



Contents – POLICIES CONCERNING PATIENTS

<u>Chaperone Policy</u>	<u>Page 2</u>
<u>Equal Opportunities/Anti Discrimination (service Provision) Policy</u>	<u>Page 4</u>
<u>Patient Dignity & Respect Policy</u>	<u>Page 6</u>
<u>Notifying the CQC of Allegations of Abuse</u>	<u>Page 8</u>
<u>Policy for Removal of Patients from The Practice List</u>	<u>Page 12</u>
<u>Violence & Aggression Policy</u>	<u>Page 19</u>
<u>How to Make a Complaint</u>	<u>Page 21</u>



CHAPERONE POLICY

INTRODUCTION

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients in making an informed choice about their examinations and consultations.

GUIDELINES FOR CLINICIANS

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

- The clinician should give the patient a clear explanation of what the examination will involve.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- Ensure that a suitable sign is clearly on display in each consulting or treatment room offering the chaperone service if required.

This should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone. Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.

Complaints and claims have not been limited to male doctors with female patients; there are many examples of alleged homosexual assault by female and male doctors. Consideration should also be given to the possibility of a malicious accusation by a patient.

There may be rare occasions when a chaperone is needed for a home visit.



WHO CAN ACT AS A CHAPERONE?

Only those with an up to date DBS checks and who have completed Chaperone training can be chaperones. Currently the GPs, nurses plus the following admin staff: Ashley Harrington, Eric Louarn, Carolina Polachini, Jenny Shah, Beverley Bogle, Leslie Hunting and Amy Moran meet these criteria. All new staff should complete the Chaperoning module within 3 months of starting.

Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination.

Where suitable clinical staff members are not available, the examination should be deferred.

CONFIDENTIALITY

- The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.
- Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

PROCEDURE

- The clinician will contact a nurse to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.



- The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.
- The chaperone will make a record in the patient's notes after examination. The record will state that there were no problems, or give details of any concerns or incidents that occurred.
- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record.



Equal Opportunities/Anti-Discrimination (service provision) Policy

Introduction

The term 'visitor' used below refers to anyone making use of The Practice premises and services. This includes patients and their family members, other visitors and contractors.

Exception:

Employees for whom the Equal Opportunities/Anti-Discrimination (Employment) Policy applies.

The Practice:

- Will ensure that all visitors are treated with dignity and respect.
- Will promote equality of opportunity between men and women.
- Will not tolerate any discrimination against, or harassment of, any visitor for reason of age, sex, marital status, pregnancy, race, ethnicity, disability, sexual orientation, religion or belief.
- Will provide the same treatment and services (including the ability to register with The Practice) to any visitor irrespective of age, sex, marital status, pregnancy, race, ethnicity, disability, sexual orientation, religion or belief.

Applicability

This Policy applies to the general public, including all patients and their families, visitors and contractors.

Procedure

1. Discrimination by The Practice against you:

If you feel discriminated against:

- You should bring the matter to the attention of The Practice Manager.
- The Practice Manager will investigate thoroughly & confidentially within 5 working days.
- The Practice Manager will establish the facts and decide whether discrimination has taken place.
- You will be advised of the outcome of the investigation within 10 working days.

If you are not satisfied with the outcome, you should raise a formal complaint through The Practice Complaints Procedure.



2. Discrimination against The Practice staff

The Practice will not tolerate any form of discrimination or harassment of our staff by any visitor.

Any visitor, who expresses any form of discrimination against, or harassment of, any member of our staff, will be required to leave The Practice premises forthwith.

If the visitor is a patient, he/she may be removed from The Practice list if any such behaviour occurs on more than one occasion.



Patient Dignity and Respect Policy

Purpose

Ashville Surgery is committed to promoting an environment which provides both support and the on-going well-being of patients.

The Practice Dignity and Respect Policy is based on the principles of excellent staff management and ethical behaviour which underpins The Practice values in providing patients with an environment centred upon self-respect, tolerance and support.

This Dignity and Respect Policy applies to all patients at The Practice. All staff members, including agency workers, are expected to comply with the requirements of this policy.

This Dignity and Respect Policy enables The Practice Manager and GP Partners to be both proactive and reactive with regard to situations that could compromise a patient's dignity.

