

## COMPLAINTS POLICY

Version:	6.0
Policy owner:	Quality Assurance Domain Lead
Date approved:	February 2022
Approved by:	Integrated Governance Committee
Review date:	February 2024
Target audience:	All staff

Linked documents (available on Sharedocs)

- Complaints Form (plus consent)
- Consent Form (third-party)
- Complaints Leaflet
- Incident Reporting Policy
- Duty of Candour/ Being Open Policy

Version Number	Issue Date	Revision from previous issue
3.0	November 2016	Response date changed from 10 to 28 days.
3.1	March 2017	Adding version control
3.2	May 2017	Walton Surgery added to header
3.3	August 2017	Walton surgery removed from header and CM&C Complaints leaflet added
3.4	12th May 2018	Patient Complaint Leaflet updated
4.0	July 2018	Full annual review <ul style="list-style-type: none"> <li>▪ Stages of complaints process clarified</li> <li>▪ Unreasonably persistent complainant guidance added</li> <li>▪ Management of complaints via Datix process added</li> </ul>
5.0	January 2020	Full review and changes to definition of a complaint Update to process including stages of complaint investigation.
5.1	July 2020	Minor review & clarification to stages of complaint procedure in sections 10.1 & 10.2
5.2	May 2021	Contact information for PHSO added in section 11
6.0	January 2022	Full review – no changes required

## CONTENTS

1	Introduction .....	3
2	Definition of a complaint .....	4
3	Who can complain? .....	5
4	Who may not complain? .....	6
5	Time limits for complaints .....	6
6	Who is responsible? .....	6
7	Complaints about more than one agency .....	6
8	Independent Advice (PALS & NHS Independent Complaints Advocacy Service).....	7
9	Conciliation Service .....	7
10	Stages in the complaints procedure.....	7
11	External Resolution of Complaints (Stage 3) .....	10
12	Record keeping .....	10
13	Dealing with a media enquiry.....	10
14	Learning lessons .....	10
15	Habitual or vexatious complaints .....	11
16	Training .....	11
	Appendix 1: SOP for reporting and investigating formal complaints: a guide for clinics/ practices . .....	12
	Appendix 2: SOP for reporting and investigating informal concerns: a guide for clinics/ practices . .....	13
	Appendix 3: How to handle a dissatisfied client/patient .....	15
	Appendix 4: Habitual or vexatious complaint criteria .....	16
	Appendix 5: Equality Impact Assessment Form .....	17

## **EQUALITY and DIVERSITY IMPACT STATEMENT**

All policies, procedures, guidelines and other approved documents of Suffolk GP Federation are formulated to comply with the overarching requirements of legislation, policies or other overarching standards relating to equality and diversity

Suffolk GP Federation welcomes feedback on this document and the way it operates and needs to be informed of any possible or actual adverse impact that it may have on any groups listed below. This document has been screened to determine equality relevance for the following dimensions:

- \* Age
- \* Disability
- \* Gender reassignment
- \* Marriage & civil partnership
- \* Pregnancy & maternity
- \* Race
- \* Religion or belief
- \* Sex
- \* Sexual Orientation
- \* Transgender/ transsexual
- \* Other characteristics
- \* Other characteristics

### **1 Introduction**

1.1. This policy sets out the framework for the management of complaints within services provided directly by Suffolk GP Federation

1.2. The aim of the policy is to ensure comments, concerns and complaints are resolved quickly and thoroughly with appropriate investigation. Complaints and the investigative process form a key part of the organisation's mechanisms for learning from experience and in doing so, we will aim to adhere to the highest standards of customer care.

