ELY BRIDGE SURGERY

COMPLAINTS AND CONCERNS POLICY

1.Policy Statement

Ely Bridge Surgery is committed to providing safe, effective, compassionate and high-quality healthcare to all patients.
We recognise that, despite our best efforts, there may be occasions when patients, relatives or carers are dissatisfied with the services we provide.
We welcome complaints, concerns, comments and suggestions as an important opportunity to understand patients' experiences, identify areas for improvement and enhance the quality of care.
All complaints will be treated seriously, sensitively, fairly and confidentially. Patients will not be discriminated against or treated less favourably as a result of raising a complaint.
The practice is committed to following the NHS Wales Listening to People complaints process and relevant statutory requirements.

2. Purpose
The purpose of this policy is to:

- Provide a clear and accessible process for raising complaints and concerns.
- Ensure complaints are acknowledged, investigated and responded to appropriately.
- Treat patients and their representatives with dignity, respect and compassion.
- Resolve concerns as quickly as possible.
- Ensure complaints are handled fairly, objectively and without prejudice.
- Identify learning opportunities and implement improvements.
- Promote openness, transparency and accountability throughout the practice.

3. Scope
This policy applies to all employees and healthcare professionals working at or providing services through Ely Bridge Surgery, including:

- GP Partners and salaried GPs.
- Practice nurses and healthcare assistants.
- Practice Manager and administrative staff.
- Receptionists and care navigators.
- Locum doctors and temporary staff.
- Other staff working within the practice.

The policy covers complaints relating to NHS services provided by the practice, including:

- Clinical treatment and medical care.
- Access to appointments.

- Telephone and online consultations.
- Reception and administrative services.
- Prescriptions and medication management.
- Communication and customer service.
- Staff attitude or behaviour.
- Delays, referrals and follow-up arrangements.
- Confidentiality and information handling.
- Practice policies and procedures.

Where a complaint relates to another organisation or service, the practice will explain the appropriate route and, where possible, assist the patient in contacting the relevant organisation.

4. Principles of Complaints Handling

Patients can raise concerns verbally, in writing, electronically or through an appropriate representative.
The patient's experience, individual needs and desired outcome will be considered throughout.
Complaints will be acknowledged and progressed within the applicable NHS Wales timescales.
All parties will have an opportunity to provide information and have their views considered.
Information will only be shared with individuals who need it to manage or investigate the complaint.
Patients will receive clear explanations and honest communication.
Lessons learned will be used to improve services and patient experience.

5. How to Make a Complaint

Patients are encouraged to raise concerns as soon as possible.
Complaints can be submitted through any of the following methods:
In person - Speak to a member of staff or request to speak with the Practice Manager.
In writing -
The Practice Manager
Ely Bridge Surgery
23 Mill Road, Ely
Cardiff
CF5 4AD
By email – to Practice.manager.w97040@wales.nhs.
Patients should provide, where possible:

- Their full name and contact details.
- Details of the concern or complaint.
- Relevant dates and individuals involved, if known.
- What outcome or resolution they would like to achieve.

Patients will not be required to complete a formal complaint form to have their concerns considered.

6. Who Can Make a Complaint?

A complaint may be made by:

- A current or former patient.
- A parent or guardian on behalf of a child.
- A person authorised to act on behalf of a patient.
- A relative, carer or representative where appropriate.
- A person affected by the actions or decisions of the practice.

Where someone makes a complaint on behalf of another patient, the practice will establish whether the patient has given consent or whether the representative has an appropriate legal basis to act.
The practice will respect patient confidentiality and will not disclose personal medical information without appropriate authority.
Where a patient lacks capacity to make a complaint themselves, the practice will consider the appropriate arrangements for representation in accordance with relevant legislation and guidance.

