



**Assurance of Good  
Complaints Handling  
for Primary Care**  
– A toolkit for commissioners

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**Directorate**

Medical	Commissioning Operations	Patients and Information
<b>Nursing</b>	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

**Publications Gateway Reference: 04177**

<b>Document Purpose</b>	Tools
<b>Document Name</b>	Complaints Handling for Primary Care – A toolkit for commissioners
<b>Author</b>	NHS England
<b>Publication Date</b>	30 November 2015
<b>Target Audience</b>	CCG Clinical Leaders, CCG Accountable Officers, Directors of Nursing, NHS England Regional Directors, NHS England Directors of Commissioning Operations, GPs
<b>Additional Circulation List</b>	Parliamentary Health Service Ombudsman; Care Quality Commission; Monitor; NTDA, Special HA CEs
<b>Description</b>	The Toolkit aims to support commissioners in the assurance of good complaints handling. The Toolkit will enable commissioners to ensure that all complaints are well managed; the learning from complaints is identified and used for improvement and complaints service is accessible, open and transparent.
<b>Cross Reference</b>	N/A
<b>Superseded Docs (if applicable)</b>	N/A
<b>Action Required</b>	N/A
<b>Timing / Deadlines (if applicable)</b>	N/A
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**Document Status**

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## 1 Introduction

- 1.1 This complaints tool can be used for primary care services commissioned by NHS England or by clinical commissioning groups (CCGs). The toolkit is aimed at those who have specific roles in relation to assurance and quality. By using the checklists set out in this toolkit they will be able to use the evidence captured in local quality and contractual discussions with acute and primary care providers.
- 1.2 The toolkit was produced because there is an increasing focus on listening to, acting upon and learning from feedback from service users. This includes ensuring that feedback from a range of sources including the Friends and Family Test, audits and surveys, and complaints, feeds into learning and quality assurance and improvement processes.
- 1.3 Customer contact generally, and particularly complaints management, has received recent attention from ministers, the media and the public, and major reports (e.g. Clwyd-Hart, Berwick and Francis) have shaped policy across government and the health sector. Recent reports from Healthwatch and the Care Quality Commission (CQC) have collectively and consistently raised concerns about the quality, accessibility and outcome of the complaints process.
- 1.4 In January 2015 the [Health Select Committee](#) found that “In moving to a culture which welcomes complaints as a way of improving NHS services, the number of complaints about a provider, rather than being an indicator of failure, may highlight a service which has developed a positive culture of complaints handling and it will be important for system and professional regulators alike to be able to identify the difference.” In addition to this, the Health Select Committee recommended that “Commissioners need to take a far greater role in holding providers to account for delivering a well-functioning complaints system and there is now no excuse for any health or care organisation not to implement the recommendations of the 'My Expectations' report on first tier complaints as this has clearly set out a user led guide to best practice”.
- 1.5 NHS England in partnership with CCGs, the Parliamentary and Health Service Ombudsman (PHSO) and CQC has therefore developed this toolkit to assist commissioners, working in conjunction with their primary care providers, to ensure that:
  - all complaints are well managed
  - the learning from complaints is identified and used for improvement
  - the complaints service is accessible, open and transparent
- 1.6 This guide is written with two objectives in mind:
  - To set out the evidence that commissioners should be seeking as part of their regular quality assurance processes with providers.

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- To set out the assurance they should seek outside of this process, such as from impromptu or planned visits or other engagement activity.
- 1.7 The process for collecting assurance and evidence should be agreed locally between the commissioner and provider. A sensible starting point would be to take the existing intelligence available from PHSO complaints investigations, any recent CQC inspection reports, and any other local intelligence at hand, and follow up those findings to see whether the provider has acted on those findings. This would also be a good test of whether they have an open culture. This toolkit will help commissioners build on this intelligence by creating a useful framework when seeking assurance through the use of the evidence checklists.
- 1.8 This toolkit reflects the regulatory and statutory requirements set out within the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#).
- 1.9 CQC uses the 'My Expectations' principles to inform its [Key Lines of Enquiry](#) during inspections to inform its assessment of how providers manage complaints and concerns.

The key lines of enquiry which refer to complaints management are set out below:

1. Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?
  2. How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?
  3. Are complaints handled effectively and confidentially, with regular updates and a formal record kept?
  4. Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?
  5. How are lessons learned from concerns and complaints and is action taken as a result to improve the quality of care? Are lessons shared with others?
- 1.10 Similarly, the PHSO, with Healthwatch and the Local Government Ombudsman (LGO) has recently published their vision for complaints handling called [My Expectations](#). The vision is presented as a series of statements seen from the complainant's perspective, but which can be used as a framework by organisations to assess how well they are managing complaints. NHS England has contributed to the development of this vision, which helpfully shifts the emphasis from process to outcome focus. CQC uses My Expectations as a Key Line of Enquiry in inspections to assess whether providers are meeting My Expectations.

