LONDON MEDICAL

COMPLAINTS POLICY

OPERATIONAL GOVERNANCE

Ketan Agravat
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NEXT REVIEW APRIL 2024

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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

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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 handing 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 Operations Manager 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 Operations Manager 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.

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The Operations Manager 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 Operations Manager 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 complaint's procedure – Stage 2. If the complainant wishes to escalate their complaint than 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 COO David Briggs

Stage 1 complaints should be addressed to

David Briggs COO
London Medical
49 Marylebone High Street,
London W1U 5HJ
Email: david.briggs@londonmedical.co.uk

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Stage 2 : Complaint Review

The Operations Manager 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 Operations Manager 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 Operations Manager 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 than 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 3orking 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/

Code of Practice for Complaints Management

ISCAS
INDEPENDENT SECTOR
COMPLAINTS ADJUDICATION SERVICE

JANUARY 2022

Good complaints management is an integral component of good governance, quality management and an organisational commitment to customer focus.

Good complaints management and learning from complaints should be part of the wider quality management system. Actively seeking feedback from patients, focusing on enhancing customer satisfaction, and maximising opportunities for continuous quality improvement through learning from complaints will enable organisations to enhance and improve the quality of care and service that they provide.

The ISCAS Code of Practice for Complaints Management (the 'ISCAS Code') provides good practice standards (the 'Standards') to be adhered to by subscribing organisations across the UK ('subscribers'). It is aligned with the principles for good complaints handling outlined in the Parliamentary and Health Services Ombudsman's Complaints Standards Framework and related guidance published by the Scottish Public Services Ombudsman. The Code seeks to demonstrate these principles through a number of Standards that focus on effective complaints handling and are embedded in a three-stage complaint management process.

ISCAS is an independent not-for-profit organisation that is recognised by subscribing independent healthcare providers as an appropriate body for the escalation of complaints in the UK. It is independent of all private healthcare providers and is owned by the Centre for Effective Dispute Resolution (CEDR) which is a registered charity.

ISCAS is recognised by the regulators, with whom it has an information sharing agreement, namely the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW) and the Regulation and Quality Improvement Authority (RQIA) and is recognised by other relevant bodies, such as the Parliamentary and Health Services Ombudsman (PHSO) as an appropriate body for the escalation of complaints in the independent sector.

The ISCAS Code provides the framework for the management of complaints made by patients and others on their behalf ('complainants') about the provision of healthcare services by those healthcare organisations who have formally agreed to be part of ISCAS ('subscribing organisations'). The ISCAS Code sets out good practice standards for independent adjudication services, which are provided by ISCAS, and offers an impartial way of resolving disputes between complainants and subscribers. The Standards, where appropriate, refer to the requirements made by the systems regulators across the UK who oversee compliance with good practice principles and quality and regulatory standards in each of the four UK countries. The costs associated with independent adjudication are met by the relevant subscriber and not by the complainant.

ISCAS is not a regulator and has no powers to take enforcement action against a subscriber. It will, however, take other action as appropriate, including termination of the subscriber's participation in the ISCAS scheme, for organisations that fail to meet these Standards or who bring the Code into disrepute.

The Code does not exclude other good practice models (such as the use of Patient Partners) and encourages subscribers to continuously improve the effectiveness of their complaints handling in the light of best practice and good governance.

The Code Structure

In this Code, the term 'shall' is used to indicate the requirement of an overriding principle; the term 'should' is used to state how the principle should be met.

The ISCAS Code sets out a three-stage process for complaints handling.

Each stage is underpinned by Standards:

STAGE 1
Complaint raised directly with clinic or hospital where care was provided.

STAGE 2
Internal review of complaint by someone who was not involved at Stage 1 (normally regional or head office).

STAGE 3
External review - ISCAS Independent Adjudication.

Timescales for escalation:

STAGE 1
Complaints should be made within six months of event.

STAGE 2
Complaints should be escalated to Stage 2 within six months of decision at Stage 1.

STAGE 3
Complaints should be escalated to ISCAS within six months of decision at Stage 2.

