

Responding to complaints – Northern Ireland

A complaint is any expression of dissatisfaction. These can be made verbally or in writing. They can be directed either to the organisation involved, such as a GP practice/hospital, or to the Strategic Planning and Performance Group (SPPG).

NHS complaints procedure and Timescales

The organisation that receives the complaint should investigate this locally first. All organisations must have a complaints lead, who is responsible for dealing with complaints and liaising with any other organisations involved.

For complaints to GP practices, an acknowledgement needs to be sent within three working days and a full response within 10 working days. For other organisations, the timeframe is two working days for acknowledgement and 20 working days for the full response. The complainant should be advised of the likely timescale at the outset and of any delays if these occur. Many organisations have their own timeframes, which should be set out in their complaints policy.

Complaints should be made within 6 months from the date on which either the matter leading to the complaint took place or the complainant became aware of a concern (as long as this is less than 12 months from the date on which the matter subject to the complaint occurred). However, it is recommended that complaints outside of this time frame are still investigated, unless it is no longer possible to do so.

Within 2 weeks of providing a final response, organisations must notify complainants in writing of their right to seek an independent review by the Northern Ireland Public Services Ombudsman (NIPSO). The letter should include the fact that the local complaints process is now exhausted and provide the NIPSO's contact details and the time limits for referring a complaint to the NIPSO.

Good medical practice and Complaints

All doctors have professional obligations in relation to responding to complaints. The GMC's guidance [Good medical practice](#) states: *"You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange"*.

Patient Confidentiality

Where someone other than the patient has complained on their behalf, consent to respond must be provided by the patient. Where a patient lacks capacity to consent or is deceased, you need to ensure you can justify disclosure of information to the complainant in line with the GMC's guidance on [Confidentiality](#).

Decisions regarding disclosure of information can sometimes be complex and we recommend seeking advice from MDDUS if you are unsure.

Complaint Responses

A well written complaint response, demonstrating reflection and learning, can be instrumental in preventing a concern from escalating. Most complainants are looking for:

- A thorough investigation of their concerns
- A clear explanation of what happened
- Assurance that steps have been taken to learn from events
- An apology.

Your [professional duty of candour](#) requires you to be open and honest and apologise when something has gone wrong with a patients care or has the potential to cause harm or distress.

Investigation of Complaints

All complaints should be thoroughly investigated, ideally by someone not directly involved in the concerns. A holding response letter should include a summary of the complaint so that it is clear what will be investigated and provide a likely timeframe for a response.

When investigating a complaint, you should:

- Review the patient's records (in cases of clinical concerns), recorded phone calls or video consultations and any relevant policies or guidance
- Give all individuals involved the chance to comment, either verbally or as a written statement. In doing so they should have access to the complaint and relevant clinical notes or recordings. Anyone providing a statement should include an account of their involvement and an answer to any specific questions from the complaint
- Explore learning points and consider how they will be actioned
- Undertake and document a more formal review, such as an SEA, where the concerns raised are significant, for example where the patient may have come to harm. This may be shared with the complainant, if requested.

The Final Response

One response. It is advisable that the complaints lead provides a detailed letter of response incorporating the comments of all those involved, rather than individuals providing separate responses.

The right tone. Try to keep your response professional, empathetic and objective. You should refrain from emotive or defensive language. Make sure it acknowledges and addresses all the concerns raised in the complaint. To set a conciliatory tone, it is helpful to start with an apology for the patient's concerns and reassurance that you have taken the complaint seriously. You should then explain what you have done to prepare the response.

Sequence of events. You should include a factual chronology of the care provided or the events, as they occurred. For any clinical consultations this should include an account of the history, any examination, the working diagnosis (together with any differential diagnoses) and management plan, including any advice given or referrals made.

Simple language. The response should be written in language the patient will understand. You should explain any medical terms and avoid abbreviations. Where included, you should set out whether observations and/or investigations were normal or abnormal.

Be specific. You should then answer any specific questions that the complainant has raised. You should however avoid speculation. It is OK to say you do not have an answer or will try to find out.

Learning points. The response should include evidence of reflection, and details of any specific learning points, together with how these will be addressed. This demonstrates the organisation has taken the complaint seriously and is willing to act on learning points identified to improve patient care.

Offer to meet. The letter should end with an offer to meet to discuss the response and include details of the complainant's right to seek an independent review of their complaint by the NIPSO. The NIPSO provides [an example](#) of wording to include in your response.

MDDUS review. It can be beneficial to have your response reviewed by MDDUS before you send it on. All patient-identifiable details should be removed from the correspondence before it is sent to MDDUS.

Appraisal Discussion

You should discuss any complaint you have been involved in at your appraisal. This should focus on the learning identified and any planned actions arising from your reflections. Reflective notes do not need to capture full factual details of an experience and should be appropriately anonymised. They should focus on the learning or actions taken from a case or situation.

Complaint Documentation

All correspondence relating to a complaint should be held securely in a complaint file, separate from the patient's records and should be kept in line with the NHS retention schedule. You should keep only the final version of any letter/s of response or witness statement/s and not draft versions.