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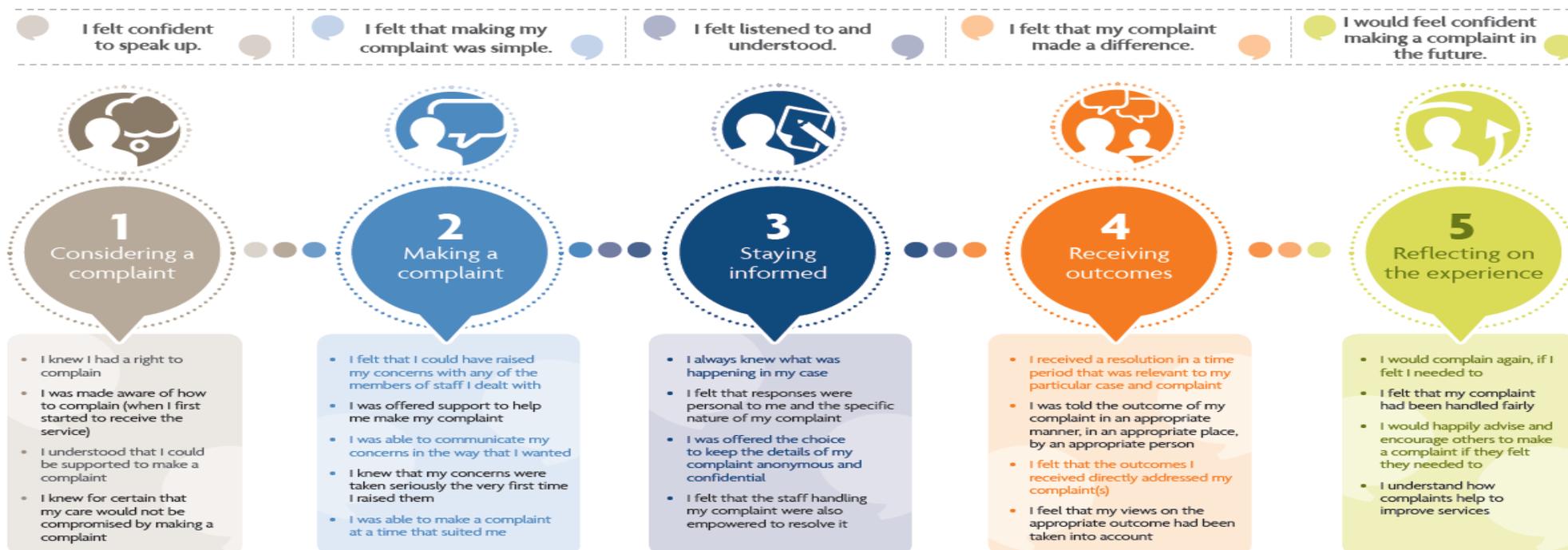
- 1.11 The statements define a good complaint experience from the perspective of patients and they are divided across five key stages of the complaints journey:
- considering a complaint
  - making a complaint
  - staying informed
  - receiving outcomes
  - reflecting on the experience
- 1.12 The content of this guide reflects this complaints journey. It is intended to demonstrate good practice and provide practical examples to enable commissioners to seek assurance regarding the quality of complaints management by using the 'I' statements to:
- inform and review quality standards used within the commissioning of services
  - encourage complaints and wider patient experience feedback to inform commissioning decisions
  - source evidence of satisfaction from a range of providers
  - provide evidence of learning and improvement from complaints and how this has led to service improvement.
- 1.13 When delivering complaints services locally, organisations should pay due regard to the Public Sector Equality Duty (section 149 of the Equality Act 2010) and to the need to reduce inequalities between patients in access to health services and the outcomes achieved (Health and Social Care Act 2012). Service design and communications should be appropriate and accessible to meet the needs of diverse communities. Guidance for NHS commissioners on Equality and Health Inequalities legal duties are available here: <http://www.england.nhs.uk/ourwork/gov/equality-hub/legal-duties/>

### Useful documents:

- [CQC Regulations](#)
- [PHSO Principles of Good Complaints Handling](#)
- [PHSO Principles for Remedy](#)
- [PHSO Principles of Good Administration](#)
- [The Department of Health, Listening, Responding and Improving: a guide to better customer care](#)
- [NHS Constitution](#)
- [Complaints and Litigation](#)

# A roadmap to managing complaints

## A user-led vision for raising concerns and complaints



Source: My Expectations for raising concerns and complaints, Parliamentary Health Service Ombudsman

## Practices can deliver this user-led vision by:

### 1 Considering a complaint

- actively listening and seeking and acting on feedback
- processes in place for support to access information
- websites provide information on how to make a complaint
- evidence is available to enable staff to deal with concerns immediately
- all staff are trained to deal directly with issues
- all avenues of making a complaint are offered

### 2 Making a complaint

- ascertain the outcome that is being sought at the beginning of the complaint
- provide a named contact who will provide updates and ongoing communications throughout the complaint
- agreement should be made with the complainant on how they wished to be addressed and contacted
- discuss and agree timescales

### 3 Staying informed

- patients are provided with information in a way they can access
- posters and leaflets available promoting complaints and how to make a complaint
- patients are offered support when making a complaint (including access to advocacy services)
- patients are given information to enable to choose who they make their complaint to e.g. commissioner or provider
- patients are assured their care won't be compromised by making a complaint

### 4 Receiving outcomes

- confirmation as to whether each element of the complaint has been partially or fully upheld given
- details of the evidence considered should be provided and explained
- provide details of any changes or remedies that have/will take place as a result of the complaint
- advice on what to do if complainant is not satisfied is provided

### 5 Reflecting on the experience

- complaints are reported and discussed at practice meetings
- patient feedback is used as a key measure in understanding the needs of patients
- complaints are reported regularly through the K041 process
- complaints are used as a learning tool at individual, team and organisation level
- complainants are asked about their experience of complaining
- practices should publicise how they have listened and used feedback e.g. 'You said, we did' posters

