

Your name  
Your address  
Your telephone number

Date

Practice Manager (if complaining to your GP)/ Chief Executive (if complaining to a Hospital)  
Name of Practice/Hospital  
Address

Dear Sir/Madam

**Patient Name, Date of Birth and NHS Number** *(if you have it)*

*Start off with a brief paragraph explaining that you are complaining about. Include very brief details of what the treatment was, when it happened and where it took place.*

*State what happened and when in more detail. If you have a diary of the dates and times, you can use them but if you can't remember you do not have to be specific as your records will be used to provide you with a response.*

*Explain why you are complaining and what made you unhappy. Explain why you think the treatment was wrong, and if a doctor has explained why he/she thinks the treatment was wrong, include details of what they said. If you're unsure about certain issues, it may help to make a list of questions that you want answering, covering not only basic issues such as what went wrong and why, but also any questions that you may need answering, such as what can be done to repair any damage.*

*Finally, you may want to state what you want to happen as a result of your complaint, such as an apology and/or a change in policies/procedures to stop whatever has happened from happening again.*

Yours Sincerely,

*Sign here for you or on behalf of someone else*

*Your Name (If you have signed on behalf of someone else, state their name and your relationship to them, and why you are signing on their behalf. If possible, you can include a signed authority from them to help speed things up.)*



## **NHS COMPLAINTS PROCEDURE – AN OVERVIEW**

There are two stages to the National Health Service Complaints Procedure, and both are explained briefly below.

### **Stage 1 - LOCAL RESOLUTION**

This is the first stage of the complaints procedure called local resolution. The aim of this is to try to sort out problems as quickly and as easily as possible.

If you feel able, discuss your complaint with a member of staff first. If you don't want to do this or you have tried and are not satisfied, there are procedures to follow to get your complaint dealt with which may involve letter writing, meetings or conciliation.

### **Stage 2 - INDEPENDENT REVIEW**

If you are unhappy about the response to your complaint you can ask the Health Service Ombudsman for an independent review. The Ombudsman will investigate your complaint and send you a report of the findings and recommendations. If, after receiving the report, you are not happy with the decision, it is possible to ask for the decision of the Ombudsman to be reviewed and a special team will review the decision who consider complaints about the Ombudsman.

## **RAISING A COMPLAINT INFORMALLY**

- a) You can speak to PALS (Patient Advice and Liaison Service). They provide advice and support to patients, carers and relatives with the aim of resolving local difficulties on the spot. If you have any concerns about any aspects of your care or the service that you receive, PALS will direct you to the appropriate member of staff to speak to. PALS staff can act as trouble-shooters to deal with any immediate problems that you may have.

They will listen to your concerns, queries and suggestions. They act independently, liaise with staff Managers and Health professionals. It is a confidential service. They do not replace the existing National Health Service Complaints Procedure.

- b) You can ask to see the Practice Complaints Lead or the Trust Complaints Manager – each GP Practice or Dental Practice has a person called the “complaints lead” and each National Health Service Trust has a complaints department. They can tell you how to make a complaint and explain how the National Health Service Complaints Procedure is handled in their practice or Trust. Complaints staff have a duty to investigate the complaints that are made to them.
- c) If you have a general concern, rather than an individual complaint, you can contact your local PPI Forum (Public and Patient Involvement Forum) and they can help you if you do not wish to make a formal complaint but would like to raise awareness of a particular issue. An example could be if you were worried about the level of cleanliness at your local Hospital.

## **CONCILIATION**

This is a confidential service offered by Health Authorities and some National Health Service Trusts. The aim of conciliation is to help reach agreement between the Practitioner and the complainant and to restore their relationship. Services offered can differ between Trusts. Information from Conciliation meetings should not be used by the Health Authority against you if you later decide to ask for an independent review. If you are offered conciliation then you should ask for full information from the National Health Service Body offering this service to you.

You have the right to refuse conciliation and can take advice from ICAS (Independent Complaints Advocacy Service) if you are offered conciliation and are not sure what to do.

## **STARTING A FORMAL COMPLAINT (Stage 1 - Local Resolution)**

If you have tried talking to the individual concerned or using PALS and this has not sorted out your concerns, you may decide to start the formal National Health Service Complaints Procedure.