Emphasis should be given to getting Stage 1 right. If complaints are responded to effectively when they are first raised, then there should be less need for subsequent stages of the process.

Complaints should ordinarily be made within six months unless in exceptional circumstances. Complaints should also be escalated to the next stage within six months of a response being provided, including to Stage 3 where relevant.

Stage 3 is the final stage in the complaints process and the adjudication decision is final. Both subscribers and complainants agree to accept the finality of the decision as part of their participation in the independent adjudication process. There is no right of appeal against the adjudicator's decision.

The Scope of the Code

What the Code covers

- The Code covers complaints made by (or on behalf of) patients regarding all aspects of their care or the services provided by or in a subscribing organisation, including those complaints about medical care or treatment or regarding a clinician's behaviour in connection with the care provided. The specific remedy being sought by the complainant (e.g. compensation or a refund) should not prevent complaints from being considered.

- The Code covers patients who have self-funded their treatment in a subscribing organisation. The Code also covers complaints made by (or on behalf of) patients treated in a subscribing organisation, whose care was paid for through an insurance scheme. It also applies where someone else makes a complaint on behalf of the patient (e.g. a relative).

- The ISCAS Code covers complaints about doctors and other healthcare professionals working within subscribing organisations, even where they are not directly employed by the organisation and have instead been granted practising privileges (an agreement to allow them to provide certain services within the hospital or clinic as independent practitioners).

- Patients who receive care in an NHS Private Patient Unit (a separate ward or set of rooms allocated solely for private patients) will be covered by this Code if the NHS Trust in which they have been treated is a subscriber to ISCAS.

- The Code covers complaints notwithstanding that there may be parallel procedures ongoing at the same time in respect of the same events, for example in the courts or involving a professional regulator.

What the Code does not cover

The ISCAS Code does not cover:

a. Allegations that a healthcare provider has broken the law are not dealt with by this Code and should be referred to the police. This includes any allegations of unlawful conduct by individual members of staff. For example, it is for the courts to determine objectively whether an assault has occurred.

b. Alleged breaches of the provisions of the Mental Health Act or complaints that question whether the Act has been properly applied in a specific instance. The systems regulators in England, Wales and Northern Ireland (the Care Quality Commission, Healthcare Inspectorate Wales and the Regulation and Quality Improvement Authority) are responsible for monitoring how the Mental Health Act is applied in those countries. The Mental Welfare Commission is responsible for monitoring how the Mental Health Act is applied in Scotland.

c. An award or refund of fees cannot be made under the Code, nor can subscribers be instructed to waive amounts that have not yet been paid, although a goodwill award may be offered in certain circumstances. Subscribers should make this clear to complainants early on in the process.

d. The complaint process cannot determine whether negligence has occurred. This is a matter for the courts to determine. Complainants who wish to pursue an allegation of clinical negligence should be advised to seek independent legal advice.

e. The Code does not cover complaints about private medical insurance products. A private medical insurance product is an insurance policy to cover a discrete package of care or benefits that are offered by a private healthcare provider. The Financial Ombudsman Service covers certain complaints about private medical insurance.

f. The Code does not cover complaints from NHS funded patients in a subscribing organisation. NHS patients should use the NHS complaints procedures to raise any concerns.

g. The Code does not cover complaints about breach of data protection legislation, although it does cover concerns about administrative failures and customer service issues related to the alleged data breach. Complainants who wish to raise concerns regarding breach of data protection legislation should be directed to the Information Commissioner's Office (ICO).

h. The Code does not cover complaints about breaches of clinicians' professional standards, although it does cover concerns about their behaviour. The General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) or other health professional regulator (as relevant) are empowered to investigate complaints relating to breaches of professional standards where a clinician's professional conduct or fitness to practise has been called into question.

ISCAS is not a regulator and has no authority to take enforcement action. It will, however, provide subscribers with recommendations for action following adjudications. ISCAS monitors compliance with such recommendations.

Principles of Effective Complaints Handling

All organisations that subscribe to ISCAS shall have complaints handling procedures that reflect the good complaint handling principles of the Parliamentary and Health Service Ombudsman (PHSO).