The policy aims to give support to all persons connected with a suspected breach of The Practice rules (this includes the complainant and the respondent) and explains The Practice response to all such complaints.

All staff members have a personal and legal responsibility to comply with this policy on practice premises or in other locations relating to Ashville Surgery.

The Practice Manager and GP Partners have a responsibility to ensure that all complaints are fully investigated in accordance with The Practice Complaints Procedure, and to ensure that all staff members, both permanent and temporary, are made aware of this policy.

The Practice also follows the guidelines suggested in the revised version of the GMC document.

'Raising and acting on concerns about patient safety.'

A copy of which can be downloaded here: <https://www.gmc-uk.org/concerns>



Scope

This policy is intended to provide a framework to promote dignity and respect within Ashville Surgery based on the following standards:

- Ensure that patients are treated with dignity and respect at all times.
- Support a working environment based on principles of tolerance and support.
- Ensure that particular attention is paid to treating patients with dignity and respect where any form of abuse has occurred
- Continuously promote good relations to the benefit of all;
- Respect and value diversity and contrasting opinion;
- Facilitate a culture whereby patients feel confident to report suspected breaches of this policy, and to believe appropriate action will be taken against perpetrators where necessary.



Notifying the CQC of allegations of abuse

The Practice Manager at The Practice is responsible for notifying the CQC without delay about allegations of abuse including:

- **Any suspicion, concern or allegation from any source that a person using the service has been or is being abused, or is abusing another person (of any age), including:**
 - a) Details of the possible victim(s), where this is known, including:
 - b) A unique identifier or code for the person.
 - c) The date they were, or will be, admitted to the service.
 - d) Their date of birth.
 - e) Their gender.
 - f) Their ethnicity.
 - g) Any disability.
 - h) Any religion or belief.
 - i) Their sexual orientation.
 - j) All relevant dates and circumstances, using unique identifiers and codes where relevant.
 - k) Anything you have already done about the incident.
 - A unique identifier or code for the actual or possible abusers, together with, where it is known:
 - ❖ The personal information listed in a) > k) above.
 - ❖ Their relationship to the abused person.
 - A unique identifier or code for any person who has or may have been abused by a person using the service, together with (where known):
 - ❖ The same personal information listed in a) > k) above.
 - ❖ Their relationship to the abused person.
 - The person who originally expressed the suspicion, concern or allegation (using a unique identifier or code).
- **In relation to where the alleged or possible victim of abuse is an adult the notification must include details of the allegation, including:**
 - Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
 - Whether the allegation has been reported to local multi-agency safeguarding arrangements and/or the police.
 - The type of abuse (using the categories in the Department of Health document **link below*)
 - Anything the registered person has done as a result of the allegation.



* <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

- **In relation to where the alleged or possible victim of abuse is a child or young person under 18 years, the notification must include details of the allegation, including:**
 - Any relevant dates, witnesses (using unique identifiers or codes) and circumstances.
 - The date the allegation was notified to the police, local safeguarding children board and the strategic health authority or other agencies (where appropriate).
The type of abuse
 - (using the categories in the Department for Children, Families and Schools document Working Together).
 - Anything the registered person has done as a result of the allegation.

Where the Registered Person is unavailable, for any reason, Alex Ryan will be responsible for reporting the allegation to the CQC.

There is a dedicated Notification form for this type of incident. The form is contained in the ***Outcome 20 doc 'Notification of Other Incidents – Outcome 20 Composite Statements and Forms'***

Policy

General

- A notice will be displayed in reception to offer the facility of a private chaperone during consultations, if required.
- A hearing loop must be installed and operational at all times, and staff members trained in its use.
- During staff work-related conversations, patients will be referred to with respect and the subject matter discussed confidentially, regardless of where the discussion takes place in The Practice.
- The Practice will not under any circumstances, stereotype patients based on pre-formed, perceived opinions.
- Conversations about patients must not take place with other staff members outside The Practice at any time.
- Conversations about patients must never take place between staff members and non-staff members.