1.3. The purpose of the complaints policy is to:

- Ensure that Suffolk GP Federation meets or exceeds the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- Provide the framework for a full and thorough investigation into a complaint so that Suffolk GP Federation can resolve any complaints made against them quickly and effectively
- Provide the opportunity to make an apology where appropriate
- Enable a full explanation to be given to the complainant
- Facilitate learning from mistakes and generate improvement in provision of services

1.4. Scope

- This policy applies to the management of compliments, concerns and complaints involving services provided by Suffolk GP Federation

- SGPF staff have a responsibility to ensure that anyone who makes a comment or gives a compliment receives the appropriate response.
- Anyone who raises a concern or complaint must be treated with compassion, dignity and respect.
- All anonymous complaints will be investigated in accordance with this policy providing there is sufficient detail to do so. If it possible to verify the complaint, the appropriate remedial actions will be taken and a record maintained.
- Any complaint or concern raised, that relates to an issue or abuse (or suspected abuse) must be dealt with immediately following the guidance in the SGPF Adults or Children’s Safeguarding policies.

1.5. The policy is **not** meant to be used in the following situations:

- Handling complaints made by other responsible bodies, which includes local authorities, NHS bodies, primary care providers or independent providers.
- For dealing with financial compensation or where there is an intention to take legal action.
- For dealing with staff grievances and issues. Such matters are to be dealt with via Human Resources Policies and Procedures.
- For dealing with disciplinary matters. If any aspect of the complaint investigation identifies a staff performance issue, the disciplinary process can be invoked and run in parallel with the complaints’ procedure. Disciplinary action, should it be taken, may not be divulged during the complaint process.
- Complaints that have already been investigated within this statutory system, or the 2006 Regulations (in relation to a complaint made under those regulations before 1 April 2009).
- Complaints concerning the alleged failure to comply with a request under the Freedom of Information Act 2000 do not need to be considered under this statutory system

## 2 Definition of a complaint

2.1. The federation’s definition of a formal complaint is an issue or concern relating to patient care, experience, safety and federation facilities. This may be raised by, or on behalf, of a patient, a member of the public or visitor. Refer to section four for exclusions on who may complain.

2.2. Formal complaints are generally matters which are of a serious nature requiring a comprehensive investigation and a formal written response from the Governance Manager. These may be defined as “An expression of dissatisfaction about the standard of service, actions, or lack of actions by Suffolk GP Federation, its staff or anyone acting on behalf of Suffolk GP Federation”.

- 2.3. Matters which have the ability to be resolved quickly or with minimal issue may not require a formal complaint investigation. These may be defined as ‘an expression of worry or doubt over an issue considered to be important for which reassurances are sought’. In these cases, concerns can be investigated and recorded locally, via PALS or with the Governance Team. These issues are often resolved through discussion (written or verbal) and resolution should always be attempted before progressing to a formal complaint. Please refer to section eight for more information.
- 2.4. In circumstances when the federation is unsure whether a concern is required to be investigated formally, the Governance Manager will discuss this with the person making contact in order to provide advice on selecting their preferred investigation option. The Governance Manager may suggest which option they believe would best suit the concern being raised.

### **3 Who can complain?**

- 3.1. A complaint can be made by a person who receives or has received services that are provided by Suffolk GP Federation. This person can either be the patient themselves or a representative e.g. family member, friend, MP or other agency who has been given consent to act on behalf of the patient, can raise complaints or concerns.
- 3.2. If a complaint is raised by a representative of the person concerned, then written consent must be obtained. The Governance Team will request evidence of this consent before proceeding. If evidence of consent is not returned within 20 working days, a reminder will be sent. If this is not received within 28 working days of the original complaint date it will be accepted that the person concerned does not give consent and the person who has made a complaint will be sent written confirmation that their complaint is being closed and the reason why.
- 3.3. Complaints can be made by the next of kin about a deceased patient’s care, a child, or any patient who is unable by reason of physical or mental incapacity (as defined in the Mental Capacity Act 2005) to make the complaint themselves.
- 3.4. In the case of a patient who has died or who is incapable, their representative must be a relative or other person who, in the opinion of the Governance Manager, had or has ‘sufficient interest’ in their welfare and is a suitable person to act as their representative. In the case of a child, a suitable representative would normally be a parent, guardian or other adult person who has care of the child, or one who is authorised by the Local Authority / voluntary organisation in the case of children in care.
- 3.5. In the event that a regulatory body asks for details of a complaint or to be informed of progress with a particular complaint, consent is not required from the complainant as the role of the regulator allows for this information to be shared. However, the complainant will be informed that the information requested has been shared.
- 3.6. Regardless of who makes a complaint we must make sure that all complainants:
- Are treated with respect and courtesy
  - Receive assistance to help them understand our systems and/or advice on where they may get the assistance needed (for example information, advice and advocacy services). This includes providing an appropriate and acceptable response to complainants who are unable to read English or have sight or hearing difficulties.