The Code recognises and is aligned with these principles as outlined in the PHSO Complaint Standards Framework:

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.

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.

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.

Giving fair and accountable responses

Explaining what has happened and whether any 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.

STAGE 1
Complaints Handling Standards

1. Subscribers shall have a comprehensive written procedure for handling complaints that accords with the ISCAS Code and gives clear information about the process to inform complainants' expectations. This should be easily accessible to patients (or their representatives) on all subscriber websites and should be updated regularly.

2. Subscribers shall ensure that the complaints procedure contains, as a minimum, information about:
   a. The definition of a complaint, namely any communication involving goods or a service that requires an investigation and formal response.
   b. The scope of what is covered by the procedure and any exclusions.
   c. The process for handling complaints, including the clinical governance arrangements for investigating complaints.
   d. The steps the subscriber will take to investigate the complaint.
   e. The timescales to which the subscriber will work when trying to resolve the complaint. These timescales should comply with the timescales set in the Code.
   f. The ways in which complaints can be made, for example by letter, email or text, and how complaints will be handled.
   g. Any special arrangements in place to assist vulnerable patients in raising their concerns.

3. Subscribers shall ensure information relating to the complaints process is readily accessible to all users of clinic/hospital facilities.

4. Subscribers shall ensure that complainants (or their representatives) are not deterred from lodging complaints or disadvantaged by virtue of the way in which complaints are made and shall provide any reasonable assistance that complainants may require (for example, complainants whose first language is not English or who may have a disability).

5. Subscribers shall conduct the complaints process in accordance with the four principles of effective complaints handling, namely promote a learning and improvement culture, positively seek feedback, be thorough and fair, and give fair and accountable decisions. The subscriber should retain a customer-centred focus throughout, should use appropriate language, and should avoid the use of jargon or technical language that the complainant may not understand.

6. Subscribers shall refer the matter to the relevant professional regulator and take immediate steps to protect patient safety where there is a reasonable concern regarding a clinician's serious departure from professional standards.

7. Subscribers shall have in place a policy for dealing with situations where complainants behave in an unacceptable manner, including where they persist in pursuing their complaint in an unacceptable way despite all reasonable efforts having been made to investigate and resolve the complaint, which can cause disproportionate resource issues for the subscriber. (Examples of unacceptable behaviour include: leaving an excessive number of voicemails, letters or emails, making an excessive number of telephone calls, making unreasonable demands on staff, subjecting staff to behaviour or language that is offensive, unreasonably demanding or aggressive, or being verbally abusive or harassing towards staff). The policy should set out the criteria that the subscriber will use to determine whether a complainant is behaving persistently in a way that is unacceptable and how the subscriber will respond in those circumstances.

   ISCAS guidance for managing unacceptable behaviour by complainants can be found here:
   https://iscas.cedr.com/resources/publications/

8. Subscribers shall remind staff that professional regulators require them to comply with the subscriber's complaints process when asked to do so, including assisting with investigations and reviews. This obligation should ideally be included in the clinicians' contractual arrangements with the subscriber. This obligation applies to all staff at the subscribing organisation, including consultants who have been granted practising privileges or who carry out work on a locum or similar basis, any other staff who are engaged through an employment contract, and agency or bank staff. All staff are required to provide written statements and feedback as requested to contribute to the subscriber's response to complaints.

Confidentiality

9. Subscribers shall keep confidential all details relating to the complaint and its investigation.

10. Subscribers shall obtain formal written consent from the patient where the complaint is being made by someone else on their behalf and/or where the handling of the complaint requires the disclosure of confidential information to other relevant parties. Submission of the signed consent via email would be sufficient. Electronic signatures would be acceptable. Where consent cannot be provided (for example where the patient is incapacitated), the subscriber shall use risk-based decision-making on a case-by-case basis and document the outcome and actions taken.

11. Subscribers shall obtain consent from complainants (or their representative) to share any data or clinical information held about them, for example with clinicians who are providing an independent opinion where this is required as part of the investigation.

