

COMPLAINTS POLICY

Document Revision and Approval History

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1.0	Created March 2023	Nithyam Patel	Partners on 01/04/23 Dr A Tripathi Dr S Tripathi	New document to comply with new CQC registration. Next review date: March 2024
1.1	March 2024		Partners on 20/03/24 Dr A Tripathi Dr S Tripathi	Next Review Date: March 2025
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Complaints and Being Open Policy

The Jersey Practice

1. Purpose

The Jersey Practice is committed to providing safe, effective, caring and responsive services. We recognise that complaints are a valuable source of feedback and learning and are managed in line with the **NHS Complaints Regulations (2009)** and **CQC guidance**.

A complaint is defined as *any expression of dissatisfaction requiring a response*.

2. Scope

This policy applies to all patients, former patients, carers, representatives and all staff working at or on behalf of the Practice.

3. Patient Awareness and Rights

The Practice will take reasonable steps to ensure patients are aware of:

- How to make a complaint to the Practice
- Their right to complain directly to NHS England (or relevant successor body)

- Their right to escalate unresolved complaints to the **Parliamentary and Health Service Ombudsman (PHSO)**
- Their right to support from independent advocacy services, including **PALS and ICAS**

Information is available in accessible formats on request.

4. Who May Complain

Complaints may be made by:

- A patient or former patient
- A person authorised to act on a patient's behalf
- A parent, guardian or authorised representative of a child
- A relative or carer acting in the best interests of a patient lacking capacity

Consent will be obtained where required.

5. How to Make a Complaint

Complaints may be made verbally or in writing and will be handled sensitively and without discrimination. Reasonable adjustments will be made to support patients with additional needs. For a patient wanting to officially complain we would ask them to put their complaint in writing either on paper or via email (jerseypractice@nhs.net)

The **Quality Assurance Manager** is the designated **Complaints Manager** and will involve the Registered Manager/GP Partners and relevant clinicians as appropriate.

6. Timescales

- Complaints should normally be made within **12 months** of the incident or when it became known to the complainant
- Written acknowledgement will be sent within **3 working days**
- A full written response will usually be provided within **14 working days**
- Where this is not possible, the complainant will be kept informed and given a revised timescale
- Extensions may be granted where there is good reason and a fair investigation remains possible

7. Investigation and Response

The Practice will ensure complaints are:

- Investigated fairly, proportionately and promptly
- Managed in a coordinated way where multiple organisations are involved
- Responded to in writing with:
 - A clear summary of issues raised
 - Findings and conclusions
 - Actions taken and learning identified
 - An apology where appropriate (in line with the statutory Duty of Candour)
 - Information on how to escalate the complaint if dissatisfied

8. Unreasonable or Persistent Complaints

The Practice recognises the right to complain but will take proportionate action where behaviour becomes unreasonable. Measures may include:

- Nomination of a single senior contact
- Restricting method or frequency of communication
- Refusing to re-investigate matters that are closed

Any restrictions will be clearly communicated and documented.

9. Confidentiality and Records

- All complaints are handled in strict confidence
- Complaint records are stored securely and **separately from medical records**
- Patients will be informed if their medical information must be shared outside the Practice as part of an investigation

10. Annual Review and Governance

An annual complaints report will be produced to support **clinical governance and CQC Well-Led requirements**, including:

- Number and type of complaints
- Outcomes and learning

- Changes to practice or procedures
- Referrals to the Ombudsman

This report is available on request.

Being Open, Duty of Candour and Patient Safety Incidents

The Practice complies with the **statutory Duty of Candour** and follows NHS “Being Open” principles.

When a patient safety incident occurs, the Practice will:

- Acknowledge the incident promptly
- Offer a sincere apology where appropriate
- Provide clear, honest and timely information
- Involve the most appropriate senior clinician in discussions
- Maintain ongoing communication and support
- Investigate incidents using Significant Event Analysis
- Focus on learning and system improvement rather than blame

Patients will continue to receive care with dignity, respect and compassion throughout the process.

Staff Support and Blame-Free Culture

The Practice promotes a **just and learning culture**, encouraging staff to report incidents openly. Staff will be supported throughout investigations, while recognising professional accountability and regulatory responsibilities.

Review

This policy will be reviewed annually or sooner if required by changes to legislation, NHS England guidance or CQC requirements.