During Consultations

- Patients will be allowed to choose whether they see a male or female clinician, where available. Where their first choice is not readily available, they may wait until their chosen clinician becomes available.
For urgent cases, patients will be encouraged to see an appropriate clinician to ensure that 'best and prompt care' is undertaken.
- A chaperone will normally be available where an examination is to take place, if necessary.
- Patients whose first language is not English may have a family member or friend present to interpret or assist, however we encourage whenever possible, use of professional interpreters.
- Where an intimate examination is considered necessary for a patient with difficulty in understanding due to issues such as English not being their first language or consent or cultural issues, it is recommended that a chaperone, family member or carer should be present.
- Patients will only be requested to remove the minimum amount of clothing necessary for the examination.
- Patients will normally be able to dress and undress behind a screen. Patients using this facility will be requested to advise the clinician when they are ready to be seen.
- Areas used by patients for dressing/undressing will be secure from interruption or from being overlooked (i.e. no unlocked door to any other room or passageway that is not occupied by the clinician taking the consultation).
- Washing facilities will be offered to any patient, if required.
- Under no circumstances are staff to enter a closed consultation room or treatment room without knocking and receiving permission to enter from the clinician conducting the consultation.
- Patients will be given as much time and privacy as is required to take on-board any 'bad news' given by a GP. Where possible, clinical staff will anticipate this need and leave sufficient time between appointments, as necessary.



- Patients will be given adequate time and privacy for the provision of any required samples on the premises without feeling any time pressures or other constraints.
- Patients' 'personal space' should not be compromised where at all possible.
- Clinical staff will be sensitive to patient needs and will ensure patients are comfortable in complying with any requests during the consultation.
- Communication between clinicians and patients will be personalised to each individual patient, taking into account any disability or difficulty they may have.
- Clinicians conducting a consultation in a patient's home will be sensitive to the location, surroundings and any other persons present who could potentially overhear matters discussed.

Post-Consultations

- Clinicians and staff will respect the dignity of patients and will not discuss issues arising from the above procedures unless in a confidential clinical setting appropriate to the care of the patient.
- Clinicians and staff will continue to be respectful of the patient, even when the patient is not there.



POLICY FOR REMOVAL OF PATIENTS FROM THE PRACTICE LIST

INTRODUCTION

There may be circumstances when it would be considered reasonable, or in the best interests of the patient, to remove patients from the list. The purpose of this policy, therefore, is to define The Practice guidelines for removal of a patient from The Practice list and to ensure that any concerns about removing patients from the list are dealt with fairly.

SITUATIONS WHICH JUSTIFY REMOVAL

Violence

When a patient:

- Is physically violent or threatening towards a GP, Practice staff or other patients on The Practice premises.
- Causes physical damage to The Practice premises or other patient's property.
- Gives verbal abuse or makes threats towards GPs, Practice staff or other patients.
- Gives racist abuse, orally or physically.
- Is violent or uses or condones threatening behaviour to GPs (or some other members of the primary health care team) while visiting the patient's home. Such behaviour may involve the patient, a relative, a household member, or pets (such as unchained dogs).

Crime & Deception

Where a patient:-

- Fraudulently obtains drugs for non-medical reasons.
- Deliberately lies to a GP or other member of the primary health care team (e.g. by giving a false name or false medical history) in order to obtain a service or benefit by deception.
- Attempts to use a GP to conceal or aid any criminal activity.
- Steals from The Practice premises.

Distance

- Where a patient has moved out of the designated Practice area and has failed to register with another GP. Please note: patients living out of the area can still remain registered with The Practice. However, they will be asked to sign a disclaimer form acknowledging that they will no

longer be eligible for a GP Home Visit in the event of an emergency. We advise all patients that if they have chronic health conditions that it may be appropriate for them to register with a more local practice.

Embarkation

- Where a patient has moved abroad for a period of 3 months or more.

Failure to attend pre-booked appointments

- Where a patient fails to attend pre-booked appointments on a number of occasions during a given period.

Irretrievable Breakdown of the Doctor-Patient Relationship

- Where a patient's behaviour falls outside of that which is normally considered reasonable and leads to an irretrievable breakdown of the doctor-patient relationship

PROCEDURE FOR REMOVAL

Violence / Crime and Deception

Any incident involving violence, crime or deception will be reported to The Practice Manager, who will complete an incident report and bring to the attention of The Practice Partners.