1. A complaint should be made within 12 months of the incident which caused the complaint or 12 months from the time when you realised there was a need to complain. Therefore check that your complaint is within the time limit. Sometimes these can be extended if there is a good reason.
2. If you are within the time limit and you consider that your complaint will be helped by seeing what is in your patient records for example (by clarifying or supporting your account of what happened) you can apply to see your records.
3. All National Health Service staff have a duty of confidentiality towards patients and their records. Patient records include GP and Hospital and doctor records, nursing records and other National Health Service staff records of your visits to the practice, clinic, or Hospital and of visits to you and details of treatment, medication, tests and their results, diagnosis, referrals, etc. Records should be made available within 40 days of applying to see them, and 21 days if they have been added to within the last 40 days. Trusts and GP Practices are allowed to charge you for seeing your records if they have not been added to within the last 40 days.

Under the Data Protection Act, you have a right to see your records unless your doctor thinks that to do so would seriously harm you or another person. This refusal can apply to part of your records and there is no obligation to inform you of such a partial refusal. It is worth therefore asking if any part of your records have not been made available.

Trusts and GP Practices also have to explain to you anything in their records that is not easily readable or which uses technical language that you do not understand. If you are applying to obtain someone else's records you must have the patients authorisation in writing, including parents applying to see a child's records if the child is able to understand matters. Where a patient is unable to give you permission because of incapacity or illness you may need legal advice and a Court authorisation.

4. In the case of a deceased patient, records can only be obtained by a personal representative, usually an Executor or someone making a claim arising from the death, unless the deceased specifically requested in the records that they did not want that person to have access to the records.
5. If you think that the records are inaccurate, you can ask for them to be corrected and if it is not agreed, ask for a note recording your disagreement to be attached to the records. You are entitled to a copy of the changed records without payment.
6. If your complaint is about a Trust or a Clinical Commissioning Group the letter should be addressed to the Chief Executive. For a GP or Dental Practice the letter should go to the Complaints Lead at the Practice. A copy of the letter can be sent to the Chief Executive of the Clinical Commissioning Group of which the Practice is a part of. Sometimes this speeds up the process in a response being sent to you.
7. Once you have sent the letter you should expect an acknowledgement in 2-3 working days and a full response within 20 working days. If not you should have an explanation of the delay in a "holding" letter. Once you get a response you will need

to consider it very carefully noting whether it deals fairly and accurately with your complaint, with what you and others have said and whether it covers everything you raised.

8. Generally a good response should explain matters clearly and should state the following:-
  - a. What was investigated. Why actions were taken or treatment given or decisions made.
  - b. Who was involved and how.
  - c. What the findings of the investigation were.
  - d. An apology if warranted.
  - e. What steps have been or will be taken to make sure that you and other people do not find themselves in the same situation again.If the response answers your complaint to your satisfaction the local resolution procedure has been completed successfully and the complaint goes no further.
9. If the response you have received is not satisfactory either because it does not answer your questions or you do not understand it or your memory of what happened is quite different, you will need to write back making this clear restating the main points if you still feel dissatisfied.
10. Sometimes the Trust/Practice/CCG may suggest a meeting of those involved in the complaint i.e. your carers, doctors, etc.
11. Sometimes talking about the complaint face to face is often better and easier than writing about it and can be a useful way of dealing with it. If you do agree to a meeting be sure to take a friend with you or someone from ICAS if possible for moral support. This person can help in taking notes and also making sure that all of your questions are answered because such meetings can be quite daunting.
12. After correspondence or a meeting, the Trust or Practice or CCG may decide that the local resolution has been completed i.e. that everything has been done to answer your complaint and sort out the problem. If so a final response will be sent to you and the letter should indicate that this is the end of the local resolution. It will also state that if you are dissatisfied you can refer your case to the Health Service Ombudsman for an independent review. Any application to the Ombudsman should be made within 2 months of your letter closing local resolution and ICAS can help with this.

## **GENERAL ADVICE**

When writing any letters, making telephone calls or attending meetings, it is important that you keep copies of all letters sent and received. If you are making important points over the phone, confirm them in a letter as soon as possible referring back to the phone call and do not be rushed into making any decisions on the telephone until you have thought further on the matter or have taken advice. All letters sent and received should be kept in date order so that you can refer back to them when needed and use names and titles of staff if they are known and any letters that you write it should clearly state what your complaint is, what you are hoping to achieve for example an apology treatment etc. You should be concise and clear for that so that there is less chance of misunderstandings.

