unfortunately we are unable to handle them.

You can contact the Dudley Clinical Commissioning Group Complaints Officer by email, telephone or mail:

In writing: Complaints Officer
Dudley CCG
2nd Floor
Brierley Hill Health & Social
Care Centre
Brierley Hill
DY5 1RU

Telephone: 01384 321847

Email: contact@dudleyccg.nhs.uk

Complaints about a GP, Pharmacy, Dentist or Optician

CCGs are unable to handle any complaints relating to your GP, pharmacy, dentist or optician. Complaints about these services are handled by NHS England:

In writing: NHS England
PO Box 16738
Redditch
B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

Dudley Clinical Commissioning Group (CCG) is responsible for planning and buying (commissioning) health services for Dudley people.

We are here to support anyone who has a concern or complaint about the services we provide or those which we plan and buy.

What if I have a problem with my NHS treatment or care in the hospital, community or mental health services?

Although we want you to always get the best possible care, we know that sometimes things can go wrong. If you are unhappy about any aspect of the care or service you receive, then first of all you should discuss it with your doctor, nurse or other appropriate person in the organisation. They are the best person to resolve your problem or complaint quickly.

If, however you are not completely satisfied or they cannot resolve your problem, you may wish to make a formal complaint or call us for advice.

How to make a complaint

Anyone can raise a concern or make a complaint. You can complain about NHS services or treatment you receive, or you can complain on behalf of another person. If you are making a complaint on behalf of someone else, please ask for their permission before you get in touch.

All of our providers have their own complaints service but you are welcome to contact us if you do not want them to handle the complaint for you.

If your concerns have already been investigated by another organisation, unfortunately we are unable to handle them.

You can contact the Dudley Clinical Commissioning Group Complaints Officer by email, telephone or mail:

In writing: Complaints Officer
Dudley CCG
2nd Floor
Brierley Hill Health & Social
Care Centre
Brierley Hill
DY5 1RU

Telephone: 01384 321847

Email: contact@dudleyccg.nhs.uk

Complaints about a GP, Pharmacy, Dentist or Optician

CCGs are unable to handle any complaints relating to your GP, pharmacy, dentist or optician. Complaints about these services are handled by NHS England:

In writing: NHS England
PO Box 16738
Redditch
B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

Appendix B- Supporting Documents

Sample Consent Forms

Dudley Clinical Commissioning Group

CONSENT FORM 1 - Consent form where patient has died

Full Name of Complainant:

Address:
.....

Relationship to Patient:

Patient's Name:

Patient's Address:
.....
.....

Patient's Date of Birth:

Patient's Date of Death:

I confirm that the above information is true and accurate to the best of my knowledge.

I give my permission for Dudley Clinical Commissioning Group to investigate this concern or complaint, and where necessary, obtain disclosure of relevant personal and confidential information relating to the above named patient, including any clinical notes. I understand that Dudley Clinical Commissioning Group will use any information gathered to assist in the investigation of my concern or complaint.

Signature of Complainant:

Name in Capitals:

Date:

Dudley Clinical Commissioning Group

CONSENT FORM 2 – Part 1 - where patient is a child

Full Name of Patient:

Address:
.....

Date of Birth:

Name of Complainant:

Address:
.....
.....

Relationship to Child:

Do you have parental responsibility for the child: YES: NO:

Is the child in the care of a local authority or voluntary organisation? YES: NO:

(If YES, to the above question, written confirmation is required that you are authorised to pursue this concern or complaint)

I confirm that the information set out above is true and accurate

Signature of Complainant:

Name in Capitals:

Date:

Dudley Clinical Commissioning Group

CONSENT FORM 2 – Part 2

To be completed when the child is 16 years of age, or older or where competency assessment has been done to determine a younger age.

I consent to the investigation of the concern or complaint to Dudley Clinical Commissioning Group

brought by

on my behalf.

Signature of Child:

Name in Capitals:

Date:

Section 3

I give my permission for Dudley Clinical Commissioning Group to investigate my concern or complaint, and where necessary, obtain disclosure of relevant personal and confidential information

relating to (patient's name), including any clinical notes.

