



London
Medical

LONDON MEDICAL

COMPLAINTS POLICY

OPERATIONAL GOVERNANCE

Ketan Agravat
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| POLICY | LONDON MEDICALCOMPLAINTS POLICY |
| VERSION | V4 |
| VERSION APPROVED BY | TONY YATES |
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| POLICY AUTHOR | KETAN AGRAVAT |
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| REVIEW BODY | OPERATIONAL GOVERNANCE |
| RESPONSIBLE DIRECTOR | RALPH ABRAHAM |
| TARGET AUDIENCE | ALL STAFF DEALING WITH COMPLAINTS |
| RELATED LM POLICIES | ADVERSE INCIDENT REPORTING POLICY, ISCAS CODE OF CONDUCT |

| Revision History | | | |
|------------------|----------------|------------------|--|
| Version | Date Published | Next Review Date | Amendments |
| V1 | 2018 | 2020 | Update from ISCAS |
| V2 | 2020 | APRIL 2022 | No new amendments |
| V3 | APRIL 2022 | APRIL 2024 | Using latest guidance from ISCAS further detail has been added to the following 1. Changes to local resolution 2. Complaint review 3. Independent external adjudication 4. Feedback from meeting with ISCAS April 2022 Layout of policy has changed |
| V4 | MARCH 2024 | APRIL 2026 | 1. Update details of new Head of Operations - Tony Yates |

Complaints Code of Practice

Purpose and Scope

This document contains Patients Complaints Code of Practice which was originally approved by London Medical (the “Clinic”) in March 2014.

The Clinic is a subscriber of the Independent Sector Complaints Adjudication Service (ISCAS), and therefore adheres to the necessary standards agreed.

The code applies to patients treated privately by the Clinic whether or not they paid for the care directly or through an insurance scheme. The code applies to complaints about doctors and other healthcare professionals working for the Clinic, even where they are not employed by the clinic and have practising privileges.

The Clinic aims to provide all Patients with the highest standards of care and customer service. If we fail to achieve this, we listen carefully and respond to complaints swiftly acknowledging any mistakes and rectifying them so that we can make improvements to our service. The complaints full policy is made available to Patients, their affected relative or a representative when they first raise concerns about any aspect of the service they have received.

There will be 3 stages to Provider’s complaints process: -

- Stage 1 – Local resolution;
- Stage 2 – Internal appeal;
- Stage 3 – Independent external review.

Principles

This code reflects the principles of Good Complaint Handling identified by The Parliamentary and Health Service Ombudsman (PHSO) Good complaint handling means:

1. Promoting a just and learning culture

Seeing complaints as an opportunity to develop and improve services and people, acknowledging when mistakes occur or things go wrong and being held accountable for them, learning from complaints, and acting on lessons learned.

2. Welcoming complaints in a positive way

Actively seeking and welcoming feedback, acting on concerns and complaints, recognising complaints as a positive way to improve services, encouraging and empowering staff to resolve concerns quickly to the satisfaction of all parties.

3. Being thorough and fair

Conducting a thorough, fair and objective investigation without bias or discrimination, obtaining comments from all staff involved in complaints (including consultants with practising privileges), keeping complainants updated with progress, and giving an open and honest answer to complaints.

4. Giving fair and accountable responses

What has happened and whether and mistakes occurred, explaining whether complaints have or have not been upheld, giving clear reasons for decisions, identifying any learning from complaints, and explaining actions that have been taken to improve services.

The Process

The Clinic operates a three stage complaint process. All complaints should be raised directly with the Clinic's Operations Manager in the first instance (stage1). Complaints should be made as soon as possible and within six months of the treatment or other event that is the subject of the complaint. In the event the complainant is unhappy with the response to their complaint, they can escalate their complaint by asking the Clinic to conduct a review of its handling (stage 2). Finally, if the complainant remains dissatisfied they can request independent external adjudication of their complaint (stage 3).

A copy of this policy can be found on the company web site along with the ISCAS Code of Practice for Complaints Management and the ISCAS Patient's Guide.

Stage 1 : Local Resolution

Patients may ask for information, advice and help in making a complaint from anyone they wish.

If the patient wishes to make a complaint under this code of practice, they must raise the complaint with the Head of Operations in writing, within six months of the treatment or other event concerned. To make a formal complaint the complainant should write or e-mail to Provider clearly stating the nature of their complaint and as much detail concerning dates, times and if known names of staff members. This will enable us to acknowledge and address the issues raised promptly and effectively

The Patient will be given a copy of our complaints procedure and invited to attend a face-to-face meeting with the Operations Manager and other relevant parties to talk through their concerns and to try and resolve the issue at an early stage.