- Receive a timely and appropriate response
- Are informed of the outcome of the investigation of their complaint.

#### **4 Who may not complain?**

- 4.1. Where a representative is making a complaint on behalf of a child or on behalf of a person who lacks capacity as defined in the Mental Capacity Act 2005, the representative must conduct the complaint in the best interests of the person on whose behalf the complaint is made.
- 4.2. If there are grounds for considering this is not the case, the representative will be informed that the complaint will not be considered any further and reasons given for this decision. Decisions concerning the eligibility of a person to use the statutory system will be taken by the Governance Manager.

#### **5 Time limits for complaints**

- 5.1. There is a time limit of 12 months after the date of the incident that caused the complaint, or 12 months from the date on which the matter came to the notice of the complainant.
- 5.2. However, the time limit should not be presented as an obstacle to the investigation of the complaint. The time limit can, and should be waived if it is still practicable and possible to investigate the complaint (the records still exist and the individuals concerned are still available to be questioned) and the complainant can demonstrate reasonable cause for delay in making the complaint.
- 5.3. It will be the decision of the Governance Manager if the time limit can be set aside.

#### **6 Who is responsible?**

- 6.1. The CEO is ultimately responsible for ensuring that Suffolk GP Federation provides a high standard of quality and service; that all complaints are dealt with in accordance with this policy; that the lessons learned from complaints act as triggers to improve commissioning of services and service provision.
- 6.2. The Governance Manager will sign all final letters (in formal complaints) completing the Local Resolution process.
- 6.3. All Service Managers within Suffolk GP Federation are responsible for ensuring that concerns are investigated and responded to quickly, effectively and as sensitively as possible. If a manager considers that a concern warrants a more formal investigation, it should be referred to the Governance Manager and the formal complaint process should be started in line with this policy.
- 6.4. The Governance Manager is responsible for ensuring that all complaints are handled in accordance with this policy.

#### **7 Complaints about more than one agency**

- 7.1. Where a complaint covers services provided by more than one agency, the government expects there to be co-operation in the handling of the complaint and a coordinated response.

- 7.2. When we receive complaints covering more than one agency, we will make sure that arrangements are in place for:
- Co-ordinating the handling of the complaint
  - Ensuring the complainant receives a coordinated response to the complaint.
  - That lessons learned are shared across the organisations involved.

## **8 Independent Advice (PALS & NHS Independent Complaints Advocacy Service)**

- 8.1. The Patient Advice & Liaison Service (PALS) provides a confidential advice and support service, assisting people with concerns about local NHS provided services and guiding them through the different services available from the NHS.
- 8.2. PALS act independently when handling patient and family concerns, liaising with staff, managers and relevant organisations to negotiate solutions. They can refer patients to specific local or national support agencies. PALS can advise on how to access complaints procedures and the Governance Manager and PALS service work collaboratively together to provide a seamless service where concerns progress to formal complaint status.
- 8.3. The Independent Complaints Advocacy Service provides a free, independent and confidential service to guide and support people through the complaint's procedure. Information regarding the service will be provided to complainants and potential complainants.