Each individual case will be discussed at a Practice Meeting and a majority agreement will be reached.

Following agreement, the registered GP will write to the patient and explain the reasons for removal.

The exception to this is where a patient has to be reported to the police for violent behaviour towards any member of The Practice staff when s/he may be immediately removed.

Draft warning to a patient that breaks protocol:

Draft warning letter to patient with regard to abusive behaviour

Date

Dear



This is to inform you that your abusive/aggressive behaviour on [date] at [place] is unacceptable to The Practice.

Please treat this letter as a formal warning that any such behaviour in the future will not be tolerated. Any repetition of abusive/aggressive behaviour may/will result in you being removed from this Practice Patient List and you will be required to register elsewhere.

Yours sincerely
Embarkation

On notification that the patient has moved abroad the patient will be removed from The Practice List within 3 months of that notification.

Failure to attend pre-booked appointments

If a patient fails to attend a pre-booked appointment on more than two occasions in one year, a warning letter will be sent to the patient, advising them that a further occurrence could result in removal from The Practice.

Warning letters are valid for a period of 12 months. Removal based on warnings greater than 12 months old will be invalid – in this case a further formal warning and period of grace will be required.

If the patient fails to attend another appointment, the matter will be discussed at a Practice Meeting and a majority agreement will be reached as to whether the patient will be removed from The Practice List.

Following agreement, the GP will write to the patient and explain the reasons for removal.

Guidance on removing patients due to irretrievable breakdown of the doctor - patient relationship.

Occasionally, patients persistently act inconsiderately and their behaviour falls outside that which is normally considered to be reasonable.

In such circumstances there may be a complete breakdown in the doctor-patient relationship.

Steps to be taken within The Practice

- Inform all appropriate members of The Practice about the problem.
Explore possible reasons for the patient's behaviour at a Practice Meeting (e.g. cultural differences, mental illness, and personality disorder).

Steps to be taken with the patient



- Inform the patient, either personally or in writing, that there is a problem.
- Explain the nature of the problem to the patient.
- Obtain the patient's perspective and interpretation of the situation.
- Obtain advice from a Medical Defence Society.

Steps to be taken if discussion fails to resolve the problem

- Suggest that another GP within The Practice might better suit the patient's needs. Instigate the removal process. Inform the appropriate Health Authority in writing of your decision.
- Inform the patient in writing of the decision and the reason for removal from the list.
- Explain to the patient that he or she will not be left without a GP.
- Give the patient information on how to register with another GP.

Responsibility

Policy implementation & monitoring rests with Practice Partners &/or The Practice Manager.

The Practice re-affirms its commitment to do everything possible to protect staff, patients and visitors from unacceptable behaviour and operates a zero tolerance policy with regard to any incident that results in hurt, alarm, damage or distress.

General Practice-initiated (non-urgent) removal

You will recall I wrote to you on [Insert date of initial warning letter] warning you that The Practice would remove you from the patient list should there be a recurrence of [the event/behaviour/incident].

I regret to note that this previous warning does not appear to have resolved this issue and as a result I must advise you that you have been removed from The Practice list.

The principle reason/s:

[Insert a brief and concise statement of the reason for removal].

e.g. 'Repeated failure to attend pre-booked appointments'

This removal takes immediate effect/is effective [edit as appropriate] from [insert date].

You are advised to register elsewhere for medical services and for your information, the address /s) of other practices within the area can be found by searching for local GPs on nhs.uk.



APRIL 2024

Alternatively, in the event of any difficulty, you may contact the NWL ICB:

<https://www.nwlondonicb.nhs.uk/contact-us/patient-feedback-and-complaints/primary-care-complaints>

Yours sincerely

The Partners



VIOLENCE AND AGGRESSION POLICY

The purpose of this policy is to address instances of unacceptable behaviour which may cause harm or the fear of harm to any person within The Practice.

The scope of this policy is therefore:

Instances of violence or aggression committed by:

- Any person, whether patient, visitor or any other person working within The Practice.

Against:

- Any patient, visitor, or other person working within The Practice.

