

NHS England Central Midlands Complaints

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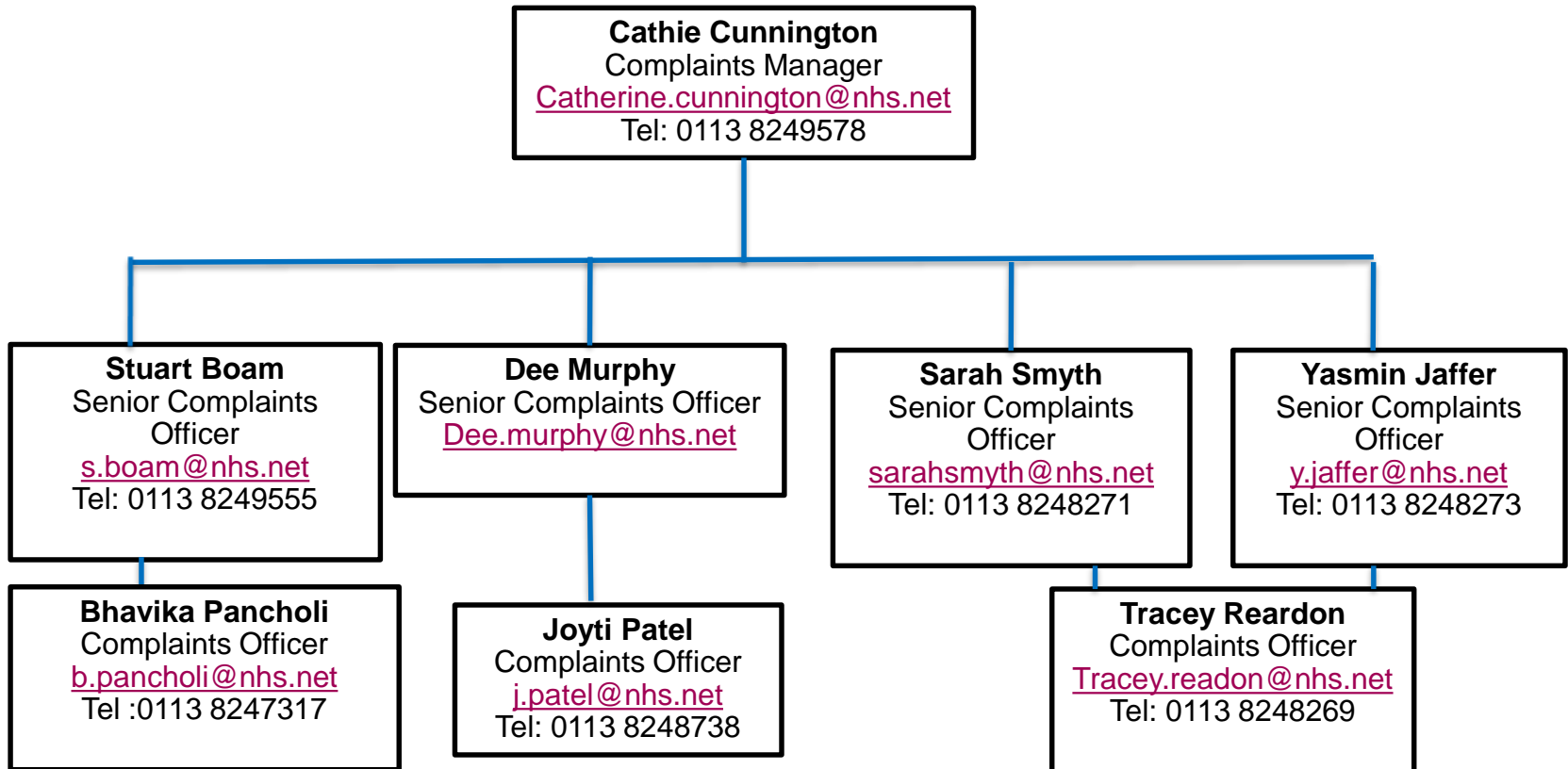
Complaints Manager



Midlands and the East Region
Geographical footprint within the region
November 2014



Complaints Team Structure



NHS England Complaints

A complaint is defined as an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, which requires a response and/or redress.