I understand that Dudley Clinical Commissioning Group will use any information gathered to assist in the investigation of my concern or complaint.

Signature of person with parental responsibility for the patient.

Date:

Dudley Clinical Commissioning Group

CONSENT FORM 3 – Patient authorises someone else to complain.

Full Name of Patient:

Address:
.....

Patient's Date of Birth:

I hereby authorise:

Complainant's Name:

Address:
.....
.....

Relationship to Patient:

I authorise the person named above to act on my behalf and to receive any and all information, including personal and confidential information, that may be relevant to my concern or complaint.

I give my permission for Dudley Clinical Commissioning Group to investigate this concern or complaint and, where necessary, obtain disclosure of relevant personal and confidential information relating to me, including my clinical notes.

I understand that Dudley Clinical Commissioning Group will use any information gathered to assist in the investigation of this concern or complaint.

Signature of Patient:

Name in Capitals:

Date:

Dudley Clinical Commissioning Group

CONSENT FORM 4 – Patient’s permission to forward concern or complaint to another organisation for investigation and response

Complainant’s Name:

.....

Address:

.....

Relationship to Patient:

I hereby authorise Dudley Clinical Commissioning Group to forward my concern or complaint to

in order for my concern or complaint to be investigated, and responded to.

I authorise

to provide Dudley Clinical Commissioning Group with a copy of the response to my concern or complaint.

Signature of Complainant:

Name in Capitals:

Date:

Appendix C - Initial Contact Form

Date of Complaint:	Reference No:
Name of Complainant:	
Details of Complaint:	
Preferred Name/Salutation:	
Special considerations for complainant:	
Emotional Impact of Incident:	

Other Notes

Desired Outcome:

Agreed Timescale:

Appendix D - Local Resolution Procedure for Concern or complaints Relating to a Purchasing Decision or CCG Administrative Function

On receipt of a concern or complaint regarding a purchasing decision or the administrative functions of the CCG the following action should be taken:

