The Harley Street General Practice

Complaints Procedure

The Harley Street General Practice takes all complaints, and the rights of our patients to complain, very seriously. We promise always to:

- Listen to your complaint or concern in a positive way
- Respond by establishing a clear, appropriate plan of action, and provide you with relevant support and advice
- Improve our services however we can.

The practice understands a complaint to be any communication involving our services that raises dissatisfaction and investigation and formal response.

We operate a procedure to deal with complaints. This procedure does not deal with matters of legal liability or compensation.

Please be assured that any complaint you make, written or verbal, will be treated with strict confidence and have no effect upon the level of treatment and care that you receive at the practice. Raising a concern or making a complaint will not prejudice your ongoing or future care.

Making a complaint

Complaints should be made within six months of the event that is the subject of the complaint. However, discretion will be used if the complainant is considered to have good reason for the delay and if it is still possible to investigate the complaint fairly and effectively.

Complaints should be addressed via hard copy or email to:

Dr Samina Showghi
Managing Director
The Harley Street General Practice
110 Harley Street
London W1G 7JG
Email: email@thehsgp.co.uk

or to:

Dr Hussain Al-Hashimi
Clinical Lead
The Harley Street General Practice
110 Harley Street
London W1G 7JG
Email: email@thehsgp.co.uk

The practice shall provide any reasonable assistance that complainants (or their representatives) may require in making their complaint (for example, complainants whose first language is not English or who may have a disability, or additional needs).

The practice's staff (including contractors) recognise their obligation to comply with the complaints procedure, including assisting with investigations and reviews. The practice will demonstrate openness and transparency in the investigation and in all communication with the complainant in accordance with the professional duty of candour and comply with the requirements of any statutory duty of candour as relevant and in line with regulatory requirements.

You may also ask a relative, carer, advocate or other representative to make a complaint on your behalf, with your consent where you have a capacity to give it.

Stage 1 – Investigation and response

On receipt of an official complaint, the practice will acknowledge this within 3 working days, stating that the complaint will be investigated and outlining the next steps with likely timescales.

At the start of Stage 1, the complainant will be invited to attend a meeting with a senior member of staff who is involved in the investigation (or another appropriate senior person) at which to explore their concerns in order to agree the key heads of complaint. This meeting may be face-to-face or via telephone or video if the complainant prefers.

The practice will carry out a robust and thorough investigation into the cause of the complaint that includes:

- An agreed summary of the issues to be investigated. These issues will form the basis of the heads of complaint upon which the adjudication will be based.
- A review of all correspondence.
- A review of all clinical records.
- A review of the record(s) of meeting(s) with the complainant.
- A review of statements provided by clinicians and other relevant parties who have been involved in the events complained about.
- A summary of actions to be taken and learning points arising from the complaint, where relevant.

The practice will provide a full written response to the complainant within 20 working days or, where the investigation or review is still ongoing, provide a written update to the complainant explaining the reason for the delay at a minimum of every 20 working days. Our aim is to complete each stage of the complaints process as swiftly as possible and, in any event, within 3 months of receiving the complaint.

The full written response to the complaint will include:

- A summary of the agreed heads of complaint.
- A summary of the process of investigation.
- The findings of the investigation including (where appropriate) a summary of the statements or responses provided by any clinicians or staff members involved.
- The practice's response to the findings.
- Details of how the practice has learned from the complaint.
- Any actions taken because of the complaint.
- Any remedy that has been offered in response to the complaint.
- Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint to Stage 2 if the complainant remains dissatisfied.

Stage 2 – Unresolved complaints

In cases of escalation to Stage 2, complainants are asked to provide a summary of the matters that remain outstanding and that they wish to be investigated.

The timeframes for Stage 2 are:

- Receipt of the complaint should be acknowledged within 3 working days.
- Full response to the complaint will be provided within 20 working days, or an update on progress every 20 working days.
- The complaint should be concluded within 3 months (unless there is a sound reason to explain a longer timeframe which will be clearly communicated to the complainant).

The complainant will be invited to attend a meeting at the start of Stage 2 to clarify the matters that remain outstanding in the complaint and obtain a greater understanding of what the complainant hopes to achieve by escalating the complaint. This meeting may be face-to-face or via telephone or video if the complainant prefers.

If possible, the reviewing member of staff will be a senior member of staff who has not been involved in the matters that led to the complaint or the handling of the complaint at Stage 1.

The practice will conduct an objective review of the investigation into the complaint and the response that was provided at Stage 1. The review should include:

- Consideration of the Stage 1 response provided to the complainant.
- Consideration of the agreed outstanding complaint and the matters that remain unresolved.
- Consideration of the findings of the investigation and the information on which the findings were based.
- Consideration of the comments made by the complainant regarding the response at Stage 1.
- Where appropriate, seeking further responses from the individuals involved in the complaint or the handling of it.
- Consideration of any further questions raised by the complainant in the escalation request (including by involving those who responded to Stage 1 if necessary).
- Consideration of how effectively the complaint was handled at Stage 1.
- Consideration of the extent to which the Standards at Stage 1 were met.

The practice will provide a full written response to the complaint that includes:

- A summary of the agreed outstanding heads of complaint and the matters that remain unresolved.
- A summary of the process of review.
- The findings of the review, including (where appropriate) a summary of the statements or responses provided by the clinicians and staff members involved.
- The practice's response to the review, including whether the heads of complaint have been upheld, any actions taken as a result of the complaint, and any remedy being offered.
- Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint via ISCAS.

Stage 3 – Independent External Adjudication

Independent Sector Complaints Adjudication Service (ISCAS) is one of the recognised independent adjudication services of complaints for the private healthcare sector. The majority of independent healthcare providers, and some NHS Trust Private Patient Units, subscribe to the ISCAS service.

ISCAS provides its independent adjudication service as Stage 3 of our three-stage complaints process. This is aimed at bringing about a final resolution of the complaint for both parties only in the event that the complaint was not resolved in Stage 1 or Stage 2. Complaints must be escalated to Stage 3 within 6 months of the date of the Stage 2 response.

You can visit the ISCAS website and learn more about the independent adjudication service at iscas.cedr.com

Care Quality Commission

The Care Quality Commission (CQC) is the regulator for independent healthcare. It has no statutory powers to investigate any complaints that patients or other members of the public make about independent healthcare services, nor do they have a regulatory role to manage, arbitrate or resolve their complaints, concerns or allegations. However, they will take account of all information that they receive from the public about registered independent providers, or about unregistered providers that they consider should be registered. They assess whether this "concerning information" suggests that:

- An offence has been committed as set out in the Health & Social Care Act 2008.
- A regulation has been breached as set out in the associated regulations.
- The provider has contravened a condition of their registration, as set out in their registration certificate.

When requested to do so, providers must also provide the CQC with a summary of complaints, responses and other related correspondence or information.

The CQC can be contacted via their website at www.cqc.org.uk or at:

Care Quality Commission
151 Buckingham Palace
Road London SW1W 9SZ

If you have any questions about this complaints procedure or need it in a differing format (for example large print or another language), please let a member of the team know.