Receiving complaints

12. Subscribers shall make a written record of the complaint and any subsequent expression of dissatisfaction from complainants regarding the care or service provided and any associated discussions.

13. Upon receiving a complaint, subscribers shall send an acknowledgement of the complaint within 3 working days of receipt of a complaint or a request for its escalation. This acknowledgement should contain:
    a. The name of the person responsible for managing that stage of the complaint and their contact details.
    b. A brief summary of the actions to be taken by the subscriber at that stage of the complaint.
    c. An assurance that either a full response or a progress update will be sent to the complainant within 20 working days.
    d. An assurance that the aim is to complete each stage of the complaints process as swiftly as possible and, in any event, within three months.

14. Subscribers shall make arrangements for any outstanding amounts due from the complainant (either to the subscriber or to individual clinicians) to be put on hold during the complaints process and ensure that there is no referral to debt collection agencies while the complaints process is ongoing. Subscribers may seek to recover any outstanding amounts that remain due at the end of the three-stage complaints process.

15. Subscribers shall respond to any substantive correspondence relating to a complaint within 5 working days of receipt.

Investigating complaints

16. Subscribers shall:

a. 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.

b. Discuss with the complainant the need for an independent investigation to be undertaken or an independent clinical opinion to be obtained as part of the investigation into the complaint, in cases where this may be helpful in resolving the complaint. Such an opinion should be obtained from a clinician who is external to the facility providing the treatment/service. The cost of this investigation or opinion should be borne by the subscriber.

c. Implement a wide range of appropriate and professional responses including:
    i. Offering the complainant, a sincere, empathetic and detailed apology from a senior member of staff that acknowledges what has gone wrong, explains the reasons for the shortcomings that have been identified, and acknowledges the impact on the complainant.
    ii. Taking action to put things right for the complainant.
    iii. Sharing details of the organisation's learning from the complaint and any changes made as a result.
    iv. Making a financial gesture of good will where appropriate. Any goodwill payments that have been offered and accepted should be paid in full and should not be offset against any outstanding amounts owed on complainants' accounts, other than in exceptional circumstances if agreed with the complainant. This does not preclude the option of subscribers offering to write off fees owed by complainants as gesture of good will, if appropriate.

17. Subscribers shall not prevent complainants from sharing their concerns with any regulator or other public body by attaching disclaimers or restrictive conditions to any goodwill offers that may be made, other than a disclaimer or condition confirming that acceptance of a goodwill offer made in full and final settlement of the complaint will bring the complaints process described by this Code to a close at the point the offer is accepted.

18. Subscribers shall invite the complainant to attend a meeting with a senior member of staff who is involved in the investigation at the start of Stage 1 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 videoconferencing/online if the complainant prefers. Subscribers shall explain to complainants that the purpose of the meeting will be to define the heads of the complaint and explore the complainant's concern in full in order to inform the investigation. They shall also explain the next steps in the complaints process and inform complainants about the expected timescale for response.

19. Subscribers shall provide complainants with a written summary of the initial meeting or discussion within 5 working days of the meeting or discussion taking place. Subscribers shall also ensure that complainants have agreed the heads of complaint before proceeding with the investigation.

20. Subscribers shall make a written record of all subsequent meetings with complainants (whether face-to-face, via telephone or other means) that includes details of the individuals involved, the dates on which meetings or conversations were held, the agreed heads of complaint and any agreed outcomes and actions. Subscribers should provide complainants with a copy of the record.

21. Subscribers shall obtain written statements from all relevant parties who have been involved in the complaint, including consultants with practising privileges. These statements may be provided via email where expedient and should be dated. Statements should also clearly identify the name of the author and their job title.

22. Subscribers shall carry out a robust and thorough investigation into the events giving rise to the complaint that includes:
    a. 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.
    b. A review of all correspondence.
    c. A review of all clinical records.
    d. A review of the record(s) of meeting(s) with the complainant.
    e. A review of statements provided by clinicians and other relevant parties who have been involved in the events complained about, including consultants with practising privileges.
    f. A summary of actions to be taken and learning points arising from the complaint, where relevant.