7. Complaints Handling Procedure
The practice follows the NHS Wales Listening to People process.
Stage 1 – Receipt and Acknowledgement
Upon receiving a complaint:

1. The complaint will be recorded in the practice complaints register.
2. The Practice Manager or designated complaints lead will be notified.
3. The patient will receive acknowledgement within five working days.
4. A named contact will be identified to support the patient throughout the process.
5. The patient will be offered a listening discussion.

The listening discussion may take place face-to-face, by telephone or by video call.
Patients may decline the offer. Where this happens, the practice will record the decision and confirm the next steps in writing.

Stage 2 – Listening Discussion
The purpose of the listening discussion is to understand the patient's experience and establish how the practice can best address their concerns.
During this discussion, the practice will:

- Listen carefully and respectfully.
- Allow the patient to explain their concerns without interruption.
- Clarify the issues being raised.
- Identify the outcome the patient would like to achieve.
- Establish any communication or accessibility requirements.
- Explain the complaints process and anticipated timescales.
- Offer information about independent advocacy and support.
- Agree the proposed next steps.

A written record of the discussion will be maintained.
Stage 3 – Early Resolution
Where appropriate, the practice will attempt to resolve complaints through early resolution.
This may include:

- Providing an explanation.
- Offering an apology where appropriate.

- Correcting an administrative error.
- Reviewing an appointment or referral issue.
- Clarifying a clinical decision.
- Arranging further communication with an appropriate clinician.
- Taking immediate corrective action.

The early resolution period must not exceed 10 working days from acknowledgement.
Where the concern cannot be resolved through early resolution, or requires a more detailed investigation, it will progress to formal investigation in accordance with the NHS Wales process.

Stage 4 – Formal Investigation

Where a formal investigation is required, the Practice Manager will coordinate an appropriate and proportionate investigation.
This may include:

- Reviewing relevant clinical records.
- Reviewing appointment and telephone records.
- Obtaining written statements from staff.
- Speaking with clinicians and other relevant employees.
- Reviewing relevant practice policies and procedures.
- Identifying whether appropriate clinical and administrative processes were followed.
- Considering whether any patient safety concerns or duty of candour requirements arise.

Where a complaint concerns a GP Partner or the Practice Manager, an appropriate independent or alternative investigator will be considered to ensure impartiality.
The investigation will be conducted objectively and with due regard to the rights of both the complainant and staff members involved.
The patient will be kept informed of progress, any delays and the expected date of response.

Stage 5 – Final Response

Following the investigation, the practice will provide a clear written response.
The response will include:

- A summary of the complaint.
- The issues investigated.
- The findings of the investigation.
- An explanation of the outcome.
- An apology where appropriate.
- Details of any actions taken or planned.
- Lessons identified and improvements to be implemented.
- Information about further support and escalation options.

Clinical explanations will be written in clear, understandable language, avoiding unnecessary medical terminology.
The practice will ensure that the response is proportionate to the concerns raised and complies with the applicable NHS Wales requirements.

8. Time Limits for Making a Complaint

Complaints should normally be raised within 12 months of the event occurring or the date on which the patient became aware of the issue.

The practice may consider complaints submitted outside this period where there are reasonable grounds for the delay and it remains possible to investigate fairly.
The Practice Manager will consider each case individually.

9. Confidentiality and Data Protection
All complaints will be handled in accordance with:

- UK GDPR.
- Data Protection Act 2018.
- Common law duty of confidentiality.
- Relevant NHS Wales information governance requirements.

Complaints documentation will be stored securely and separately from routine clinical records where appropriate.
Access will be restricted to authorised individuals involved in managing, investigating or overseeing the complaint.
Where relevant, information from a complaint may be recorded in the patient's clinical record to ensure continuity and safety of care.
The practice will ensure that personal information is not disclosed inappropriately during the investigation.