## **9 Conciliation Service**

- 9.1. Conciliation is a voluntary process which seeks to resolve, for example, a complaint at a local level. It can enable both parties to address the issues in a non-confrontational manner with the aim of reaching an agreement.
- 9.2. The Governance Manager may, in any case where they think it would be appropriate to do so and with the agreement of both parties, decide to arrange for conciliation for the purpose of resolving the complaint and will ensure that appropriate conciliation services are available.
- 9.3. Conciliation is useful for resolving complex complaints and is a process of facilitating an agreement between parties involved in a complaint. The conciliation service is independent and whilst conciliators are not employees of Suffolk GP Federation; they will co-ordinate the service and provide support to the conciliators. The point of contact for the conciliation service is the Governance Manager.

## **10 Stages in the complaints' procedure**

### **10.1. Local Resolution**

- The first stage of dealing with a complaint under the NHS complaints procedure is called 'local resolution' and it attempts, where possible, to resolve complaints at a local level either by telephone, or by a face-to-face conversation.
- Its purpose is to provide an opportunity for the complainant and the organisation or individual that the complaint is about, to attempt a rapid, fair

and satisfactory resolution of the problem and if appropriate, to learn from issues raised.

- If you are the first point of contact for the complainant you have an important role in trying to bring about local resolution, as personal contact helps to identify what outcome the complainant is hoping for and can help focus the investigation and avoid a person's sense of grievance from escalating.
- It is important that the complainant engages with the resolution process. Should it be raised that a person wishes to complain all attempts should be made to make contact with that person and log their concerns. It is expected that contact will be attempted on 3 occasions, leaving messages where possible. This can be by email, letter or telephone. Should the complainant not call back or make contact by other means they will be seen to be 'not engaging with the process' and the complaint/concern may be closed pending further contact. It should be noted that there may be many reasons why a complaint is not pursued such as illness, bereavement or change in circumstance. It may also be helpful to explain to the complainant that they are able to revisit the complaint within 12 months of the issue occurring.
- The process for dealing with complaints at a local level/ verbally is outlined in appendix 3.

## 10.2. Formal Complaints (Stage 1)

- Where a concern is not able to be resolved immediately, the member of staff receiving the complaint must escalate it to the Governance Team. On some occasions the complaint may come straight to the Governance Team from the complainant.
- The Governance Team will enter the complaint onto Datix attaching any correspondence or documentation received.
- Contact with the complainant may be necessary to progress the complaint. This could be for a number of reasons such as, to clarify or gain further information or to discuss how the complainant wishes to proceed. Should the team need to contact the complainant this will be attempted on 3 occasions leaving messages where possible. This can be by email, letter or telephone. Should the complainant not call back or make contact by other means they could be seen to be 'not engaging with the process' and the complaint/concern may be closed pending further contact. It should be noted that there may be many reasons why a complaint is not pursued and these should be taken into account should the complaint be reopened.
- Should it be decided that a complaint cannot be pursued due to non-engagement then a letter should be sent to the complainant explaining that no further action will be taken and that, should they wish, they are able to revisit the complaint within 12 months of the issue occurring.
- If the complaint is progressed, an acknowledgement letter will be written/sent by the Governance team within 3 working days of receipt of the complaint.



- The acknowledgement letter will include the following details:
  - How the complaint will be investigated
  - How long the investigation is likely to take
  - Other organisations included in the complaint
  - All individual elements of the complaint under investigation
  - Who to contact with any queries relating to the content and progress of the complaint.
- The Governance Team will allocate an appropriate investigator and send a Response Template to the investigator for completion.
- In most cases, investigation should be complete and response received by the complainant within 28 working days. Where a complaint or investigation is complex or delays occur, which require a longer period of time, this should be agreed with the complainant and regular updates given by the Governance Team.
- Following completion of the investigation, the Governance Team will complete a final written response which will be shared with the complainant. It will include the following information:
  - A summary of each element of the complaint
  - Details of policies and protocols followed
  - A summary of the investigation including key facts and issues
  - Conclusions of the investigation including determining if there was an error, omission or shortfall.
  - Providing an apology and explanation of what happens next
  - Any wider learning or service changes that will take place as a result of the complaint
  - Information about what the complainant should do if they remain unhappy