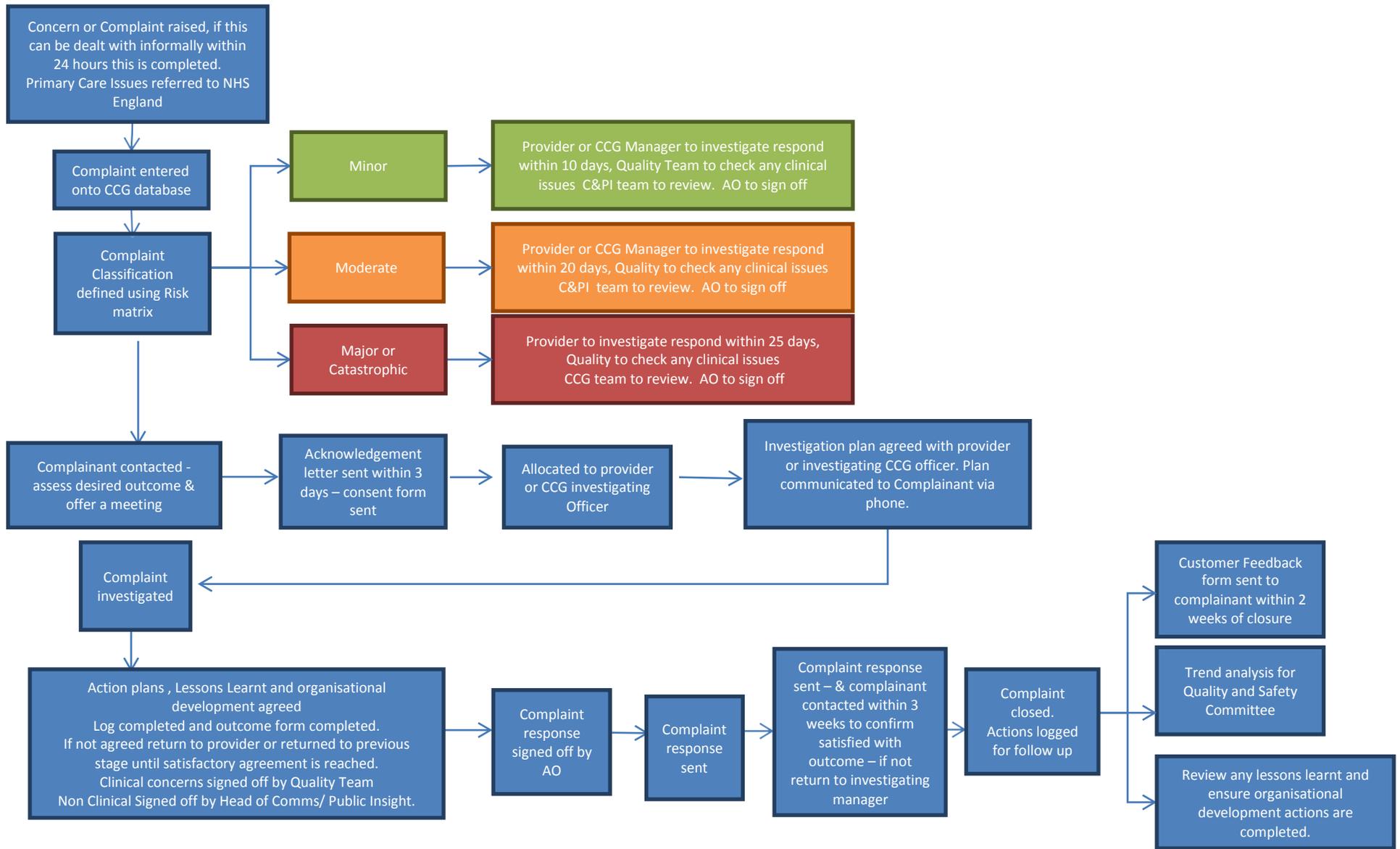
1. The concern or complaint must be referred to the CCG's to consider whether local resolution is necessary. If local resolution is not considered necessary, an initial response can be sent immediately to the complainant by the appropriate service lead.
2. If the FOIA and Complaints Officer is not of the opinion that an immediate initial response is appropriate, or, if having received this response, the complainant remains dissatisfied at this stage, the matter will be considered under local resolution.
3. Under local resolution, the FOIA and Complaints Officer or duly authorised deputy, will investigate the concern or complaint by seeking information from the relevant office/members.
4. A response will be made to the complainant, either in writing or at an arranged meeting, setting out the CCG's response to the concern or complaint, with any proposed remedial action, if appropriate.
5. The FOIA and Complaints Officer will advise the complainant at the conclusion of local resolution of their right to seek an independent review if they are dissatisfied with the outcome. This can be facilitated by referring the concern or complaint to the Health Service Ombudsman within 6 months of receipt of the response.

Appendix E - Concern or complaint Outcome Form

Name of Person Completing Form	
Name of Complainant	
Service Concerned	
Concern or complaint Reference Number	

Lessons Learnt as a result of the concern or complaint	
Actions Taken	
Person responsible for action(s)	
Date by which action(s) are to be completed	
Date of Review	

APPENDIX F- Process Flow Chart



Appendix G- Complaints Service Evaluation

Date: As postmark.

Name

Address

Dear Patient

I am writing with reference to your recent involvement in the NHS complaints procedure.

At Dudley CCG our intention is to provide a high quality service to patients who use the NHS Complaints Procedure to ensure standards are maintained. I am writing to enquire as to whether you would be prepared to comment on the service you have received.

If you could spare the time to complete the attached questionnaire and return in the envelope provided it would be greatly appreciated.

If you prefer not to fill in the form but would still like to make a comment you are very welcome to do so. You can do this by writing in using the envelope or by telephone or email as above...

I do hope that you are able to find time to provide your comments as your feedback will be very much appreciated.

Yours sincerely,

Complaints Manager

Enc. Complaints Service Evalutaion

Managing your Complaint

1) How did you make contact with the CCG complaints team?

- Telephone Letter Email Fax Visit

2) How helpful did you find the complaints staff/information provided by the complaints staff?