10. Support for Patients and Advocacy
Patients will be informed of their right to receive independent support when raising a complaint.
The independent complaints advocacy is provided by Llais.
Llais can provide free and confidential support to individuals wishing to raise concerns about health and social care services.
Patients may contact:
Llais
Website: https://www.llaiswales.org/
Patients who require additional support due to disability, language barriers, communication difficulties or other accessibility needs will be offered reasonable assistance.
Information can be provided in alternative formats where required.

11. Complaints About Clinical Care
Where a complaint relates to clinical treatment, diagnosis, prescribing, referral or medical advice, the relevant clinician will be asked to contribute to the investigation.
The investigation will consider:

- Whether the care provided was appropriate.
- Whether relevant clinical guidance was followed.
- Whether decisions were adequately documented.
- Whether communication with the patient was appropriate.
- Whether any further clinical review or action is required.

Where a patient safety incident is identified, the practice will consider whether it should also be managed through the relevant patient safety reporting and investigation arrangements.
Complaints handling will not replace any separate statutory responsibilities, including the NHS Wales Duty of Candour where applicable.

12. Complaints Involving Staff
Complaints involving individual members of staff will be handled sensitively and confidentially.
Staff members will:

- Be informed of the concerns relevant to them.
- Be given an appropriate opportunity to provide their account.
- Be treated fairly and respectfully.
- Be supported throughout the process.
- Have access to appropriate management or professional support.

The practice will ensure that complaints are not automatically treated as evidence of misconduct.
Where a complaint raises concerns about professional conduct, performance or patient safety, appropriate internal procedures and professional guidance will be followed.

13. Anonymous Complaints
Anonymous complaints will be considered where sufficient information is provided to allow an investigation.
The practice will assess the seriousness of the concerns and determine whether further action is necessary.
Where the complainant cannot be identified, it may not be possible to provide an individual response.
However, any learning opportunities identified will be considered and acted upon where appropriate.

14. Unreasonable or Persistent Complaints
The practice recognises that patients may become frustrated or distressed when raising concerns.
Staff will always aim to respond professionally and compassionately.
However, the practice reserves the right to manage unreasonable, abusive or persistently repetitive behaviour where it affects staff wellbeing or prevents the complaints process from progressing.
Any restrictions or decisions will be proportionate, justified and carefully documented.
Raising a complaint will never, in itself, be considered grounds for removing a patient from the practice list.
The practice's separate zero-tolerance policy will apply where behaviour involves abuse, threats or violence.

15. Escalation of Complaints
If a patient remains dissatisfied with the way their concern has been handled, they will be informed of the appropriate escalation routes.
Patients may seek assistance from:
Cardiff and Vale University Health Board's Concerns Team.
They may also contact:
Public Services Ombudsman for Wales
Website: https://www.ombudsman.wales/
Telephone: 0300 790 0203

The Ombudsman can consider complaints about public services in Wales, subject to its jurisdiction and usual requirements.
Patients may also seek independent advice and advocacy through Llais.
The practice will provide appropriate information about these options in its final response.

16. Recording and Monitoring Complaints
The Practice Manager will maintain a complaints register.
The register will include:

- Date the complaint was received.
- Name of complainant, where available.
- Nature and category of complaint.
- Staff or services involved.
- Date acknowledged.
- Listening discussion offered and outcome.
- Actions and investigation undertaken.
- Date of final response.
- Outcome and lessons identified.
- Any improvement actions required.

The register will be reviewed regularly to identify recurring issues, emerging risks and opportunities for improvement.
Confidentiality and data protection requirements will be maintained throughout.

17. Learning and Continuous Improvement
The practice is committed to using complaints constructively.
Lessons identified may result in:

- Staff training and development.
- Changes to administrative procedures.
- Improvements to appointment systems.
- Better communication with patients.
- Changes to clinical processes.
- Reviews of practice policies.
- Improvements to patient access and experience.

The Practice Manager will monitor agreed actions to ensure that improvements are implemented and evaluated.
Significant concerns and recurring themes will be discussed at appropriate practice meetings and clinical governance meetings.