DEFINITION

Violence and aggression are defined as:

- Violence is the use of force against a person and has the same definition as 'assault' in law. (i.e. an attempt, offer or application of force against the person).
This would cover any person unlawfully touching any other person forcefully, spitting at another person, raising fists or feet or verbally threatening to strike or otherwise apply, or threaten to apply, force to any person.
- Aggression is regarded as threatening or abusive language or gestures, bullying, sexual harassment or behaviour, sexual or racial or derogatory remarks, shouting at any person or applying force to any Practice property or the personal property of any person on The Practice. This would include people banging on desks or counters or shouting loudly in an intimidating manner.

WHAT TO DO

If violence and aggression is encountered:

- In the first instance a member of the staff should ask the perpetrator to stop behaving in an unacceptable way. Sometimes a calm and quiet approach will be all that is required. Staff should not in any circumstances respond in a like manner.



- Should the person continue with their behaviour, the GP or The Practice Manager should be asked to attend and the member of staff should explain calmly what has taken place, preferably within hearing of the perpetrator.
- If the person is acting in an unlawful manner, causes damage, or actually strike another, then the police should be contacted immediately.
- Should it prove necessary to remove the person from The Practice, then the police should be called and staff should not, except in the most extreme occasions, attempt to manhandle the person from the premises.
- If such a course of action proves necessary, then those members of staff involved must complete a written note of the incident, detailing in chronological order what has taken place and the exact words used prior to leaving the building at the end of their working day.
- The Practice will press charges against any person who damages or steals Practice property or assaults any member of staff or visitor/patient.

PROCEDURE FOLLOWING AN INCIDENT

- Review the incident with The Practice Partners in order to determine severity.
- Determine if the patient should be removed from The Practice List forthwith.
- Decide if a written warning should be given.
- Decide whether to take further action if the matter has been resolved by the advice already given.

The details of any incident, other than no further action, will be entered into the patient's permanent record or the employee's personal file.

Any employee or patient/visitor who receives any injury, no matter how small, should be included as an entry in The Practice Accident Book and should always be given strong advice to be examined by a GP before they leave the premises

Every violent incident involving staff will be reasonably supported by the provision of medical or other treatment as necessary and all incidents should be brought to the attention of The Practice Manager, if not already involved.

The Practice re-affirms its commitment to do everything possible to protect staff, patients and visitors from unacceptable behaviour and operates a zero tolerance policy with regard to any incident that results in hurt, alarm, damage or distress.



SUPPORT FOR EMPLOYEES SUBJECTED TO ABUSE

The Practice takes a serious view of any incidents of physical and verbal abuse against its employees and will support them if assaulted, threatened or harassed.

The first concern of managers after an incident is to provide appropriate debriefing and counselling for affected employees.

Depending on the severity of the incident, this counselling may be undertaken by trained professionals.

The Practice Manager will assist victims of violence with the completion of the formal record of the incident and where appropriate will report the incident to the police.

In the event of serious physical and verbal abuse patients will be removed from The Practice List.



ASHVILLE SURGERY: COMPLAINTS PROCEDURE

INTRODUCTION

This procedure sets out The Practice's approach to the handling of complaints and is intended as an internal guide which should be made readily available to all staff.

POLICY

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

- The complaints procedure.
- The role of NHS England and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the NHS England as an alternative to making a complaint to The practice, and to escalate to the Ombudsman where dissatisfied with the outcome.
- Their right to assistance with any complaint from independent advocacy services.

The principal method of achieving this is the Complaints Patient Information Leaflet and Ashville Surgery website.

The Complaints Manager for the Practice is Magnus Nelson, Practice Manager.
(In his absence: Carolina Polachini).

Complaints can be sent to: ashville.surgery@nhs.net or posted to: Ashville Surgery, Parsons Green Lane, London SW6 4HS

PROCEDURE

Receipt of complaints

The Practice may receive a complaint made by, or on behalf of a patient,) or former patient (with his/her consent) who is receiving or has received treatment at The Practice.

Complaining on behalf of someone else

Medical records are protected by the Data Protection Act 1998 and GDPR 2016.

If someone complains on behalf of someone else, we need to know that they have their permission to do so. A note signed by the person concerned is required unless they are incapable (i.e. due to illness) of providing this.