Under the 2009 Complaints Regulations 2009, complainants have the option of having their complaint responded to directly by the provider organisation e.g. GP or Dental Practice, or alternatively they can ask NHS England to facilitate a response.

It is important to note that the number of primary care complaints received by NHS England amounts to only 8% of the total number of primary care complaints. The remaining 92% are sent directly to primary care providers.

The majority of complaints received by NHS England relate to concerns about clinical care and are often made when a complainant is grieving after the loss of a family member, or believe that they have experienced significant delays in receiving appropriate and effective treatment.

NHS England Complaints Tiers 1, 2 and 3

Tier 1 – NHS England Customer Contact Centre:

Established April 2013 - National call centre based in Redditch, the call centre receives approximately 1000 contacts per working day. These are a mix of general enquiries, complaints, Freedom of Information requests and Subject Access Requests. All complaints received by NHS England are logged by the contact centre.

Tier 2 – Team of Case Officers based in Leeds:

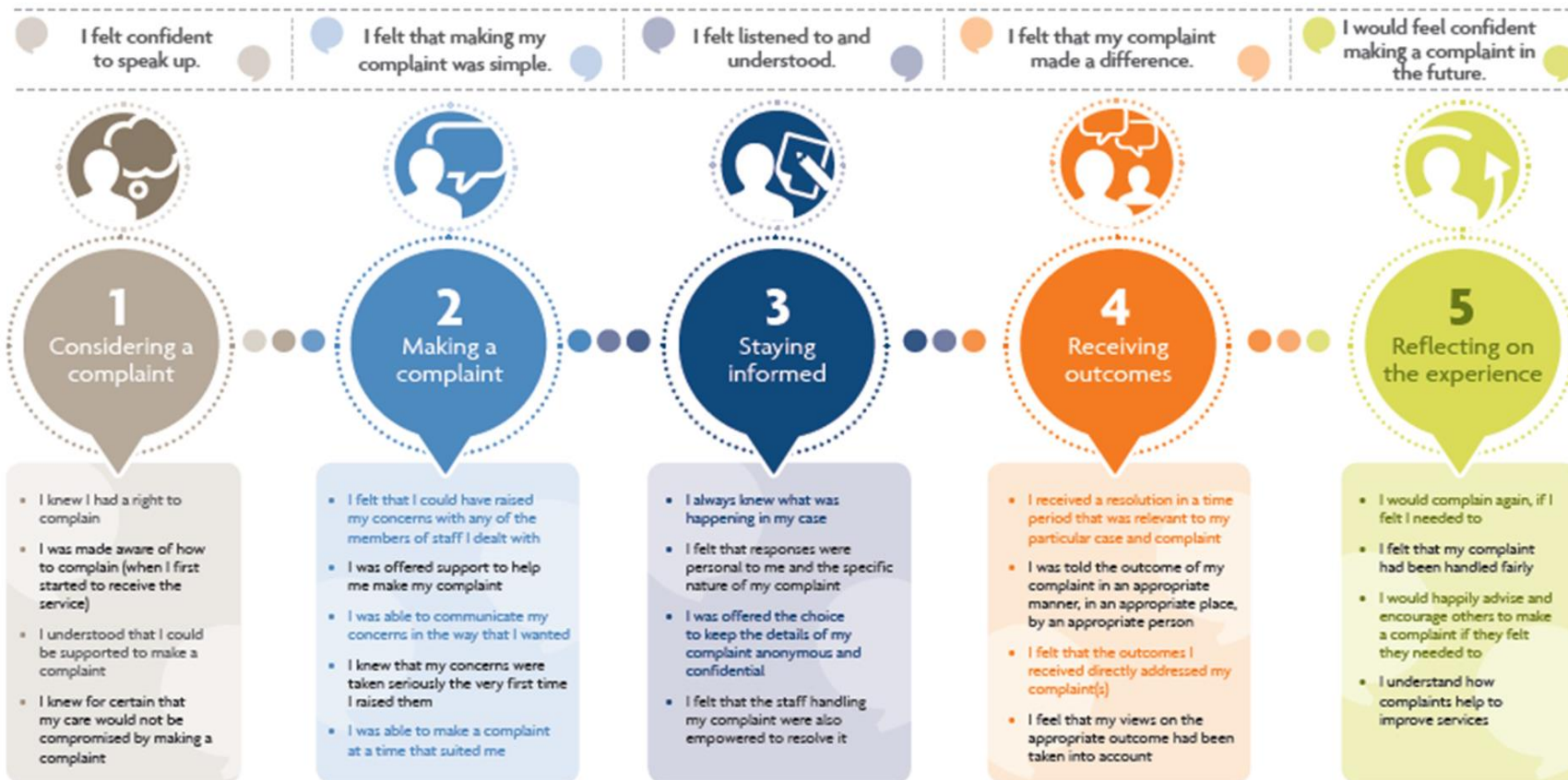
All complaints received are reviewed by Tier 2 case officers, to ensure they are triaged to the appropriate local complaints teams. Tier 2 case officers are also responsible for processing concerns.