## 2 Considering and making a complaint (Statements 1 & 2)

### Signage and publicity

- 2.1 Many of the national reports have made reference to a perceived confusion about how to complain and to whom. Local Healthwatch has responsibility for advising the local population on how to complain and where to make a complaint by providing signposting. However, each practice also has a responsibility in this area.
- 2.2 It is good practice to have information about making a complaint in all public areas such as at reception, waiting rooms and consulting rooms. All practices should ensure that the information they provide is easy to understand, made clear who the person should contact, and offer the contact details of NHS complaints advocacy providers (which should be available to any person wishing to make a complaint).
- 2.3 Some people will choose to complain after they have left the location providing the service and so the practice website is an important tool for providing information about how to complain.
- 2.4 It is important that potential complainants are not given the impression that they are being deterred from making a complaint, or that it is made more difficult for them to do so. For example offering help, advice and potential resolution from Patient Advice and Liaison Services (PALS) without the need for a formal complaint is helpful, but it should not be implied that this is a requirement before making a formal complaint. It is a statutory right to obtain a complaint investigation. This right should not be denied and should only be delayed with the complainant's consent, or in the most exceptional circumstances. If a complainant has made, or intends to, take legal action or there is an inquest pending, this should not get in the way of the complaint being investigated. See guidance on this: <http://www.england.nhs.uk/wp-content/uploads/2014/03/complaint-clarification-note.pdf>

### Accessibility

- 2.5 Practices should allow complainants to be able to contact them by all means possible. Commissioners should seek assurance that practices are considering accessibility of complaints information. This would include a form, letter, telephone, in person, email, text, social media, and would also need to consider language support for non-English speakers and the cross referencing of information provided with the [Accessible Information Standard](#). This ensures the accessibility considers both physical and communication access.

#### How is this being addressed locally...

“Complaints-handling starts in the waiting room. Notices make it clear for patients how they can give feedback, and the process feeds through to the Salford Health Matters board, which receives a log of all complaints. CQC has seen evidence of how patients’ comments were also monitored on the NHS Choices website and discussed at practice meetings.”

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- 2.6 When the practice receives a complaint they should ensure that the complainant has been informed that they are able to exercise choice in terms of who they raise the complaint with, and to advise that the complaint can also be handled by the commissioner of the service.
- 2.7 Support and advice should be made available to people when they are enquiring to make a complaint, or are making a formal complaint. This should include access to information about NHS advocacy support such as [NHS Complaints Advocacy](#) and other local support such as Local Healthwatch, and specialist national advice and support such as Action against Medical Accidents (AvMA) and other relevant organisations. Organisations may also want to consider drawing information and intelligence from local advocacy providers about performance when seeking assurance on local practices.
- 2.7 Commissioners may also want to discuss with advocacy providers how effectively practices are signposting people to their support services. In addition to this commissioners should check what support and assistance the practices offers to those who are considering raising complaints and concerns.

### **Top Tip**

Whilst signage and publicity around the complaints system is important, the need for providers to prevent complaints by proactive listening, seeking and acting on feedback needs to be emphasised. Commissioners need to ask: “what is the evidence that this is being done regularly?”

## Assurance and evidence checklist - considering and making a complaint

What you should be looking for	✓	Supporting evidence	✓
<p>People are provided with information, in a way that they can access, about how to complain or raise a concern from their first correspondence with the practice.</p> <p>Information provided should meet the requirements of the <a href="#">Accessible Information Standard</a> and should be available in other formats such as Easy Read and in other community languages upon request.</p> <p>Organisations are also expected to make reasonable adjustments to support, for example blind/partially sighted, deaf/hard of hearing people to make a complaint.</p> <p>Posters and leaflets available promoting complaints and how to make a complaint or concern, ensuring images reflect the community or patient population.</p> <p>People are offered support when making a complaint/enquiry.</p> <p>People can access information on how to make a complaint electronically.</p>		<p>Information available in a range of formats upon request.</p> <p>Processes in place for people to access support to access information e.g. access to interpreter or translation services such as Language Line.</p> <p>Practices may produce their own information which is appropriate to their organisation. The Department of Health (DH) has information on about how to complain <a href="#">How do I give feedback or make a complaint?</a></p> <p>Information should include examples of complaints, suggestions and feedback in all its forms, telling the reader how this was used and how it has improved services e.g. 'You said, we did'.</p> <p>Information available on how to contact Local Healthwatch or NHS Complaints Advocacy and specialist national advice and support providers.</p> <p>Practice website provides all the information on how to make a complaint (within two clicks from the home page).</p>	

### 3 Staying informed [standard 3]

#### Communication throughout the complaint investigation

- 3.1 Ensuring that the complainant felt listened to and understood throughout the complaints process requires consistent and timely communications between the complainant and the practice or person to whom they have made the complaint.

##### How is this being addressed locally...

“Everyone in the organisation knows that we take complaints seriously. Complaints are reported through the Board framework. We get things wrong, but you learn. It is a culture thing and you have to keep on top of that.”

- 3.2 Good practice in respect of communication throughout a complaints process (this may include a telephone call or even the first face to face meeting with the complainant (if making their complaint verbally)) should cover the following points:

- Ascertain the outcome they are looking for - apology; change of service; things to be right next time; redress etc.
- How the person wishes to be addressed and record reasonable adjustments as required, including gender preference where possible, preferred language etc.
- How the person can be and wishes to be contacted
- The elements of the complaint need to be confirmed and the investigator (if a telephone call) needs to ensure they fully understand the complainant's point of view about each element. This should then be followed up with a full acknowledgement letter to ensure that the staff member has fully understood the issue being raised and to provide the complainant with written information re: process/advocacy etc.
- Explain to them to process to be followed internally in the investigation, response and learning and what if they do not agree the outcome
- Deal with any consent issues if necessary and again be sensitive to explain these with empathy
- Offer a face to face meeting with those staff who are involved (if and who appropriate) being careful to agree who they wish to see and wish not to see again
- Discuss and agree the period that will be needed for investigation and response

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- Discuss any involvement the complainant would like to have including regular updates
- A final response that is signed by the senior responsible officer or by the person to whom they have delegated this responsibility
- Give them contact details for the PALS/complaints team and tell them how and when they can contact them in working hours

### Acknowledgement

3.3 Whilst each complaint investigation should meet the needs of the individual complainant and be agreed with them, there is a core set of information which should be made available to a complainant when acknowledging their formal complaint.

