

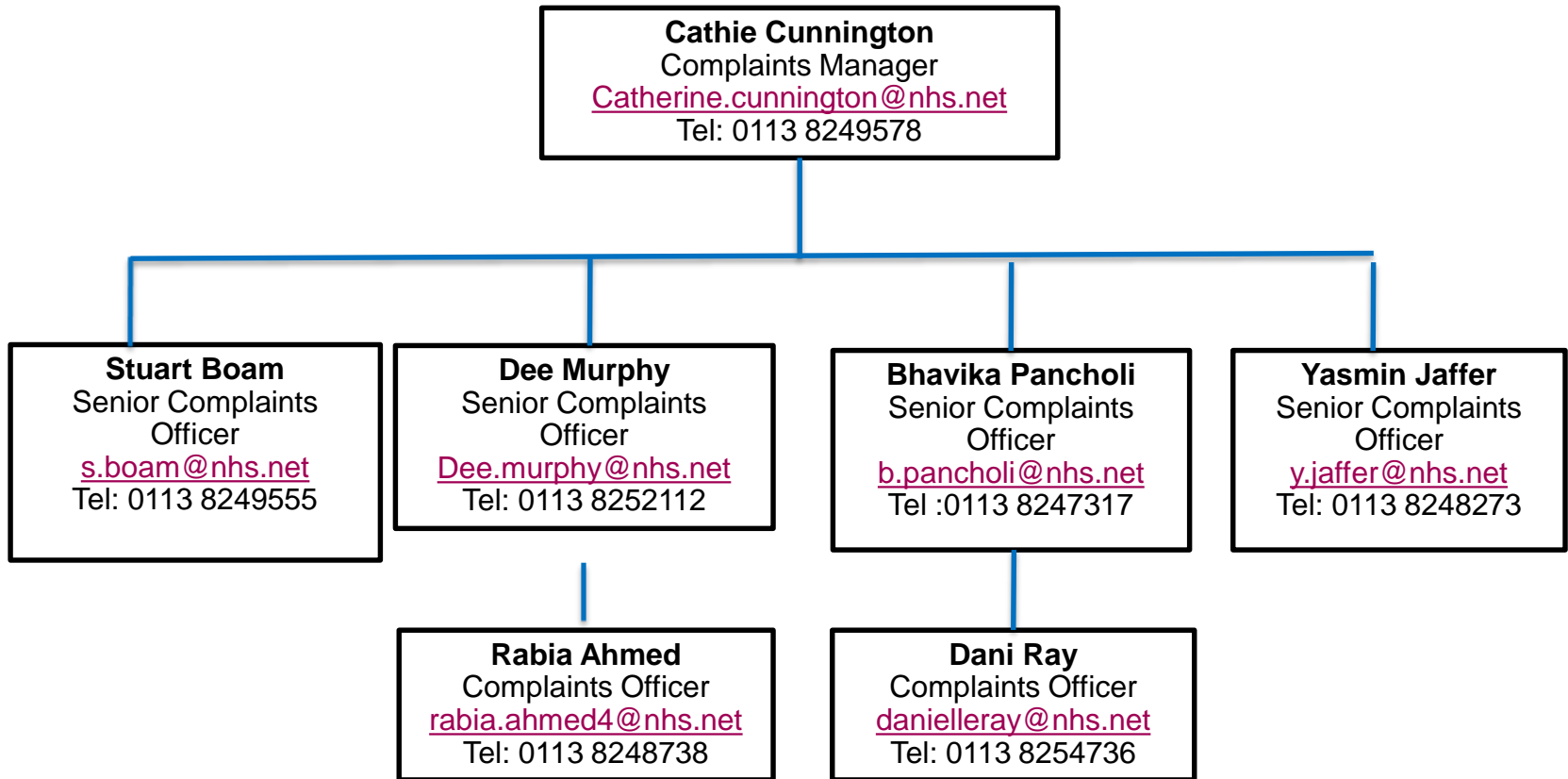
# Responding to Complaints

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# 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.

**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, explains 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 and offer the option of a meeting.**

## Poor Practice Response

I would like to offer our sincere condolences at the loss of your husband. Thank you for contacting NHS England highlighting issues you would like the Practice to investigate. Having reviewed your husband's records please see the findings below:-

**Your husband attended the surgery on 3<sup>rd</sup> April 2018 when he thought he was having a stroke.** The GP who assessed, has recorded that there was occasional coldness and numbness in his fingers where she considered Raynaud's. There was no weakness or loss of sensations noted. Your husband reported feeling dizzy and light headed and said that his BP was usually high. The GP completed a neurological examination including cranial nerves, gait, power, tone and reflexes. At that presentation the GP prescribed medications for his raised blood pressure and advised review if symptoms continued. He was seen again on 24<sup>th</sup> April when it was recorded that he had a cold patch under his left eye. The doctor recorded that if facial sensation was not improving in 2 weeks to review and consider neurology referral. He was seen by the same doctor who assessed him at the original appointment on 15<sup>th</sup> May 2018. Although his blood pressure medication was reviewed, he was assessed and a referral was completed to neurology. This was sent on 16<sup>th</sup> May 2018.

**Between 3<sup>rd</sup> April 2018 and the 23<sup>rd</sup> September 2018 there was no continuity in terms of the care provided by the Practice and he was constantly being seen by locums.** Your husband was seen a total of 3 occasions from April to the neurology referral being arranged on 15<sup>th</sup> May. This was by a salaried doctor and by a locum doctor who had worked with us for over 2 years. A patient's record is comprehensive to enable continuity of care, irrelevant of the clinician treating the patient.

**You would like to an explanation as to why there was a delay in the neurological referral being sent to the hospital –** According to the records, your husband was seen on the 15<sup>th</sup> May and the referral to neurology was made on 16<sup>th</sup> May 2018. We understand that due to delays at Lincoln a second referral was made on 5<sup>th</sup> June. An earlier appointment was identified at Harrogate hospital.

**Your husband considered he had mental health problems as a result of the lack of continuity of care by the practice and the delayed referral leading to his diagnosis of glioblastoma multiforme –** We are sorry your husband attributed his symptoms to mental health problems.

We appreciate that the speed of deterioration of your husband's condition leading to his death is devastating to you and your family. We are very sorry for your loss and send our heartfelt condolences to you and your family.



# HOT TOPIC





# **Removal From Practice List**

**8 Day Removal**

**30 Day Removal**

**Immediate Removal (SAS)**

[\*\*http://www.gplaw.co.uk/chapters\*\*](http://www.gplaw.co.uk/chapters)

**David Locke QC**

# **Advocacy Services**

## **POhWER NHS Complaints Advocacy**

This service is free, impartial and independent for people wishing to complain, or have already complained, about services provided by the NHS.

Complainants can contact POhWER on 0300 456 2370.

# 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