- Very Helpful Helpful Neither helpful/unhelpful Unhelpful Very Unhelpful

3) Did you feel comfortable discussing/writing down your concerns?

- Very comfortable Comfortable Neither comfortable/uncomfortable Uncomfortable Very uncomfortable

4) Did you feel the complaints staff listened to and understood your concerns?

- Yes No

If no, please explain

.....

.....

.....

.....

5) Did you receive appropriate advice/information?

- Yes No

If no, please explain

.....

.....

.....

6) Was the NHS Complaints Procedure clearly explained

- Yes No

If no, please explain

.....
.....

Addressing your Complaint

7) Was the letter you received explaining the outcome of the CCG's investigation, well written and easy to understand?

- Yes No

If no, please explain

.....
.....
.....

8) Did the letter address all your concerns (even if you did not agree)?

- Yes No

If no, please explain

.....
.....
.....
.....

9) Were you satisfied that your complaint had been appropriately investigated by the CCG?

- Yes No

If no, please explain

.....
.....
.....
.....

10) Were you satisfied with the outcome of the CCG's investigation?

Yes No

If no, please explain

.....

.....

.....

.....

If you have any suggestions or comments regarding the service you have received from the complaints team or any comments regarding the NHS complaints procedure, please write them in the space below. You may continue on an additional sheet if necessary.

.....

.....

.....

.....

.....

Thank you for taking the time to complete this questionnaire

It would be helpful to us if you would supply the following details about yourself. **THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL NOT BE ATTRIBUTED TO ANY INDIVIDUAL.** Please tick the appropriate box.

- You are the patient.
- You are complaining on behalf of a patient.

What is the patient's ethnic origin?

- **White**
 - British
 - Irish
 - Any other white background

- **Mixed**
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed group

- **Asian or Asian British**
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background

- **Black or Black British**
 - Caribbean
 - African
 - Any other black background

- **Other ethnic Groups**
 - Chinese
 - Any other ethnic group

- **Not Stated**
 - Not stated

Please return the completed form in the enclosed pre-paid envelope.

Appendix H- verbal complaints form

Date of Complaint:	Time:
Name of Complainant	
Address	
Telephone Number:	
Status of Complainant: (please X appropriate box)	
Patient <input type="checkbox"/>	Family <input type="checkbox"/>
Friend <input type="checkbox"/>	<input type="checkbox"/>
Name of patient if different:	
Address:	
Telephone number:	
Date of Incident:	Time:
Basic details of complaint:	

Information/advice given					
Complaint resolved?		Yes	No		
Complaint to be dealt with via NHS complaints procedure?		Yes	No		
Name of Reporting Officer Print name:			Signature		
Next steps					

Appendix I - Quality Team review

Date of Complaint:	Reference No:
Name of Complainant:	
Details of Complaint:	
Discussion with Quality Team –key points:	
Quality Concerns/considerations:-	

<p>Classification of complaint/concern (Delete as Appropriate)</p> <p>MINOR</p> <p>MODERATE</p> <p>MAJOR</p> <p>CATASTROPHIC</p> <p>Justification:-</p>
<p>Does this Identify an SUI, Never Event or Near Miss?</p> <p>(see guidance)</p>
<p>Does this need escalation to Safeguarding Team?</p>
<p>FOIA/Complaints lead (signed).....</p> <p>Quality Team Rep (signed).....</p>

Appendix J – Continual/Vexatious Concern or complaints Policy

Purpose of the Policy

This policy should be used to identify situations where the complainant might be considered to be continual or vexatious, and suggests ways of responding to these situations.

The policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve concern or complaints following the NHS Concern or complaints Procedure, i.e. through local resolution or conciliation.

The policy should only be implemented in exceptional circumstances and then only with the approval of both the Accountable Officer and the CCG Chair.