3.4 We would recommend that an acknowledgement letter includes the following:

- Details of local NHS Complaints Advocacy provision including the relevant contact details;
- Confirmation of an agreed timeframe for responding;
- A named contact who will provide proactive updates regarding the progress of the complaint;
- A summary of the main points raised in the complaint should be highlighted in the acknowledgement letter so as to ensure that both the complainant and complaints manager understands what is to be investigated;
- Information about how the complaint will be investigated, by whom and what will be done with the resulting information;
- Set out and agree how and when updates will be provided;
- Reference to the fact that the care that the complainant/patient receives in the future should not be prejudiced by making a complaint and to report this if concerned in any way;
- In the event that the complaint has complex clinical complaints; where an inquest is indicated or there is a potential clinical negligence claim or regulatory issues, provide information concerning specialist independent advice available from [Action against Medical Accidents](#) (AvMA).

## 4 Receiving outcomes

- 4.1 People are often motivated to make a complaint in order for others not to experience the same problems they have and to feel that their complaint has made a difference.
- 4.2 When providing a final response on a complaint it is important that the complainant is told about the resolution of their complaint and about actions that have been taken (or explanation as to why they have not) in response to their concerns.

### How is this being addressed locally...

“Nobody is going to get punished for a mistake. A complaint is a gift to us – somebody has taken the time to let us know if we have fallen short. We are very busy in a sort of machine providing care and you can lose sense of what it is like for the person using the service”.

- 4.3 Practices should aim to provide a final response to the complainant, which is accessible and written in a language that they understand e.g. Easy Read format, as soon as reasonably practical following the completion of the investigation. The written response should include each of the following elements:
- an explanation of how the complaint has been considered
  - confirmation as to whether each element of the complaint has been partially or fully upheld or not
  - conclusions reached in relation to the complaint and any remedial actions that are required as a result of the investigation
  - confirmation that if any action is required is taken by the responsible organisation and provide evidence, where appropriate, of the changes/remedy or involve complainant in implementation
  - setting out of the evidence considered and provide extracts where appropriate
  - if appropriate, explain that for clinical complaints an ‘independent’ clinical view has been sought and who from
  - advice on what to do if complainant is not satisfied with the outcome of the investigation and contact details for PHSO
- 4.4 Good practice when providing the complainant with complaint outcomes would include:
- the complainant to have received a resolution in a time period that was relevant to them and their complaint

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- the complainant was informed of the outcome of their complaint in an appropriate manner, in an appropriate place and by an appropriate person
- the complainant was offered support to help them understand the resolution of their complaint
- the complainant was able to receive a tangible demonstration that their complaint has been used to shape learning or improvement
- the complainant was asked about their views and experience of the outcome process and outcome
- the complainant felt the outcomes received directly addressed their complaint(s)

## Assurance and evidence checklist – staying informed and receiving outcomes

What you should be looking for	✓	Supporting evidence	✓
<p>A commissioner and CQC may wish to request a copy of the practice's complaints policy to ensure that it complies with the complaint regulations.</p> <p>A commissioner could ask to see a copy of the organisation's standard acknowledgement letter (which would be personalised to each individual case).</p> <p>Within a visit to the practice it would be considered best practice to find more detailed information about local NHS Complaints Advocacy, the NHS Constitution and AvMA.</p> <p>The learning from complaints is demonstrated both within the practice and fed back to patients to promote a positive culture for complaints.</p> <p>Commissioners should consider the learning from complaints and how this can be used when commissioning and designing new services.</p> <p>A commissioner may seek to understand complainant satisfaction of the complaints process through the use of a local complaint satisfaction survey.</p>		<p>Complaints policy.</p> <p>Standard acknowledgement letter.</p> <p>Information leaflets and posters detailing:</p> <ul style="list-style-type: none"> <li>• NHS Complaints Advocacy</li> <li>• Action against Medical Accidents (AvMA)</li> <li>• Local Healthwatch</li> </ul> <p>Complainant stories taken from upheld complaints are used for learning and development (at practice team level).</p> <p>Providers feeding back via 'You said, we did' posters.</p> <p>Action plans on how practices have taken the learning from complaints and used it to inform service improvement and patient experience.</p> <p>Regular satisfaction reports e.g. survey reports accompanied by improvement plans where necessary.</p>	

## 5 Reporting

- 5.1 Complaints should be a key source of information from which practices can learn. This can be done through the triangulation of feedback data and by using this data to further develop and improve practice. In primary care a complaint would often precipitate a significant event analysis whereby the practice considers what can be addressed to improve services
- 5.2 Furthermore, complaints should form a key part of medical appraisal and [revalidation](#) and should be reflected upon and help clinicians improve the quality of their care.
- 5.3 Good quality reporting on patient experience/complaints management along with understanding the experience of those who have used complaints services, identifying reporting pattern or trends such as equality characteristics, can be used as a key measure in understanding the needs of patients, both for commissioners and providers of services.
- 5.4 Primary care providers have a mandatory obligation to report their complaints on an annual basis. The information obtained from the K041b) collection monitors written General Practice (including Dental) complaints (by service area and type) received by the NHS each year. The data is collected annually by the Health and Social Care Information Centre (HSCIC).
- 5.5 However, in addition to this regulatory collection of data, information about complaints, concerns and wider patient experience feedback is reported in a variety of other ways and to a number of internal and external audiences ranging from senior partner or practice team level to patient participation groups (PPGs).
- 5.6 Commissioners would expect to regularly review information about complaints as part of quality meetings, looking also at patient safety and other patient experience measures. As well as standard information about the number of complaints received, the commissioner should expect information about trends subject matter e.g. access to GP services; transparency of dental charging, as well as information about their severity and whether they were upheld, partially upheld or not upheld.