23. Subscribers shall provide a single, full, written response to the complaint that includes:
    a. A summary of the agreed heads of complaint.
    b. A summary of the process of investigation.
    c. The findings of the investigation including (where appropriate) a summary of the statements or responses provided by any clinicians or staff members involved. It is not appropriate for subscribers to send copies of the statements in lieu of a comprehensive collated response.
    d. The subscriber's response to the findings.
    e. Details of how the subscriber has learned from the complaint.
    f. Any actions taken as a result of the complaint.
    g. Any remedy that has been offered in response to the complaint.
    h. Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint to Stage 2 and confirmation that this needs to be done in writing within six months of the final response.

Responding to complainants

24. Subscribers shall provide the complainant with a full written response (sent either via post or email) within 20 working days or, where the investigation or review is still ongoing, send a written update to the complainant explaining the reason for the delay at a minimum of every 20 working days.

25. Subscribers shall complete each stage of the complaints process within three months, unless in exceptional circumstances, and provide complainants with an explanation regarding the need for a longer timescale.

26. In the response letter, subscribers shall signpost complainants to the next stage of the complaints process in the event that they remain dissatisfied. This means providing an explanation of the option to proceed to the next stage, details of how to do so, and advising complainants that the escalation request must be made in writing within six months of the final response to their complaint, unless there are exceptional circumstances.

27. Subscribers shall inform complainants about their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim.

STAGE 2
Unresolved Complaints

28. Subscribers shall ask complainants who wish to escalate their complaint to Stage 2 to provide a summary of the matters that remain outstanding and that they wish to be investigated.

29. Timeframes for Stage 2:
    a. Complaint should be acknowledged within 3 working days of receipt.
    b. Full response to complaint within 20 working days, or an update on progress every 20 working days.
    c. Complaint should be concluded within 3 months (unless there is a good reason to explain longer timeframe).

30. Subscribers shall invite complainants to attend a meeting at the start of Stage 2 in order 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 videoconferencing/online if the complainant prefers.

31. The reviewing member of staff must 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.

32. Subscribers shall conduct an objective review of the investigation into the complaint and the response that was provided at Stage 1. The review should include:
    a. Consideration of the Stage 1 response provided to the complainant.
    b. Consideration of the agreed outstanding complaint and the matters that remain unresolved.
    c. Consideration of the findings of the investigation and the information on which the findings were based.
    d. Consideration of the comments made by the complainant regarding the response at Stage 1.
    e. Where appropriate, seeking further responses from the individuals involved in the complaint or the handling of it.
    f. Consideration of any further questions raised by the complainant in the escalation request (including by involving those who responded to Stage 1 if necessary).
    g. Consideration of how effectively the complaint was handled at Stage 1.
    h. Consideration of the extent to which the Standards at Stage 1 were met.

33. Subscribers shall provide a single, full, written response to the complaint that includes:
    a. A summary of the agreed outstanding heads of complaint and the matters that remain unresolved.
    b. A summary of the process of review.
    c. The findings of the review, including (where appropriate) a summary of the statements or responses provided by the clinicians and staff members involved. It is not appropriate for subscribers to send copies of the statements in lieu of a comprehensive response.
    d. The subscriber'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.
    e. Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint via ISCAS and confirmation that this must be done in writing within six months of the final response at Stage 2.

34. Subscribers shall inform complainants that any new concerns that have been raised in the escalation request constitute new complaints and inform them that it may be appropriate for such matters to be investigated at Stage 1 (if they are within the timescale for investigation). Subscribers have discretion to choose to respond to the new matters at Stage 2 where it is appropriate to do so, for example if the matter is incidental to the current complaint or is of minor impact.

35. In exceptional circumstances, and with the complainant's agreement, subscribers shall invite the hospital or clinic that responded at Stage 1 to revisit the complaint where the Stage 2 reviewer identifies that a specific matter that has already been raised has not been investigated and they consider that investigating that matter as a new head of complaint may enable the complaint to be resolved. This does not include complaints about complaint-handling, which should be considered as part of the Stage 2 review. The complainant should be informed where this happens and kept updated with progress.