Tier 3 – Local Complaints Teams:

Complaints are received by the local complaints teams who will obtain appropriate consent and facilitate a response to the specific concerns raised in a complaint.

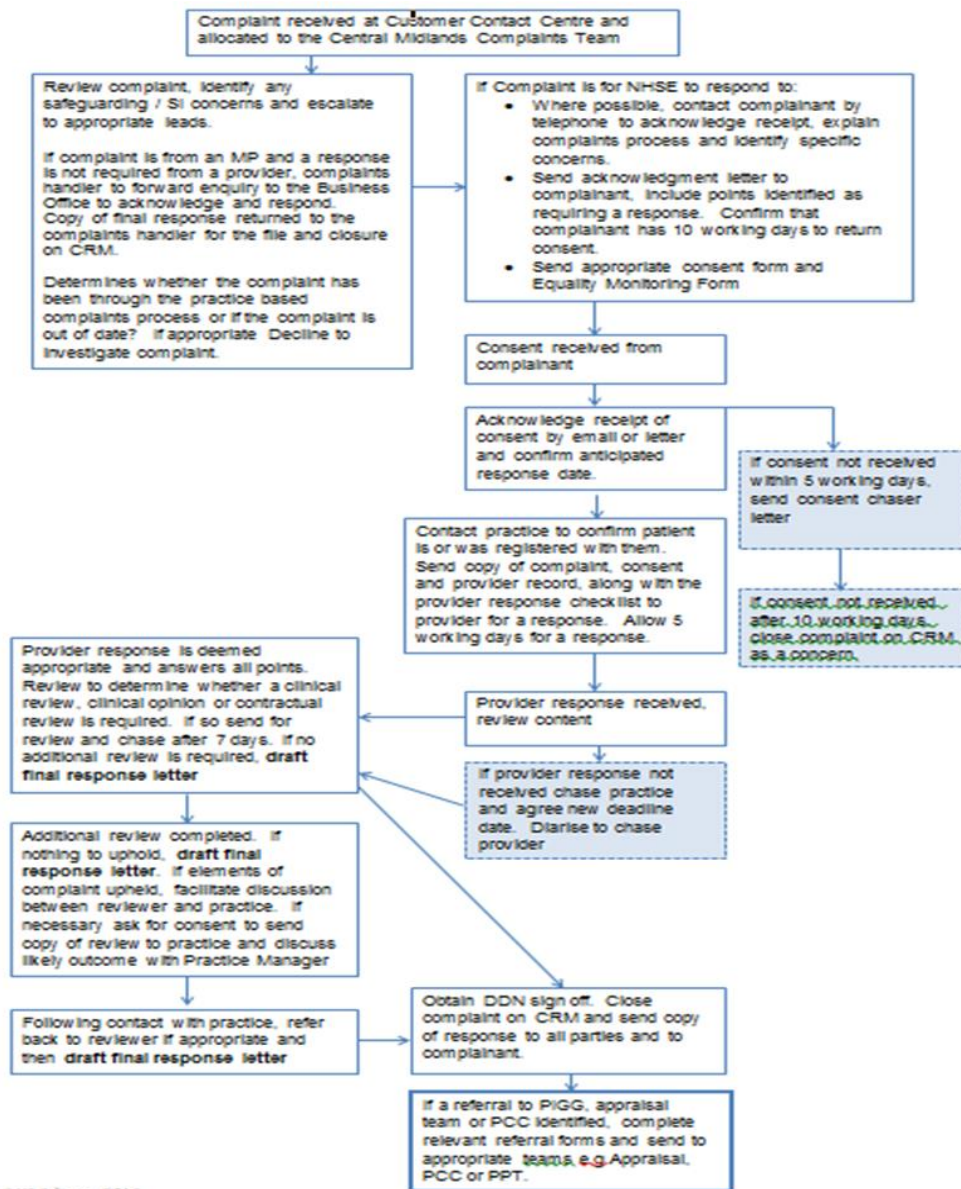
Ombudsman's I Statements

A user-led vision for raising concerns and complaints



NHS England Central Midlands Complaints Process

Throughout the complaints process, the complaints team liaises with a number of different NHS England / CCG Teams, in order to complete the facilitation of a complaint. These include Safeguarding, Primary Care, Information Governance, the Appraisal and Revalidation Team and Practitioner Performance.



Practical Session:
What does a good
complaint response
look like?

What does a good complaint response look like ?

- Written in plain English, on your headed paper and is addressed to the complainant with any medical or technical terms explained.
- Summarises the complaint and addresses all of the points identified, if not, explain why.
- Explains the steps taken to investigate the complaint and what evidence has been taken into account.
- Provide a thorough explanation of your findings and what you think happened, if necessary, explain what should have happened.
- State the conclusions made, based on the evidence. Ensure your decision is clear.
- Apologise if something has gone wrong, an apology is not an admission of liability. In many cases a carefully worded apology and a thorough explanation can resolve a complaint.
- Inform the complainant of any lessons learnt or actions taken as a result of their complaint.

Obtaining Independent Reviews

- When a provider response is received, the complaints team will review the information provided to ensure that it is appropriate and answers all the points from the original complaint.
- The complaints team will determine whether a clinical review, clinical opinion or a contractual review is required. The complaint will then be sent on to an Independent GP and/or the relevant Primary Care Commissioning Team for review.
- Once complete, if significant learning has been identified, a copy of the independent review will be shared with the provider organisation and the complaints team will offer to facilitate a discussion between the Independent GP and the clinician concerned and will also provide an opportunity for reflection and comment.
- The final response letter will include a statement from the Independent Clinician and will provide the basis for the conclusions made. In instances where significant learning has not been identified, a copy of the Independent Clinical Review will be shared with the provider along with the final response letter on closure of the complaint.