### **How is this being delivered locally...**

“It is (the complaint) anonymised, and then may be presented at staff meetings as a learning tool. A report on all complaints for the past year was prepared for the recent Care Quality Committee inspection”.

- 5.7 Complaints information could also usefully be reviewed with information about patient feedback such as the Friends and Family Test (FFT) as this is often where the volume of intelligence will be. Similarly, a broader picture could be given with complaints data presented alongside CQC inspections reports,

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Healthwatch and PHSO case summaries and moderated feedback from public opinion such as [NHS Choices](#).

- 5.8 Complaints information that forms part of reports to commissioners at quality review meetings should include details of action taken in response to complaints and how improvements have been made, embedded and, where possible, more widely shared.
- 5.9 Commissioners should expect to see complaints reviewed at the Senior Partner and Practice Team meetings and used in discussions about quality.
- 5.10 Commissioners should expect to see the volume and type of complaints upheld by the PHSO a useful measure of the quality of the complaints process, via the regular reporting mechanism, information about any complaints which have been referred to the PHSO and detailed information in respect of any complaints partially or fully upheld.
- 5.11 In keeping with the regulations, the commissioner should expect to receive an annual complaints report, which would include a review of the complaints received over the previous financial year and would include information about lessons learned including those from reviews undertaken by the PHSO.

## Assurance and evidence checklist – complaints reporting

What you should be looking for	✓	Supporting evidence	✓
<p>Practices completing K041 returns.</p> <p>Complaints are reported and discussed at the Board/practice meetings.</p> <p>Complaints data is triangulated with patient safety and patient experience data such as FFT, CQC inspections reports, Healthwatch and PHSO case summaries and survey data and used in quality review meetings.</p> <p>Practices carry out a review of the complaints received over the previous financial year including information about lessons learned including those from reviews undertaken by the PHSO.</p> <p>Commissioners and practices use reports to be shared and used as a useful discussion point e.g. identification of common themes.</p> <p>Complaints data, alongside patient experience feedback, forms part of the revalidation process and is regularly shared with clinical staff.</p>	✓	<p>KO41 return reports.</p> <p>Patient stories taken from upheld complaints are used for learning and development (at practice team level)</p> <p>CCG Quality meetings discussion notes.</p> <p>Action and improvement plans.</p> <p>Annual complaints report.</p> <p>Evidence of discussions at primary care commissioning meetings; quality surveillance groups; local quality meetings; contract meetings.</p> <p>Evidence of discussion/process with local medical team responsible for GP validation to ensure feeding in complaints data in revalidation.</p>	✓

## 6 CQC inspection

6.1 From October 2014, as a result of the amended [Care Act 2014](#), the CQC has introduced a new approach to regulating, inspecting and rating NHS GP practices, dentists and out-of-hours services. Services are inspected and rated against five key standards:

- Are they safe?
- Are they effective?
- Care they caring?
- Are they responsive to people's needs?
- Are they well-led?

6.2 Each standard has a number of [Key Lines of Enquiry](#) which are used to assess how practices are meeting the needs of local people. The key line of enquiry that relates to complaints falls within the responsive standard and asks "How are people's concerns and complaints listened and responded to and used to improve the quality of care?" The following prompts are used to provide assurance:

- Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so and are they confident to speak up?
- How easy is it for people to use the system for complaining or raising concerns? Are people treated compassionately and given the help and support they need to make a complaint?
- Are complaints handled effectively and confidentially with a regular update for the complainant and a formal record kept?
- Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?
- How are lessons learned from concerns and complaints and is action taken as a result to improve the quality? Are lessons shared with others?

6.3 In order to collect and assess how a practice is meeting each standard they are required to collect and provide evidence, prior to the inspection visit and during the inspection visit, the table below sets how what evidence is required and when commissioners may want to see any evidence provided as part of their assurance and evidence process.

Before Inspection	During Inspection
A summary of any complaints received in the last 12 months, any action taken and how learning was implemented	Complaints policy – are all staff in the practice aware?
Local discussions with Local Healthwatch, local overview and scrutiny committees, NHS complaints advocacy services, and identified	Information for patients: complaints leaflet easy read posters in surgery, on website, NHS Choices, NHS Complaints Advocacy

<p>patient representatives at CCGs and within health and wellbeing boards</p>	<p>leaflets</p> <p>Any quality review of complaints handling: survey of complainants, PHSO cases, audit, peer review</p>
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### Top Tip

Commissioners, don't reinvent the wheel, when an inspection is planned with a practice use the information gathered for the inspection to provide your own assurance and evidence.