36. Subscribers shall inform complainants that any remedies or goodwill payments that have been offered will be rescinded if they choose to proceed to Stage 3.

STAGE 3
Independent External Adjudication

37. The external independent adjudication process is aimed at bringing about a final resolution of the complaint for both parties. Complaints will only be accepted for consideration at Stage 3 after the subscriber has confirmed that Stages 1 and 2 have been completed.

38. ISCAS shall have a Patient Guide that explains the Independent Adjudication Service for the public. This should be concise, easy to understand, and kept up to date. This document shall be available on the ISCAS website, and a hard copy sent to complainants upon request.

39. Upon receipt of a request for adjudication, ISCAS shall:
    a. Provide complainants with a written acknowledgement of their request for independent adjudication within 3 working days of receipt of the request.
    b. Inform the subscriber that the complaint has progressed to Stage 3 and advise them that they have 10 working days in which to respond to the request for escalation.
    c. Refer complainants back to the subscriber where the complaint has not completed Stages 1 and 2. This may be because the process for local resolution and Stage 2 review has not yet been exhausted or because one of the grounds in Standard 40 below apply. Where appropriate, refer complainants to other sources of assistance, such as bereavement services.

Scope

40. ISCAS shall accept complaints for adjudication unless one of the following limited conditions apply:
    a. It is reasonable to conclude that the complaint has been resolved.
    b. The subscriber has genuine and reasonable grounds for considering that the complaint can be resolved locally.
    c. The complaint brought to ISCAS focuses on issues that are different from the matters originally complained about to the subscriber.
    d. The complaint is outside the remit of the Code for complaint handling.
    e. The complaint relates to events that happened at a time that make it impossible to conduct a reasonable review of the complaint.

Receiving complaints

41. ISCAS shall:
    a. Seek written confirmation from complainants that they wish to participate in the independent adjudication process and obtain their consent for the subscriber to provide ISCAS, the Independent Adjudicator and any clinical experts who might be appointed with a copy of their clinical records and complaint correspondence.
    b. Inform complainants that any remedies or goodwill payments that have previously been offered will be rescinded if they choose to proceed to Stage 3.
    c. Ensure that complainants understand the binding nature of the external independent adjudication process. For a complaint to proceed to Stage 3, the complainant shall accept that:
        i. The adjudication process is intended to bring about a final resolution to the complaint for both parties.
        ii. The decision of the Independent Adjudicator is final and there is no right of appeal.
        iii. The Independent Adjudicator's decision is binding on both parties.
    d. Ask complainants whether they require reasonable adjustments to be made to assist them with this stage of their complaint and the type of adjustment that is needed.
    e. Ask complainants to clarify in writing those aspects of their original complaint that remain unresolved and those which they wish to refer for adjudication. The adjudication at Stage 3 will not consider 'new' issues that have not previously been raised with the subscriber. The only exception is concerns that may be raised about the way in which the subscriber has handled the complaint.
    f. Assign an Independent Adjudicator to the complaint within 5 working days of receipt of the case file from the subscriber.
    g. Remind complainants about their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim.
    h. Have a policy in place for handling unacceptable behaviour by complainants, which is available on its website.

42. Subscribers shall:
    a. Respond to requests from ISCAS within 10 working days and confirm whether Stages 1 and 2 have been completed.
    b. Securely send to ISCAS files that include all correspondence exchanged between the parties, all clinical records pertaining to the complaint (including a copy of any consultants' notes and radiological imaging such as X-rays or scans where relevant), a record of any meetings held with the complainant, statements provided by clinicians and staff involved in the complaint, and a summary of actions to be taken and learning points arising from the complaint. Files should also contain an index of the documents that have been submitted. Subscribers should respond to this request for information within 15 working days of the request being sent and should inform ISCAS if additional time is required to compile this information.
    c. Respond to any subsequent requests for additional information within 10 working days of the request being made and inform ISCAS if additional time is required to provide this information.

