



THE DERMATOLOGY PARTNERSHIP

Policy Description	Complaint Management		
Target Audience	All Staff		
Review By	Jayne Larsen, Kay Ferrer		
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2nd Level Approval	Mark Norfolk	Approval Date	October 2022
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POLICY OBJECTIVE

The Partnership views a complaint as an opportunity to improve the manner in which we provide care. We actively address issues and concerns raised in complaints from a learning perspective and encourage all staff to be involved in addressing complaints pro-actively. This policy is to ensure all staff are aware of their responsibilities in relation to the management of complaints or concerns raised by patients, their family member or representatives or by other individuals who have a relationship with the clinic.

RESPONSIBILITIES

Local Implementation of the policy; audit of the policy; managing breaches of the policy

- Registered manager
- Compliance with the policy
- All staff

DEFINITIONS

The Partnership:	All staff and clinics within The Dermatology Partnership, including Stratum Clinics Ltd.
The Registered Manager:	The CQC Registered Manager within the clinic.
Staff:	All employed, locum, contract staff and consultants, including visiting medical staff with practicing privileges.
Clinical Staff:	Staff who are in direct contact with patients within a clinical setting including but not limited to nurses, consultants and medical staff, practitioners, therapists and health care assistants.
Clinic:	Any clinic or practice within the Partnership where patients attend for consultations or treatment.

OVERVIEW/INTRODUCTION

There are some important values and principles that The Partnerships applies to its complaints process:

- **The right to complain:** patients have a right to complain; complaints should be taken seriously and patients should not be bullied, harassed or disadvantaged for making a complaint
- **Equality:** patients should receive a proper response to their complaint, regardless of their age, gender, disability, race, religion, nationality, social status or sexual orientation
- **Fairness:** complaints should be dealt with fairly and openly; unless it would put other people at risk, those affected by a complaint should have a chance to contribute and respond to any investigation
- **Confidentiality:** complaints should be treated as confidentially as possible, and should only be discussed with those involved in the investigation or decision-making process; on occasion advice or intervention might be needed from organisation such as social services departments, the Police or the NSPCC; The Partnership reserves the right to speak to these or other authorities if this advice or intervention might be needed
- **Safety and welfare are our priorities:** concerns that affect the safety or welfare of a person or the public will be given the highest priority

The Partnership intends to manage any concerns or complaints with these values and principles in mind at all times. All complaints or concerns raised regarding any clinical or non-clinical care or service provision will be addressed in a timely manner, by the most appropriate person within the clinic (normally the Registered Manager or the Clinical Director) and with the intended outcome of achieving satisfaction for the complainant and where needed, alterations in practice within The Partnership.

PROCEDURE

Expected outcomes regarding complaint management

People who use the services of The Partnership or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively and know that they will not be discriminated against for making a complaint. This is because as a provider who complies with the regulations The Partnership will:

- have systems in place to deal with comments and complaints, including providing people who use services with information about that system
- support people who use services or others acting on their behalf to make comments and complaints
- consider fully, respond appropriately and resolve, where possible, any comments and complaints

Complaints Process Stages;

Stage 1: Clinic

The Practice Manager would investigate and respond from the clinic where the patient is registered

Stage 2: Peer Review

If the complaint remains unresolved the patient can escalate to a stage 2 which will trigger the Peer Review response (Listed below)

Stage 3: External

Where resolution remains outstanding the National Operations Manager will investigate and initiate a Directors response or the patient can request external adjudication.

Peer Review Detail

A practice manager from an alternative clinic will carry out an independent review and investigation into the complaint with advice from the support office departments where needed. A final resolution will be offered in writing and sent to the patient whilst being fully documented within the complaint's module and patient record.

Peer Review List

The below clinics are partnered for peer review of complaints stage 2 as listed above.

Cheadle	Canterbury
Shrewsbury	Cheltenham/Oxford
Harley Street	Wimbledon
Wimbledon	Harley Street
Canterbury	Cheadle
Cheltenham/Oxford	Shrewsbury

Customer care and complaints co-ordinator (PM)

The Registered Manager is the Clinic's nominated customer care and complaints coordinator, unless the concern or complaint is about their own practice or service provision, in which case the Peer takes responsibility. This would mean in this case a Stage 2 is escalated to the National Operations Manager.

The practice manager is responsible for overseeing all complaints. All healthcare professionals are responsible for first line management of complaints however they should inform the complaint coordinator of any issues raised by patients and request assistance and advice at any time during the management of a complaint. In the event of a serious complaint, the complaint co-ordinator must be informed immediately.

The complaint co-ordinator is also responsible for completion of the complaint register on Work Wallet. Any member of staff receiving a complaint can report the complaint on Work Wallet. It is the responsibility of the complaint coordinator/registered manager to ensure Work Wallet is kept up to date, including response times and uploading supporting documents.

Informing patients of the complaint process

There should be a patient leaflet in each clinic with details of how patients can make a complaint.