6.4 The assessment framework below sets out the characteristics of each rating level for this Key Line of Enquiry:

<b>Rating: Outstanding</b>	<b>Example</b>
<p>There is active review of complaints and how they are managed and responded to and improvements are made as a result. People who use services are involved in the review.</p>	<p>“There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.”</p>
<b>Rating: Good</b>	<b>Example</b>
<p>It is easy for people to complain or raise a concern and they are treated compassionately when they do so. There is openness and transparency in how complaints are dealt with. Complaints and concerns are always taken seriously, responded to in a timely way and listened to. Improvements are made to the quality of care as a result.</p>	<p>“There was information provided on how patients could complain. Complaints were managed according to the practice policy and within timescales. There was an accessible complaints system with evidence that complaints were taken seriously and acted upon.”</p>
<b>Rating: Requires Improvement</b>	<b>Example</b>
<p>People do not find it easy to, or are worried about, raising concerns or complaints. When they do, they receive a slow or unsatisfactory response. Complaints are not used as an opportunity to learn.</p>	<p>“There was no complaints information displayed in the practice. There was no evidence that learning from complaints had been shared with staff.”</p>
<b>Rating: Inadequate</b>	<b>Example</b>
<p>People who raise concerns are not taken seriously and feel ignored. Complaints and concerns are handled inappropriately. There is a defensive attitude to complaints and a lack of transparency in how they are handled. People's complaints and concerns do not lead to improvements in the quality of care.</p>	<p>“Accessible information was not provided to help patients understand the complaints system. Complaints were not handled appropriately and there was lack of review and learning from complaints.”</p>

## 7 Training

- 7.1 There is an expectation that any member of staff would be able to demonstrate some knowledge and understanding of the complaints process if asked by a patient or relative. However, training for those staff tasked with managing and investigating complaints needs to be delivered at different levels to reflect the capability and skills required for good complaints management.
- 7.2 To understand the skills and capability of complaints staff commissioners could request, via the regular reporting mechanism, details of training provided to staff regarding complaints. Evidence may include training provided during induction delivered by the Local Medical Committee and online training as examples.

### How is this being delivered locally...

“Personally I have managed complaints for many years and am happy that I share my knowledge internally with staff. I have worked in a large organisation with robust complaint processes and I have brought those processes with me and implemented as appropriate in the practice.”

- 7.3 It cannot be presumed that the more senior staff that are most likely to take a lead in complaint investigations have the necessary skills to undertake this function. Within general practice this is usually picked up by the practice manager. Commissioners should seek assurance through evidence of training in areas such as how to carry out a robust investigation or root cause analysis training.

### Top Tip:

A summary of training undertaken in respect of customer service and complaints could be included in regular provider reports to the commissioner.

During a visit the commissioner could ask staff with different roles whether they have had any training regarding complaints and whether it was helpful.

## 8 Local Resolution Meetings (LRM)

- 8.1 A Local Resolution Meeting could be held at different stages of the complaints process, but more often takes place when a complainant is dissatisfied by their written response. These meetings are often the last opportunity to resolve a complaint before it may progress to the PHSO, but also present an

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opportunity to win back the trust and confidence of the complainant as well as repair the provider's reputation.

- 8.2 Well managed Local Resolution Meetings should be chaired by a senior member of staff. In some areas in primary care this role is carried out by the Local Medical Committee, with adequate preparation in advance including pre-meets with the staff in attendance. Practices should consider a reciprocal arrangement with other practices to enable them to host a local resolution meeting behalf of a colleague which can bring some independence to the process.
- 8.3 It should not be underestimated how intimidating and daunting it can be for a complainant to attend such a meeting. With this in mind a number of considerations must be made prior to the meeting and during the set up for the meeting, including:

## Local Resolution Meeting checklist

- Obtain complaint file
- Obtain medical records
- List and check the people who need to attend (staff and complainants)
- By phone/letter obtain several dates/times when complainant and staff can attend
- By phone/letter ask complainant to provide a clear agenda outlining specific issues (ideally a week in advance of meeting)
- Are any additional family members attending?
- Does the complainant have an NHS Complaints Advocate (if not then provide details to complainant again)
- Does the complainant have access/travel issues?
- Agree a venue suitable to both complainant and staff
- Will refreshments be provided?
- Does any equipment need to be booked e.g. digital recorder/laptop
- Confirm in writing meeting details to complainant (include attendees and titles, venue, time and duration)
- Confirm in writing to staff - including relevant previous correspondence (include attendees, venue, time and duration)
- Arrange pre meet (by phone or in person) with staff – ideally with agenda and allocate agenda points to staff attending
- Confirm who is taking notes of the meeting
- Post meeting: Confirm actions and their ownership
- Post meeting: Send notes with covering letter confirming any action to both complainant and staff who attended
- Post meeting: Update database with actions arising from the meeting
- Post meeting: Seek feedback from staff who attended in terms of management of meeting – also provide feedback to staff in terms of their contribution

- 8.4 The focus for a LRM is on the outcome for the complainant in terms of resolving the complaint. Practices should be open about the right of the complainant to approach the PHSO if they remain dissatisfied. For a provider the aim is to provide assurance and transparency in its complaint management and to regain the complainant's trust and confidence.

Good practice in relation to the outcomes from a LMR should focus on:

- the complainant felt that the complaint had been handled fairly;
- the complainant feeling that the response directly addressed the elements in their complaint and any systemic concerns raised;
- the complainant being reassured that matters will be put right and prevented from reoccurring in future;
- the provider understanding how they might be able to improve their complaints processes in future;
- the complainant had confidence in the complaint handling procedure and the outcomes produced;
- the complainant was made aware of any improvements or changes in practice as a result of their complaint;
- the provider providing an open and transparent account of the complaint investigation;
- the provider to understand how the investigation had not met the needs of the complainant and to take further action that may be agreed.