Central Midlands Assurance Process

During a complaints investigation, there will be cases where learning is identified. These cases will be progressed and monitored in different ways.

- Where considerable learning or concern is identified and relates to an individual practitioner, a referral to the Practitioner Performance, Pre Information Gathering Group (PIGG) may be initiated. Individual Practitioner's will be advised of their referral into this process and the Practitioner Performance Team may contact them for further information, if deemed necessary.
- For lower level concerns, a referral may be made to the Appraisal and Revalidation Team, for discussion during a practitioners next annual appraisal.
- If specific actions for the provider have been identified, the Complaints Team will diarise to contact the provider in three months time, in order to gain evidence/assurance that any necessary actions have been completed.



Leicester, Leicestershire & Rutland Local Medical Committee

- Leicester, Leicestershire and Rutland Local Medical Committee role is to advise, support & represent our members.
- Consent forms need to be signed by the clinician, so LMC can support at PAG
- Contact details for the LMC:
 - 0116 2962950
 - enquiries@llrlmc.co.uk

Sharing Lessons Learnt

The Complaints Team works closely with local Clinical Commissioning Groups (CCG) and currently provides each CCG with a quarterly complaints report which details the number of complaints received, themes and trends and includes details of any learning or action required. In addition, the Complaints Team is in the process of working with local CCG's, in order to implement a more robust complaints assurance process.

The Complaints Team aims to work in harmony with all of our provider organisations, to ensure complainants are responded to fully and appropriately. The Team is happy to assist where we can and any of the team can be contacted directly, using the contact details at the beginning of this presentation.

TOP TIPS

Complaint Response - The Personal Touch

- On headed paper and addressed to the complainant
- Timely and explains who has investigated and what evidence was used
- Includes condolences where appropriate and notes the patient's experience and any associated stress and anxiety
- Sets out the chronologically of events, a summary and key findings
- Includes an apology that the complainant had cause for concern and specific apologies if something went wrong
- Provides assurance that the complaint has been taken seriously
- Includes details of any lessons learnt and any actions that have been or will be taken
- Provides the offer of a meeting