The Partnership's website provides clear guidance for patients, their representatives and others who have dealings with The Partnership about how we manage any complaints or concerns raised. All staff should ensure that patients and their representatives have access to this information and are aware of how The Partnership will address any issues or concerns.

Receiving a complaint

Complaints or concerns may be raised by any person who has dealings with The Partnership and as such may be considered our 'customers'. In line with the basic principles of 'customer care', The Partnership undertakes to investigate all complaints courteously, sympathetically, objectively, expeditiously and thoroughly, with a view to obtaining information that results in an honest and balanced resolution to the problem and provides a rapid response and appropriate reassurance for the complainant.

Complaints may reach The Partnership Clinics in any way, including:

- Via the Practice manager – all patients should be encouraged to submit a formal complaint in this way.
- Verbally either in person or over the phone.
- Via Email
- By letter
- Via the website (Complaints Email Address) or social media.

Staff Training

All staff receive training and information on what constitutes a concern and a formal complaint, and the procedures for receiving and managing a complaint in the first instance, with the focus on local resolution of the issue rather than allowing a complaint to escalate. Staff must be aware of the limits on their ability and authority to manage complaints and be able to recognize when it is necessary to

pass a complaint to more senior staff or give the patient the Complaints email address. It is important that staff do not make promises that they, or The Partnership, cannot keep and must not make statements accepting responsibility or admitting liability. An expression of regret that the complainant has felt the need to complain is not in itself an admission of liability and will often bring a complaint to an end. Of particular importance is the manner in which a complaint is addressed and managed in the initial stages, as the first response to a complaint:

- is the first opportunity to address the issue or concern raised
- may be enough to deal with the issue or concern raised informally
- may dictate the outcome if the issue can't be resolved immediately

If a staff member receives a complaint good practice should be adopted as follows:

1. put the person at ease, be supportive and empathetic
2. listen carefully and understand the nature of the complaint
3. ensure privacy and a relaxed atmosphere
4. remain calm and respectful
5. take responsibility for further action and communication

All formal complaints are acknowledged, investigated and a response made to the complainant within set time frames.

Complaints must be acknowledged within 2 working days by the person responsible for investigating and responding to the complaint. This is usually the Practice Manager. Appendix 1 provides a template acknowledgment (Holding) letter.

If received via The Partnership Complaints Email Address, the responsible person managing this process (Complaints Department) will log the complaint in work wallet which will automatically notify the appropriate Practice Manager. The Practice Manager will then follow the complaints procedure.

A full written response should be provided within 14 days of receiving the initial complaint. If it is not possible to provide a response within this timeframe, the patient should be notified of the delay and given an expected timeline for a response, within this 14 day period. Appendix 2 provides a template response letter.

It may be appropriate to invite the patient for a meeting with the Practice Manager and/or clinical lead to discuss a complaint. A written response should be provided as a follow up to an in-person meeting.

Confidentiality

Any person who uses the services of The Partnership, their nominated representative or family member or any other individual or organization that has official dealings with The Partnership may make a complaint or raise a concern. With regards to confidentiality, The Partnership adheres to the relevant requirements in all dealings, including the management of complaints

Verbal complaints

Many people will make a verbal complaint which may or may not require further escalation. The person who receives the complaint should attempt to resolve the issue straight away, or within the shortest possible time frame. This may be in the form of clarification of an issue or event which may have been misunderstood by the complainant or an apology for a perceived slight or indiscretion.

This verbal complaint should then be logged as a **concern** within work wallet if the patient doesn't wish to escalate to a formal complaint. Staff members have all received training on identifying concerns and complaints. A verbal concern dealt with in clinic still needs to be documented, however no further escalation is required whereas a **formal complaint** must be put in writing and the formal complaints process is to be followed. This will allow the Senior Management to be made aware of the concerns raised and the outcome of the complaint.

In the event it is not possible to resolve the issue immediately or if the complaint is of a serious nature, the person receiving the verbal complaint should log the complaint as a formal complaint or notify a senior member of staff to do this for them. At all times during this process, the complainant should be kept informed of where the complaint stands and who is responsible for addressing it. An internal log of the complaint will be made internally so that learnings and trends can be understood to improve the services at the clinic and across the group.

The investigation into the verbal complaint should include:

- Discussion with the staff who were involved in the issue or concern raised to establish the sequence of events
- Review of policies and procedures to establish if a breach has occurred
- Where appropriate and required, discussion with the lead medical practitioner to determine what actions should be taken
- Documentation and evidence regarding the investigation and the findings on the feedback section in Work Wallet
- Decide on the actions required and ensure they are put into place

The practice manager should then contact the complainant and advise of the results of the investigation, indicating whether any further action will be taken or is required. This will also be retained internally, including upload of any evidence or supporting documents.