## 9 Learning from complaints

- 9.1 An amalgamated patient experience report is an effective way to ensure learning is gained from a variety of sources within a practice. The report should be broken down into themes of patient experience in order for the practice to clearly identify what changes are required. Notable practice would be for the practice to share and discuss any patient experience report with the patient participation group (PPG).
- 9.2 Commissioners should ensure that learning from complaints is embedded at all levels. They should ask for clear examples of how patient experience data is scrutinised to identify any specific trends or themes. They should also pay particular attention to rises in feedback around specific areas, i.e. access to appointments, or individuals. Practices should use their patient experience data as an early warning system for emerging problems.

### **How is this being delivered locally...**

“Practice complaints meeting annually. If classed as a ‘significant event’ it would be discussed at the two-weekly partners meeting. Nursing complaints would be discussed at the nurses meeting. Other complaints are discussed at the staff meeting.”

- 9.3 It is important that any complaint data is also triangulated with other information such as GP Survey data, Friends and Family data, and serious incident information to ensure they have a full picture of in terms of emerging issues.
- 9.4 Commissioners should look for evidence that once identified any learning required is shared as widely as possible and owned by all relevant individuals.
- 9.5 Reports should make reference to examples of learning from patient experience within the practices / providers and the measure as to whether a practices / providers are learning from their feedback is the frequency with which the same issues continue to arise.
- 9.6 Staff induction training should focus on encouraging staff to own complaints and patient feedback as a practice and that both should be seen as a learning opportunity to improve the quality of care provided. Learning from complaints, through use of patient stories and improved outcomes for patients as a result of changes implemented from complaints, should be a key element of the training.
- 9.7 Practices should understand that anonymised complaint information must be shared with the commissioner who will be responsible for sharing the learning widely throughout their area.

## 10 Complaints satisfaction survey

- 10.1 Understanding the experience of the complainant during and after a complaint investigation should be considered good practice. By asking the complainant about their experience about the quality of the services that they have received, organisations can use the feedback given to make changes and improve their processes and procedures.

### **How is this being done locally...**

“The ‘I’ statements have been incorporated into a survey that the team is undertaking. The complaints policy is also being reviewed and updated in view of the report.”

“The CCG complaints survey addresses these questions at the closure of a complaint.”

- 10.2 PHSO and NHS England are working together to develop a model survey to enable providers across health and social care to measure service-user satisfaction with the local complaints service. We look forward to sharing this with you soon.

## 11 Duty of Candour

- 11.1 In addition to the contractual Duty of Candour in the standard NHS contract, all practices are now subject to the statutory Duty of Candour regulated by the Care Quality Commission. Under this duty it is required to notify patients (or their family) of any incidents that have caused or could lead to harm, irrespective of whether a complaint but including where this becomes apparent as a result of a complaint investigation. The Regulations for service providers and managers are available here [regulations for service providers and managers](#). For doctors, nurses and midwives the GMC has published [New Guidance: being open and honest when things go wrong](#).
- 11.2 Commissioners would expect to see that appropriate policies and procedures are in place to comply with the regulations, including training and support for staff in complying.

## Assurance and evidence checklist - considering and making a complaint

What should you be looking for	✓	Supporting evidence	✓
<p>People are provided with information, in a way that they can access, about how to complain or raise a concern from their first correspondence with the provider.</p> <p>Information provided should meet the requirements of the <a href="#">Accessible Information Standard</a> and should be available in other formats such as Easy Read and in other community languages upon request.</p> <p>Organisations are also expected to make reasonable adjustments to support for example blind/partially sighted, deaf/hard of hearing people to make a complaint.</p> <p>Posters and leaflets available promoting complaints and how to make a complaint or concern, ensuring images reflect the community or patient population.</p> <p>People are offered support when making a complaint/enquiry.</p> <p>People can access information on how to make a complaint electronically.</p>		<p>Information available in a range of formats upon request.</p> <p>Process in place for patients to access support to access information e.g. access to interpreter or translation services such as Language Line.</p> <p>Practices may produce their own information which is appropriate to their organisation. The Department of Health (DH) has information on about how to complain <a href="#">How do I give feedback or make a complaint?</a></p> <p>Information should include examples of complaints, suggestions and feedback in all its forms, telling the reader how this was used and how it has improved services e.g. 'You said, we did'.</p> <p>Information available on how to contact Local Healthwatch or NHS Complaints Advocacy and specialist national advice and support providers.</p> <p>Practice website provides all the information on how to make a complaint (within two clicks from the home page).</p>	

## Assurance and evidence checklist – staying informed and receiving outcomes

What you should be looking for	✓	Supporting evidence	✓
<p>A commissioner may wish to request a copy of the practices complaints policy to ensure that it complies with the complaint regulations.</p> <p>A commissioner could ask to see a copy of the organisation's standard acknowledgement letter (which would be personalised to each individual case).</p> <p>Within a visit to the practice it would be considered best practice to find more detailed information about local NHS Complaints Advocacy, the NHS Constitution and AvMA.</p> <p>The learning from complaints is demonstrated both within the organisation and fed back to patients to promote a positive culture for complaints.</p> <p>Commissioners should consider the learning from complaints and how this can be used when commissioning and designing new services.</p> <p>A commissioner may seek to understand complainant satisfaction of the complaints process through the use of a local complaint satisfaction survey.</p>		<p>Complaints policy.</p> <p>Standard acknowledgement letter.</p> <p>Information leaflets and posters detailing:</p> <ul style="list-style-type: none"> <li>• NHS Complaints Advocacy</li> <li>• Action Against Medical Accidents (AvMA)</li> <li>• Local Healthwatch</li> </ul> <p>Complainant stories taken from upheld complaints are used for learning and development (at practice level).</p> <p>Practices feeding back via 'You said, we did' posters.</p> <p>Action plans on how practices have taken the learning from complaints and used it to inform service improvement and patient experience.</p> <p>Regular satisfaction reports e.g. survey reports accompanied by improvement plans where necessary.</p>	