## **MEETINGS**

If you are attending a meeting there are a number of points that need to be considered beforehand. Ask about the arrangements and confirmation as to who will be present, what their roles are, what form the meeting will take, how long has been allocated and where the

meeting will take place. If for some reason you are not happy with any of the arrangements you must request for changes. For example there may be a person that you do not want to meet i.e. someone that you have complained about. Tell the Trust who will be attending with you i.e. a friend or an ICAS representative. Spend time getting clear in your own mind exactly what you want to get out of the meeting and think about things you want to explain the issues that you want to be looked at, comments you want to make and any questions that you want answered. Make notes about them and refer to them in the meeting if it assists you. You should also let the person organising the meeting know about the matters you intend to raise so that they can make sure the right people to deal with those issues are invited to the meeting.

If notes are being taken, ask for copies to be sent to you which is preferable if they are in draft so that you can indicate any corrections needed before the notes are finalised. You should also take notes yourself and ask the person who goes with you to do the same. If there is anything that you do not understand do ask for explanation particularly and often a lot of medical terminology and abbreviations are used which you should ask to be explained to you. If any notes do need to be changed ensure that you get the correct copies and give an indication that you agree those notes. It is useful to keep a note of all events and preferably a diary which should record any dates letters phone calls that you have made which will make it easier for you when you need to refer to them as these things can be complicated.

## **STILL NOT HAPPY? (Stage 2 – Independent Review)**

If at the end of the local resolution you are unhappy with the outcome you will be referred to the Health Service Ombudsman. It is a good idea to contact ICAS, which is an independent organisation and therefore not answerable to the National Health Service.

ICAS have offices nationwide, and will support you to deal with more formal complaints. They work closely with PALS in attempts to try to resolve complaints quickly and to the satisfaction of the patient. ICAS is a National Service for people who want to complain about the National Health Service treatment even if they received it in private health care setting.

ICAS provides advocacy, support, help and advice from experienced workers. They will help with letter writing where required, advice about what options are available, a support of advocate will attend meetings or hearings with you and will guide you to other routes to specialist help if needed.

Your discussions with ICAS are completely confidential. ICAS is available to all National Health Service patients or their representative and is free of charge.

You must ask the Health Service Ombudsman to investigate within 2 months of the local resolution final response letter.

Complaints which are sent to the Health Service Ombudsman will be dealt with in the following way:-

- a. Initial review. A case manager will undertake an initial review of the case, with the help of expert advice if necessary to determine whether there needs to be further investigation. A letter, outlining the outcome of the initial review and whether further investigation is required will be given to the complainant and the organisation or practitioner about whom they are complaining.
- b. If further investigation of the complaint is necessary the Health Service Ombudsman will agree the investigations. Terms of reference with the complainant and the organisation or individual about whom the complaint has been made. Both will receive a full report of the Health Service Ombudsman's findings at the end of the investigation including any recommendations.
- c. Those who are unhappy with the outcome of the investigations have the right to request an independent panel review. The panel will be made of a special team who consider complaints about the Health Service Ombudsman. The reviewing panel will then make a final decision. Please note the Health Service Ombudsman is the last resort for complainants who are unhappy with the response they have received locally from the National Health Service.
- d. The Ombudsman has greater reaching powers than the old Healthcare Commission. His/her findings can be publicised and recommendations can be made.

## **LEGAL ACTION**

If you want financial compensation legal action is essential. Legal action must be started within 3 years of the event that you are complaining about and you should consult a Solicitor if you want to take legal action. This is not something that ICAS can help with. It is essential that you seek the advice of a Solicitor who specialises in clinical negligence. Waldrons Solicitors have a Clinical Negligence Legal Aid Franchise and offer specialist advice in this field. Contact:

JOSEPH NORTON on 01384 267140, or email: [j.norton@waldrons.co.uk](mailto:j.norton@waldrons.co.uk)

ADAM SMITH on 01384 267142, or email: [a.smith@waldrons.co.uk](mailto:a.smith@waldrons.co.uk)

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