### 10.3. Formal Complaints (Stage 2)

- Following receipt of a stage 1 complaint response, a complainant, if dissatisfied may ask that the matter be reviewed but must give clear reasons as to why they believe this is necessary.
- Should new information be provided or clarification be required the Governance Team may make the decision to refer back to the appropriate investigator for clarification or to highlight the concerns to a more senior member of staff.
- It is the responsibility of the Governance Team to review the investigation undertaken at stage 1, conduct any additional investigation deemed necessary and work with the complainant to attempt to reach a mutually agreed resolution.
- Following the review and further investigation, a second written response will be sent to the complainant following the same structure outlined in stage 1. In addition, the response will inform the complainant that they may seek external resolution of the complaint if they remain dissatisfied.

- All stage 2 complaints will be updated accordingly on Datix.

## 11 External Resolution of Complaints (Stage 3)

- If the complainant remains dissatisfied then they have the right to proceed to stage 3 of the complaints' procedure, which is to apply for a review by the Parliamentary and Health Service Ombudsman (PHSO).
- The Governance team will ensure that the complainant is given information on how to contact the PHSO and this will be outlined in all response correspondence.
- Suffolk GP Federation will co-operate with the Ombudsman's review of cases, in forwarding complaints files and patient records as requested and within the timescales identified.
- Further information about the PHSO can be found here <https://www.ombudsman.org.uk/> and they can be contacted by calling their helpline on 0345 015 4033.

## 12 Record keeping

- 12.1. A copy of the complaint form and any associated papers are kept within the 'Documents and Templates' section in Datix of the complaint concerned.
- 12.2. Personal identifiable information/ data (PID) must not be entered into free text fields within Datix; where appropriate, initials only should be used.
- 12.3. A central data base of all complaints is retained within the Datix system and may be requested by regulatory agencies as part of their quality inspections.

## 13 Dealing with a media enquiry

- 13.1. It is likely that some of the complaints could attract media attention. This may be because the complainant takes the story to the local press. If this happens journalists may contact the service concerned wanting to know more information and want an official comment from the organisation.
- 13.2. Staff contacted by journalists must not comment. Please inform the Governance Team and refer to the SGPF Media Protocol.

## 14 Learning lessons

- 14.1. Complaints are a valuable driver of improvement; Suffolk GP Federation are committed to learning from complaints and sharing that learning across the organisation and any other party involved with the complaint.
- 14.2. Learning is an integral part of the complaint investigation and is shared with the complainant in the response letter.
- 14.3. Complaints will be reviewed in Service Meetings, Divisional Review Meetings and at IGC.
- 14.4. Where there is significant learning the Governance Team will complete the Shared Learning Template and distribute appropriately.

14.5. It is the responsibility of the Governance Team to ensure identified actions are completed.

## **15 Habitual or vexatious complaints**

15.1. Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent complainants where previous or current contact with them shows that they meet TWO OR MORE of the criteria in appendix 4.

15.2. The decision to assess a person as an habitual and/ or vexatious complainant will be made by the Divisional Director.

15.3. Where complainants have been identified as habitual/ vexatious and after all reasonable measures have been taken to assist the person, the Divisional Director will notify the complainant of their decision not to investigate the complaint.

15.4. The Divisional Director will assure themselves before making this decision that:

- The correct SGPF protocol has been followed and documented.
- No material element raised by the complainant has been overlooked or not comprehensibly addressed.

15.5. When all reasonable measures have been taken the complainant will be informed that SGPF has responded fully to the complaint raised and has tried to resolve the matter. The complainant must be informed that there is nothing further that can be added with respect to the complaint and that the correspondence is now finalised.

15.6. If the complainant subsequently demonstrates a more reasonable approach, or submits a further complaint for the normal complaints process which is deemed to be appropriate, the Divisional Director may decide to withdraw the habitual and/ or vexatious assessment. This will be managed on an individual basis.