## Assurance and evidence checklist – complaints reporting

What you should be looking for	✓	Supporting evidence	✓
<p>Practices completing K041 returns</p> <p>Complaints are reported and discussed at the Board/practice meetings.</p> <p>Complaints data is triangulated with patient safety and patient experience data such as FFT, CQC inspections reports, Healthwatch and PHSO case summaries and survey data and used in quality review meetings</p> <p>Practices carry out a review of the complaints received over the previous financial year including information about lessons learned including those from reviews undertaken by the PHSO.</p> <p>Commissioners and practices use reports to be shared and used as a useful discussion point e.g. identification of common themes</p> <p>Complaints data, alongside patient experience feedback, forms part of the revalidation process and is regularly shared with clinical staff.</p>		<p>KO41 return reports</p> <p>Patient stories taken from upheld complaints are used for learning and development (at practice team level)</p> <p>CCG Quality meetings discussion notes</p> <p>Action and improvement plans</p> <p>Annual complaints report</p> <p>Evidence of discussions at primary care commissioning meetings; quality surveillance groups; local quality meetings; contract meetings</p> <p>Evidence of discussion/process with local medical team responsible for GP validation to ensure feeding in complaints data in revalidation.</p>	

## Good communication checklist

- Ascertain the outcome they are looking for - apology; change of service; things to be right next time; redress etc.
- How the person wishes to be addressed and record reasonable adjustments as required, including gender preference where possible, preferred language etc.
- How the person can be and wishes to be contacted.
- The elements of the complaint need to be confirmed and the investigator (if a telephone call) needs to ensure they fully understand the complainant's point of view about each element. This should then be followed up with a full acknowledgement letter to ensure that the staff member has fully understood the issue being raised and to provide the complainant with written information re: process/advocacy etc.
- Explain to them to process to be followed internally in the investigation, response and learning and what if they do not agree the outcome.
- Deal with any consent issues if necessary and again be sensitive to explain these with empathy.
- Offer a face to face meeting with those staff who are involved (if and who appropriate) being careful to agree who they wish to see and wish not to see again.
- Discuss and agree the period that will be needed for investigation and response.
- Discuss any involvement the complainant would like - from regular updates (agree how and when) to actually seeing records and attending interviews (where appropriate).
- Agree that at the end of the investigation and before the response is written a discussion will be held with them on the findings so they can comment.
- A final response that is signed by the senior partner or by the person to whom they have delegated this responsibility.
- Give them contact details for the PALS/complaints team and tell them how and when they can contact them in working hours

## Acknowledgement letter checklist

- Details of local NHS Complaints Advocacy provision including the relevant contact details
- Confirmation of an agreed timeframe for responding
- A named contact who will provide proactive updates regarding the progress of the complaint
- A summary of the main points raised in the complaint should be highlighted in the acknowledgement letter so as to ensure that both the complainant and the complaints manager understands what is to be investigated
- Information about how the complaint will be investigated, by who and what will be done with the resulting information
- Set out and agree how and when updates will be provided
- Reference to the fact that the care that the complainant/patient receives in the future should not be prejudiced by making a complaint and to report this if concerned in any way
- In the event that the complaint has complex clinical complaints; where an inquest is indicated or there is a potential clinical negligence claim or regulatory issues, provide information concerning specialist independent advice available from [Action against Medical Accidents](#) (AvMA)

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## **Glossary of publications**

### **[Health Select Committee Inquiry Report](#)**

This report details the findings from the inquiry by the Health Committee in reviewing progress in improving the handling of complaints from patients and the public, and concerns raised by staff

### **[Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)**

These regulations make provision for complaints made on or after 1 April 2009 in relation to local authority social services and the National Health Service

### **[Complaints Matter: Care Quality Commission](#)**

This report by the CQC describes how complaints and concerns fit into their new regulatory model and presents the early findings on the state of complaints handling

### **[My Expectations for raising concerns and complaints: Parliamentary Health Service Ombudsman](#)**

This report sets out the vision for developing a user-led complaints system and builds on the work carried out by the PHSO, Local Government Ombudsman and Healthwatch England

### **[Care Quality Commission – How the CQC Regulate: NHS and independent acute hospitals](#)**

This handbook describes the CQC approach to regulating, inspecting and rating NHS and independent acute hospitals

### **[NHS England Guidance for NHS commissioners on equality and health inequalities legal duties](#)**

This guidance aims to support clinical commissioning groups (CCGs) and NHS England to meet their legal duties in respect of equality and health inequalities

### **[PHSO Principles of Good Complaints Handling](#)**

In this guide the PHSO give their views on what constitutes good complaints handling for public bodies. This guide forms part of a suite of guides which includes:

- **[PHSO Principles of Good Administration](#)**
- **[PHSO Principles for Remedy](#)**

**[Department of Health, Listening, Responding and Improving: a guide to better customer care](#)**

This guide was developed to help complaints professionals work with colleagues to make their organisations better at listening, responding and learning from people's experiences

**[NHS Constitution \(2015\)](#)**

The Department of Health has published an updated version of the NHS Constitution. The updated version responds to the failings at Mid Staffordshire NHS Trust and reflects that the NHS's most important value is for patients to be at the heart of everything it does.

**[Accessible Information Standard: NHS England](#)**

The Accessible Information Standard is formal guidance which health and social care organisations must follow by law.

**[Duty of Candour: Health and Social Care Act 2008](#)**

The intention of this regulation is to ensure that providers are open and transparent with people who use services.