Or:

(a) Where the patient is a child:

- By either parent, or in the absence of both parents, the guardian or other adult who has care of the child.
- By a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989.
- By a person duly authorised by a voluntary organisation accommodating the child.
- By a relative or other adult who has an interest in his/her welfare, where the patient is incapable of making a complaint,

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 5 working days of receipt.

Patients are encouraged to complain in writing where possible. However, a patient can make a complaint by phone or face to face. The response to the patient should be made within 10 working days, or should the matter require a longer investigation, the patient should be provided with an update and an estimated timescale.

PERIOD WITHIN WHICH COMPLAINTS CAN BE MADE

The period for making a complaint is normally:

- (a) 12 months from the date the event, which is the subject of the complaint, occurred; or
- (b) 12 months from the date the event, which is the subject of the complaint, comes to the complainant's notice.

Complaints should normally be resolved within 6 months.

The Practice standard is 10 days for a response but some complaints may take longer to investigate and resolve, in which case the complainant will be informed of a revised timescale.

The Complaints Manager or lead GP has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager (or the Deputy Practice Manager if the Complaints Manager is unavailable), who must:



- Acknowledge in writing within the period of 3 working days from the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable.
- Include an offer to discuss the matter in person. The discussion will include agreement with the patient as to how they wish the complaint to be handled.
- Advise the patient of potential timescales and the next steps.
- Where the complaint is made verbally, a written record will be taken and a copy will be provided to the complainant.
- Ensure the complaint is properly investigated.
- Where the complaint involves more than one organisation, the Complaints Manager will liaise with his/ her counterpart to agree responsibilities and ensure that one coordinated response is sent.
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details.
- Provide a written response to the patient as soon as reasonably practical ensuring that the patient is kept up to date with progress as appropriate.
- Where a response is not possible within 10 working days, provide an update report to the patient with an estimate of the timescale.
- The final reply will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient.
- Contact will be limited to one method only (e.g. in writing).
- A time limit will be placed on each contact.
- The number of contacts in a time period will be restricted.
- A witness will be present for all contacts.
- Repeated complaints about the same issue will be refused.



- Correspondence regarding a closed matter, may be acknowledged but will not be actioned.
- Behaviour standards will be set.
- Irrelevant documentation will be returned.
- Detailed records will be filed.

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions where appropriate
- Where errors have occurred, these will be fully addressed with an explanation as to what measures will be put in place rectify, or prevent repetition.
- Focussing on fair and proportionate outcomes for the patient, including any remedial action or compensation.
- Provision of a clear statement that the response is the final one, or that further action or reports will be sent later.
- An apology or explanation as appropriate.
- Acknowledgment of the right to escalate the complaint, together with the relevant contact details.

Annual Review of Complaints

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen.

This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme ^[*].

This will include:

- Statistics on the number of complaints received.
- Justified/unjustified analysis.
- Known referrals to the Ombudsman.
- Subject matter/categorisation/clinical care
- Learning points
- Methods of complaints management.
- Any changes to procedure, policies or care which have resulted from a complaint or feedback

Confidentiality

All complaints must be treated in the strictest confidence



Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on his/her behalf, if the investigation will involve disclosure of information contained in those records to a person other than The Practice or an employee of The Practice.

The practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

If a Patient wishes to take their complaint further they can do this by:

- Telephone: 020 3350 4567 (This is an automated service. Please leave a message requesting a call back).
- E-mail: nhsnw.complaints@nhs.net
- Writing to us at: Complaints Manager, NHS North West London, 15 Marylebone Road, London NW1 5JD

If a member of the public wants to make a complaint directly to the provider of the primary care service, they still can – that does **not** change on the 1 July 2023.

Members of the public with ongoing complaints received on/after 1 July 2022 will receive a letter from NHS England informing them that NHS North West London is now handling their complaint with confirmation of their case handler.

Members of the public with any ongoing complaints received before 1 July 2022 will receive a letter from NHS England informing them that their complaint is being retained by NHS England with confirmation of their case handler.

The **NHS Complaints Advocacy Service** is a free independent service that guides patients through the complaints procedure.

Helpline number: 0300 330 5454.

Textphone number: 07860 022939

Health Service Ombudsman: 0345 0154 033.

Website: www.ombudsman.org.uk