## **16 Training**

16.1. The organisation will ensure that all staff receive relevant training at the appropriate level. This is likely to include, as a minimum, awareness raising / induction training for all staff to enable them to respond appropriately to comments, concerns and complaints

## Appendix 1: SOP for reporting and investigating formal complaints: a guide for clinics/practices

- 1 All formal complaints must be made in writing/email by the complainant. These can be sent to the Governance Team directly by the complainant by emailing the main GP Suffolk Fed email of [info@suffolkfed.org.uk](mailto:info@suffolkfed.org.uk) Should the complaint be sent to a practice or clinic these should be forwarded to the Governance Team by emailing [sgpfed.suffolkfedgovernance@nhs.net](mailto:sgpfed.suffolkfedgovernance@nhs.net)
- 2 Once the complaint is received by the Governance Team this will be logged on Datix and an acknowledgement letter and complaint leaflet will be sent to the complainant. Should the complainant be raising concerns on someone else's behalf a consent form will also be included.
- 3 If consent is required the investigation will still be progressed but no final report will be given until this is received. Should this not be received in one calendar month the complaint will be closed pending further contact from the complainant. A letter will be sent out explaining that this has happened.
- 4 Once the complaint has been logged the Governance Team will ascertain who would be best to investigate and a response form with guidance will be sent to that person by email. The covering email will explain what is needed and the deadline for when this should be returned.
- 5 If the response is not received by the deadline given the Governance Team will make contact with the investigator and will ascertain when this can be expected.
- 6 The complainant should be updated with any delays by letter. If this happens a new investigation deadline should be given and this should be updated on Datix.
- 7 Once local investigation is complete the response form should be returned to the Governance Team and they will upload this on to Datix. The team will draft an investigation response using this information.
- 8 The investigation response and covering letter will be sent to complainant and all relevant dates will be updated on Datix by the Governance team and the file closed.
- 9 Should further correspondence be received regarding the complaint the Datix file will be reopened and the process will be repeated, if necessary, with the team making contact with the most appropriate investigator for further information.
- 10 The clinic/practice will not be required to access the complaints module on Datix and any correspondence, queries or concerns should be directed to the Governance Team.

## Appendix 2: SOP for reporting and investigating informal concerns: a guide for clinics/ practices

- 1 Informal concerns can be reported in many different ways. These may be taken from the complainant verbally in clinic or practice, in writing/email or by phone. Should an informal concern be raised locally these should be forwarded across to [sgpfed.suffolkfedgovernance@nhs.net](mailto:sgpfed.suffolkfedgovernance@nhs.net)
- 2 When noting an informal concern as much information should be taken as possible about what the issue is. See appendix A for the type of information that would be helpful for the team.
- 3 Should a patient wish to make an informal complaint directly to the Suffolk GP Federation they can email [info@suffolkfed.org.uk](mailto:info@suffolkfed.org.uk) or call 0845 241 3313. These concerns will then be sent over to the Governance Team.
- 4 Once the concern is received by the Governance Team this will be logged on Datix and an acknowledgement letter, email or call will be made to the complainant. Should the complainant be raising concerns on someone else's behalf a consent form will also be included/sent.
- 5 If consent is required the investigation will still be progressed but no final response will be given until this is received. Should this not be received in one calendar month the concern will be closed pending further contact from the complainant. A letter/email, phone call will be made explaining that this has happened.
- 6 Once the concern has been logged the Governance Team will ascertain who would be best to investigate and an email will be sent to that person. The email will explain what is needed and what points we feel need addressing. No deadline will be given but it is expected that this email should be completed as soon as possible and returned within 5 working days.
- 7 Should an email response not be received the Governance Team will make contact with the investigator to ensure that this is done.
- 8 The complainant should be updated with any delays by letter/email or phone and this will be maintained by the Governance team. Any conversations or correspondence with the complainant should be added on to Datix by the Governance team in the relevant field so that a clear chain of contact is shown.
- 9 Once local investigation is complete an email response should be returned to the Governance Team which they will upload on to Datix. The team will draft an investigation response using this information.