Definition of a Continual/Vexatious Complainant

Complainants (and/or anyone acting on their behalf) may be deemed to be continual or vexatious complainants where previous or current contact with them shows that they meet TWO OR MORE of the following criteria:

Where the complainant:

- Is in frequent contact with the Concern or complaints Department. They make contact every day, and in some cases, more frequently, either by telephone, letter, email or by physically calling into the department.
- Persist in pursuing a concern or complaint where the NHS Concern or complaints Procedure has been fully and properly implemented and exhausted.
- Changes the substance of a concern or complaint or continually raises new issues, or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the concern or complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original concern or complaint. These might need to be addressed as separate concern or complaints.)
- Challenges written documentation by claiming that the records have been altered. Refuses to accept contemporaneous notes, even though different people have made them.
- Receives a response from the organisation and immediately responds by either raising new concerns or presenting an old problem in a new way.
- Seeks an unrealistic outcome and intends to continue until that outcome is achieved. Examples could include wanting to have a member of staff dismissed.
- Tries to manipulate the concern or complaint by:
 - complaining about the member of staff dealing with the concern or complaint
 - dictating who they will and will not speak to, e.g. wanting to speak directly to the CCG Chair, or the Accountable Officer
- stating they wish to meet with a person, and then either refusing to arrange a date, or not turn up after the meeting has been arranged

- making the same, or a slightly different, concern or complaint to other people, e.g. the Press, the local Member of Parliament, the Health Secretary, etc.

If a complainant (patient, carer or visitor) threatens or uses actual physical violence towards staff at any time, personal contact with the complainant and/or their representatives will be discontinued. Thereafter, the concern or complaint will only be pursued through written communication.

If the complainant that is displaying verbally abusive or threatening behaviour, or has caused actual harm and is currently a patient, a clinical decision will be made by the Accountable Officer and a Consultant Psychiatrist as to whether their behaviour is attributed to the illness, and whether the concern or complaint should be pursued. (All such incidences will be recorded on the CCG Incident Reporting documentation.)

Handling Continual/Vexatious Complainants

The Accountable Officer and the CCG Chair should agree that the complainant falls into the category of a continual/vexatious complainant. The decision should be recorded and the reason for the decision should also be noted.

To check that the complainant's concerns have been fully investigated and that the information has been forwarded, the complainant should be encouraged to request a review by the Health Service Ombudsman.

If the complainant is not prepared to request a review, or insists on raising the same issue again, they should be advised that as the Accountable Officer has responded fully to the points raised, the matter is now closed. They will be advised of the following:

- No further correspondence will be entered into unless they have a new concern or complaint
- Staff will no longer deal with the complainant over the telephone
- Complainants have the right to contact the Health Service Ombudsman if they remain dissatisfied.

If a complainant replies again, the next response will inform them that the letter they sent has been received and the contents noted. A copy of the letter answering the concern or complaint will be enclosed with a statement to the effect that there is nothing further to add to that letter.

In extreme cases, where abusive behaviour continues, complainants may be informed that the CCG Solicitors may have to become involved. As a last resort, an injunction may be sought but only following seeking legal advice and informing the Strategic Health Authority.

Withdrawing Continual or Vexatious Status

Once complainants have been identified as 'continual or vexatious' there needs to be a mechanism for withdrawing this status at a later date.

This decision will be made by the Accountable Officer and the CCG if the complainant subsequently demonstrates a more reasonable approach or if they submit a further concern or complaint for which the normal Concern or complaints Procedure would appear appropriate.

References

Guidance to the Regulations: Listening, responding, improving: a guide to better customer care.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408

Ombudsman's Principles for:

Good concern or complaint handling -

www.ombudsman.org.uk/improving_services/principles/concern_or_complaint_handling?index.html

Good Administration –

http://www.ombudsman.org.uk/improving_services/principles/good_administration/index.html

Remedy –

http://www.ombudsman.org.uk/improving_services/principles/remedy/principles_remedy.html#pr

NHS

Constitution http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093421

Health and Social Care Act

2008 <http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill/index.htm>

National Patient Safety Agency – Being Open

Guidance <http://www.npsa.nhs.uk/nrls/improvingpatientsafety/patient-safety-tools-andguidance/beingopen/>

Standards for Better

Health <http://www.cqc.org.uk/>

[Duty of candour](#)