Written Complaints

Written complaints are managed in much the same way as verbal complaints, however all written complaints must immediately:

- Be stamped with the date of receipt
- Be forwarded to the complaints co-ordinator (Practice Manager) who should review the complaint and inform the Clinical Director as appropriate
- Be documented on Work Wallet, including uploading the original complaint letter and any further correspondence and evidence as and when this takes place

- If there is accusation of malpractice, our insurers should be alerted to the complaint in case of any subsequent claims, and for them to advise if this is likely to be the case

The complaints co-ordinator should immediately or at least within 2 working days:

- Ensure an acknowledgement (Holding Letter) to the complainant is made in writing (see below)
- Log the details onto Work Wallet. If the complaint is resulting from an incident, they should be logged separately and linked on Work Wallet
- Attach the complaint and Holding letter to the Work Wallet
- If appropriate, the co-ordinator may phone the complainant in addition to the acknowledgement letter

Investigation of written complaints will depend upon the type of complaint, which may be relating directly to the care of the patient or to another related matter. Depending on the issues raised, the complaint co-ordinator will make the decision about who should undertake the investigation – either themselves or the Clinical Director. The person allocated to investigate the complaint should obtain statements from staff who were involved in the issues raised (either written or verbal), and make notes in the complaint file. Where necessary, evidence should also be gathered from the patient or their representative.

At the completion of the investigation the complaints co-ordinator should objectively evaluate the investigation and decide what action to take, consulting with relevant members of staff as appropriate. Where necessary, reference should be made to the disciplinary and other HR policies.

At the completion of the investigation, the complaint co-ordinator should update the complaint form and file all relevant investigation papers with the form, ensuring the complaint has been logged into the complaint register.

External Adjudication

Where a complaint cannot be resolved internally to the patient's satisfaction, the patient has the right to recommend an external adjudication. For NHS Patient this would be to the NHS Complaint Ombudsman. For Private and PMI patients this would be via the Centre for Effective Dispute Resolution (CEDR). In both cases the patient should contact their respective external part within 1 month of the final stage 2 letter being received.

MONITORING/AUDIT PROCESS:

All complaints should be documented on Work Wallet. These are monitored on a monthly basis at clinic team meetings, the clinical board and quarterly at the Integrated Governance Committee. This register provides audit data regarding the number of complaints, response times and outcomes which can be used for comparative data. Audit of how complaints are managed is in line with The Partnership audit schedule.

TRAINING/EDUCATION:

All staff receive training in the basic management of complaints; those involved in the management of complaints receive further training and information to ensure they are capable of managing a complaint effectively.

Complaints are routinely discussed at monthly team meetings.

EXAMPLE LETTERS:

Clinic Letterhead

Patient Address

Date

Dear Patient X

Thank you for your letter dated (XXXXX) which I received on (date XXXX) regarding your experience at (Clinic name) on (Date XXX)

I am sorry to hear the service/care you received on this occasion was not satisfactory.

We take all complaints and feedback very seriously and will fully investigate your concerns and respond to you in writing within 14 days with details of the investigation and the outcome. If I am unable to provide a response within this timeframe I will contact you to inform you of this.

Please do not hesitate to contact me in the meantime at (Phone number XXX/email address).

Your sincerely,

Signature

Name

Practice/Business Manager

Clinic Letterhead

Patient Address

Date

Dear Patient X

Thank you for your letter dated (XXXXX) which I received on (date XXXX) regarding your experience at (Clinic name) on (Date XXX). You complained that (brief overview of complaint).

I have now been able to investigate your concerns.

**List each complaint/concern highlighted in letter and summarise how you investigated the complaint and the action taken eg:*

You complained that you were waiting thirty minutes after your booked appointment time to be seen by the consultant, and that no explanation for this was provided by the staff on site.

I have looked at the clinic schedule for the (date) and can see you had an appointment at X time. Unfortunately, our clinical system does not allow us to audit exact arrival or seen times, however I did discuss your concerns with the receptionist working on that day. She has confirmed that the consultant was running behind during the clinic due to an unexpectedly complicated procedure on a patient earlier in the day.

We routinely provide catch-up slots to lessen the impact of appointments that overrun, as there are some instances where more time is needed to provide the level of care required. Whilst these are unavoidable, I accept that we could have done better in this circumstance by keeping you well informed of the delay. I would like to apologise for any inconvenience caused to you by the delay, and that you were not completely satisfied with the service at the clinic.

We pride ourselves in providing excellent patient care and customer service; it is important to us that every patient feels supported throughout their whole journey.

As a result of your complaint, we have now implemented a system in the clinic whereby patients are informed on arrival if their appointment is likely to be delayed at all, providing regular updates to patients in clinic.

We regularly discuss patient feedback within the clinic to allow us to constantly improve our service and provide the best possible care.

I hope this response reassures you that your complaint has been investigated fully and that appropriate action has been taken. If you would like to discuss any further, feel do not hesitate to contact me on (Phone number XXX/email address).

Yours sincerely,

Signature

Name

Practice/Business Manager