- 10** The Governance Team will relay the investigation outcome to the complainant by letter/email or phone and this will be recorded on Datix. All relevant dates will be updated on Datix by the Governance team and the file closed.
- 11** Should further correspondence be received regarding the concern the Datix file will be reopened and the process will be repeated, if necessary, with the team making contact with the most appropriate investigator for further information. Should it appear that the concern cannot be resolved at this level a formal complaint may be recommended.
- 12** It will not be necessary for the clinic/practice to access the complaints module on Datix and all queries or concerns should be directed to the Governance team directly.

### Appendix 3: How to handle a dissatisfied client/patient

- 1 Can you identify when an expression of dissatisfaction may evolve into a complaint?
- 2 Informal complaints can often be resolved before they become a formal complaint by sensitive handling by staff.
- 3 Saying 'sorry' to a complainant is not an admission that you have done anything wrong, but this may have a positive impact on the complainant who feels that someone is really listening to their point of view.
- 4 It is helpful to know exactly what the issue is and to find the most appropriate person to resolve the issue in the early stages if this is possible.
- 5 The Patient Advice & Liaison service (PALS) are there to help patients resolve issues before they escalate into formal complaints. Their contact details are: 0800 389 6819 (office open Monday – Friday 08:30 to 16:30)
- 6 If you have a complaint which looks as if it may be escalating, it is often useful to offer to meet with the complainant if possible, to go through the issues.
- 7 Although this is not always practical, it could save time later on because a formal complaint may require a complete investigation to be carried out. If you follow this route it is useful to have another member of staff present to verify what has been discussed and to take notes.
- 8 Further advice can be sought from the Governance Team.

#### Appendix 4: Habitual or vexatious complaint criteria

- 1 Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as out of time or where the Healthcare Ombudsman has declined a request for an Independent Review).
- 2 Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues, which are significantly different from the original complaint. These may need to be addressed as separate complaints).
- 3 Are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, computer records or nursing records, or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- 4 Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of SGPF staff and, where appropriate, NHS Independent Complaints Advocacy Service to help them specify their concerns, and/or where used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented).
- 5 Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. All incidents of harassment should be recorded).
- 6 Have, in the course of addressing a registered complaint, an excessive number of contacts with SGPF thus placing unreasonable demands on staff. (Contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section, using judgement based on the specific circumstances of each individual case). All contact with a complainant should be recorded on Datix.
- 7 Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- 8 Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- 9 The concerns identified are not within the remit of SGPF to investigate.
- 10 Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a 'trivial matter' can be subjective and careful judgement must be used in applying this criteria).
- 11 Have exhausted all options for dealing with unreasonably persistent complainants



## Appendix 5: Equality Impact Assessment Form

Any identified a potential discriminatory impact must be identified with a mitigating action plan to address avoidance/reduction of this impact. This tool must be completed and attached to any Suffolk GP Federation approved document when submitted to the appropriate committee for consideration and approval.

Name of Document: <b>Complaints Policy</b>			
Equality Impact Assessment Tool		Yes/ No/ NA	Comments
<b>1.</b>	Does the document affect one group less or more favourably than another on the basis of?	No	
	Age	No	
	Disability (learning disabilities, physical disability, sensory impairment & mental health problems)	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Race/ nationality/ culture/ ethnic origins (including gypsies and travellers)	No	
	Religion or belief	No	
	Sex	No	
	Sexual orientation	No	
	Transgender/ transsexual	No	
	Other characteristics	No	
<b>2.</b>	Is there any evidence that some groups are affected differently?	No	
<b>3.</b>	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
<b>4.</b>	Is the impact of the document/guidance likely to be negative?	No	
<b>5.</b>	If so, can the impact be avoided?	NA	
<b>6.</b>	What alternatives are there to achieving the policy/guidance without the impact?	NA	
<b>7.</b>	Can we reduce the impact by taking different action?	NA	