The Head of Operations or their designated person will investigate all complaints. Where Provider is unclear on any point or issue regarding the complaint, it will contact the complainant to seek clarification.

The Head of Operations will acknowledge receipt of a written complaint, to the complainant's postal address provided (or via email) within 3 working days of receipt (unless a full reply can be sent within 5 days).

The Head of Operations will go through a thorough process of investigation to include reviewing the case in detail and taking statements from all staff members / doctors concerned. The Operations Manager responds directly to the person who has made the complaint, whether the complaint was made verbally, by letter, text or email, however we do not respond to complainants via email.

A full response to the complaint will usually be made within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days. The aim should be to complete stage 1 in most cases within three months.

The complainant is to be advised as part of the response that they have the right to seek independent or legal advice where any aspect of their complaint might give rise to a clinical negligence claim.

If the complainant is satisfied with the response received, and does not wish to take the complaint further, the information gained from the complaint will be used to improve the service provided by the Clinic.

If the complainant is not satisfied with the response, then they should be signposted to the next stage of the complainant's procedure – Stage 2. If the complainant wishes to escalate their complaint then they must do so in writing within 6 months of the final response of Stage 1.

The Clinic welcomes comments and suggestions from patients as to how it might enhance its effectiveness and/or improve its service. Patients are encouraged to send any suggestions in writing to the Head of Operations Tony Yates.

Stage 1 complaints should be addressed to The Head of Operations:

Tony Yates
London Medical
49 Marylebone High Street,
London W1U 5HJ
Email: tony.yates@londonmedical.co.uk

Stage 2 : Complaint Review

The Head of Operations will have arrangements in place by which to conduct an objective review of the complaint. At this stage the complaint is reviewed by a director of the Clinic not implicated in the complaint and not involved at stage 1. This will typically be the clinical services director.

The clinical services director will review the documentation provided by the Head of Operations and interview any staff involved as appropriate.

Stage 2 shall involve a review of all the documentation and may include interviews with relevant staff. The records made as part of the stage 2 review should be complete and retained since these may be required for a stage 3 process.

Provide a review of the investigation and the response made at stage 1.

Invite the clinic that responded at stage 1 to make a further response, where there is an opportunity to resolve the complaint by taking a further look at a specific matter. The complainant should be kept informed where this happens.

Consider whether the review at stage 2 would be supported by facilitating a face-to-face meeting (or teleconference, where acceptable) between the complainant and those who responded to the complaint at stage 1.

If the complainant escalates their complaint to Stage 2, the Head of Operations will provide a written acknowledgement to complainants within 3 working days of receipt of their complaint at stage 2 (unless a full reply can be sent within 5 working days).

Provide a full response on the outcome of the review within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.

The aim should be to complete the review at stage 2 in most cases within three months.

If the complainant is not satisfied with the response, then they should be signposted to the next stage of the complaint's procedure – Stage 3. If the complainant wishes to escalate their complaint then they must do so in writing within 6 months of the final response of Stage 2.

Stage 3: Independent External Adjudication

At Stage 3 complainants have the right to an independent external adjudication of their complaint. Requests for independent external adjudication should be made to The Independent Sector Complaints Adjudication Service (ISCAS), in writing, within 6 months of receipt of the Stage 2 decision letter. ISCAS will provide a written acknowledgement to

the complainant of their request for independent external adjudication within 30 working days of the receipt of request.

To access Stage 3, complainants are asked to sign a 'Statement of Understanding and Consent', thereby agreeing to the parameters of Stage 3.

Stage 3 is handled by Independent Sector Complaints Adjudication Service (ISCAS) and patient should be directed to this service to provide details of their complaint.

ISCAS will :

- check that stage 1 and 2 have been completed and documented.
- The reasons for the complaint
- What aspects of the complaint remain unresolved after stages 1 and 2
- What outcome the complainant is seeking from stage 3
- assign an independent adjudicator to consider the complaint.
- advise the complainant of the binding nature of the independent external adjudication.
- remind complainants of their right to seek legal independent advice where any aspects of their complaint might give rise to a clinical negligence claim.

ISCAS contact details are as follows:

ISCAS

100 St Paul's Churchyard

London, EC4M 8BU

Email: info@iscas.org.uk

Telephone: 020 7536 6091

ISCAS will direct complaints back to us to be managed at a local level if stages 1 and 2 have not been followed previously.

Details of the ISCAS Code of Practice can be found <https://iscas.cedr.com>

ISCAS Code and Patient's Guide: <https://iscas.cedr.com/resources/publications/>