Timescales

43. Upon receipt of a request for adjudication, ISCAS shall:
    a. Send a letter acknowledging request for escalation within 3 working days of request.
    b. Check with subscriber that Stages 1 and 2 have been completed, within 10 working days.

44. The subscriber shall provide complaint documentation within 15 working days of request from ISCAS.

45. ISCAS shall appoint an Independent Adjudicator within 5 working days of receipt of complaint file.

46. Upon appointment, the Independent Adjudicator shall:
    a. Write to the complainant within 5 working days of receipt of the complaint file to advise them of their appointment.
    b. Send a letter outlining the key heads of complaint within 20 working days following appointment.

47. The complainant and subscriber are required to confirm agreement with key heads of complaint within 10 working days.

48. The Independent Adjudicator shall issue the decision within 20 working days, or provide a progress update every 20 working days if the decision is delayed.

49. ISCAS aims to complete most of its adjudications within 3 to 6 months and to complete 98% of adjudications within one year.

Adjudication procedure

50. The Independent Adjudicator shall:
    a. Accept complaints for adjudication unless they identify a conflict of interest.
    b. Inform ISCAS as soon as possible if they have a conflict of interest that precludes them from adjudicating on the complaint. In such cases the complaint will be passed on to another adjudicator.
    c. Write to complainants within 5 working days of receipt of the complaint file to advise them of their appointment.
    d. Compile a chronology of events and identify the key heads of complaint (matters complained about and to be adjudicated upon). The adjudicator shall write to complainants within 20 working days of receipt of the file and provide them with a summary of the key heads of complaint and any matters that fall outside the scope of the independent adjudication process. The adjudicator will inform complainants if additional time is required to complete this process and provide them with a revised timescale for response.
    e. Inform complainants that they have 10 working days from the date of the letter setting out the key heads of complaint to draw attention to anything the adjudicator has misinterpreted or overlooked or any aspect of the complaint that has been resolved. The adjudicator shall inform complainants that they may submit any further documentation for consideration within that timescale following which the adjudicator will begin the adjudication based on the identified heads of complaint. The adjudicator may extend this timescale where the complainant makes a reasonable request to do so or where there is a requirement for reasonable adjustments to be made.
    f. Inform complainants and subscribers that they are required to respond to the key heads of complaint within 10 working days of them being sent and confirm their agreement to the same or identify in writing any amendments that they wish to be made. If ISCAS does not receive a response from either party within 10 working days, the adjudicator will proceed with the adjudication based on the heads of complaint set out.

g. Where appropriate, inform complainants and subscribers that the key heads of complaint may be amended on no more than two occasions, unless in exceptional circumstances. Where there is ongoing disagreement with complainants or subscribers regarding the key heads of complaint, the matter will be referred to the ISCAS Management Team for review.
h. Request any additional information that may be required from the complainant or subscriber upon review of the file.
i. Send a letter to the complainant at a minimum of every 20 working days to inform them about progress with the adjudication and explain the reason for any delays.
j. Provide a full decision within 20 working days of being in a position to do so or send a letter explaining the reason for any delays. The adjudicator shall explain in their decision their reasoning for their findings.

51. In exceptional circumstances, the adjudicator may advise ISCAS that the adjudication process should not continue and should be terminated if they consider that the matter is not capable of resolution.

Independent expert clinical advice

52. The Independent Adjudicator shall:
    a. Inform ISCAS if they determine that independent expert clinical advice is required to inform their decisions. The adjudicator shall provide ISCAS with a brief summary of the complaint, the type of expert that is required and the questions that they intend to ask the expert. Any experts who have been approached by ISCAS will be asked to declare if they have any conflict of interest with any of the parties involved in the complaint or to confirm that they do not have a conflict of interest.
    b. Provide complainants and subscribers with an outline of the proposed questions that they intend to ask the expert. The adjudicator will inform complainants and subscribers that they have 10 working days in which to respond to the proposed questions for the expert and identify any amendments that they wish to be made. The adjudicator will send the questions to the expert after the 10 working days have passed.

Adjudication decisions

53. The Independent Adjudicator shall write to the subscribing organisation following the adjudication and provide a summary of the decision including any learning points arising from the adjudication or matters for action. They shall also offer advice where necessary to support resolution of the complaint, for example advising where an apology would be appropriate. The adjudicator shall, where relevant, provide subscribers with feedback regarding their compliance with the Principles and Standards contained in the Code and make recommendations regarding any changes to be made to practice or to complaint handling processes.

Record retention

54. The Independent Adjudicator shall destroy or remove from their computers the complaint file within 5 working days of the decision being completed.

55. ISCAS shall hold all records in relation to the complaint for 2 years from the date of the adjudication. All records will be disposed of securely after this date.

Remedies

Remedies

56. The Independent Adjudicator does not have authority to direct subscribers to offer a refund (a return of money where patients are not satisfied with goods or services they have purchased) or compensation (a monetary award in recognition of loss, suffering or injury). They do, however, have authority to award a goodwill payment in recognition of shortfalls in the service provided.

57. The Independent Adjudicator has a remit to recommend apologies where shortcomings have been identified that have had an impact on complainants. It also has a remit to make recommendations for changes in practice.

58. The Independent Adjudicator shall exercise their discretion to award a goodwill payment in recognition of shortfalls in service or in the complaint handling process or in recognition of any inconvenience, distress arising from the complaint up to a limit of £5,000 in accordance with the ISCAS Goodwill Payments Guide.

59. Subscribers shall pay any goodwill award to the complainant within 20 working days of the date of the adjudication decision letter.

60. Subscribers shall confirm in writing to ISCAS that any learning points have been acted upon and any matters for action have been implemented.

Self-assessment

Monitoring and Improvement

61. Subscribers shall undertake an annual self-assessment of compliance against the Standards in the Code using the approach agreed with ISCAS and share this assessment with ISCAS at the time of annual renewal of subscription. Where the subscriber finds that it is not meeting the Standards in the Code, it should share with ISCAS an action plan that demonstrates how compliance will be achieved. The submission of this self-assessment (and, where appropriate, action plan) will be a condition of successful renewal of subscription with ISCAS.

62. Subscribers shall respond to requests from ISCAS to address areas of non-compliance with the Code raised through the adjudication process, annual self-assessment, or performance review meetings.

63. ISCAS shall:
    a. Include in its annual report an overview of how subscribers are performing against the Code based upon the self-assessments conducted by subscribers, themes arising from Independent Adjudication, and other ISCAS activity in the reporting year.
    b. Undertake performance review meetings with subscribers that repeatedly fail to meet the Code's Standards, and set clear objectives, with timelines, for subscribers to demonstrate improvement.
    c. Take steps to terminate participation in the ISCAS scheme of any subscribers that persistently fail to meet the Principles and Standards set out in the Code and do not engage with ISCAS to improve their complaint handling.

ADR

Complaints

Alternative Dispute Resolution

64. In partnership with the Centre for Effective Dispute Resolution (CEDR), ISCAS offers mediation as a method of dispute resolution for complaints where both parties agree that this approach may be more appropriate than ISCAS adjudication.

65. Mediation is a flexible process that is conducted confidentially in which a neutral person appointed by CEDR actively assists parties in working towards a negotiated agreement of a dispute or difference, with the parties in ultimate control of the decision to settle the complaint and the terms of resolution.

66. Mediation may be offered to the complainant and the subscriber on a voluntary basis (both parties must consent). However, this will not prevent the complainant from using the ISCAS service if mediation is not considered suitable or ultimately proves to be unsuccessful.

Complaints about ISCAS or the Independent Adjudicator

67. ISCAS is owned by the Centre for Effective Dispute Resolution (CEDR) which is a registered charity.

68. CEDR will manage any complaints that are made about the way ISCAS has managed a complaint at Stage 3. This provision relates to administrative matters and the level of customer care provided. It does not relate to the adjudicator's decision, or the approach taken by the adjudicator. There is no appeal against the adjudicator's decision, which is final.

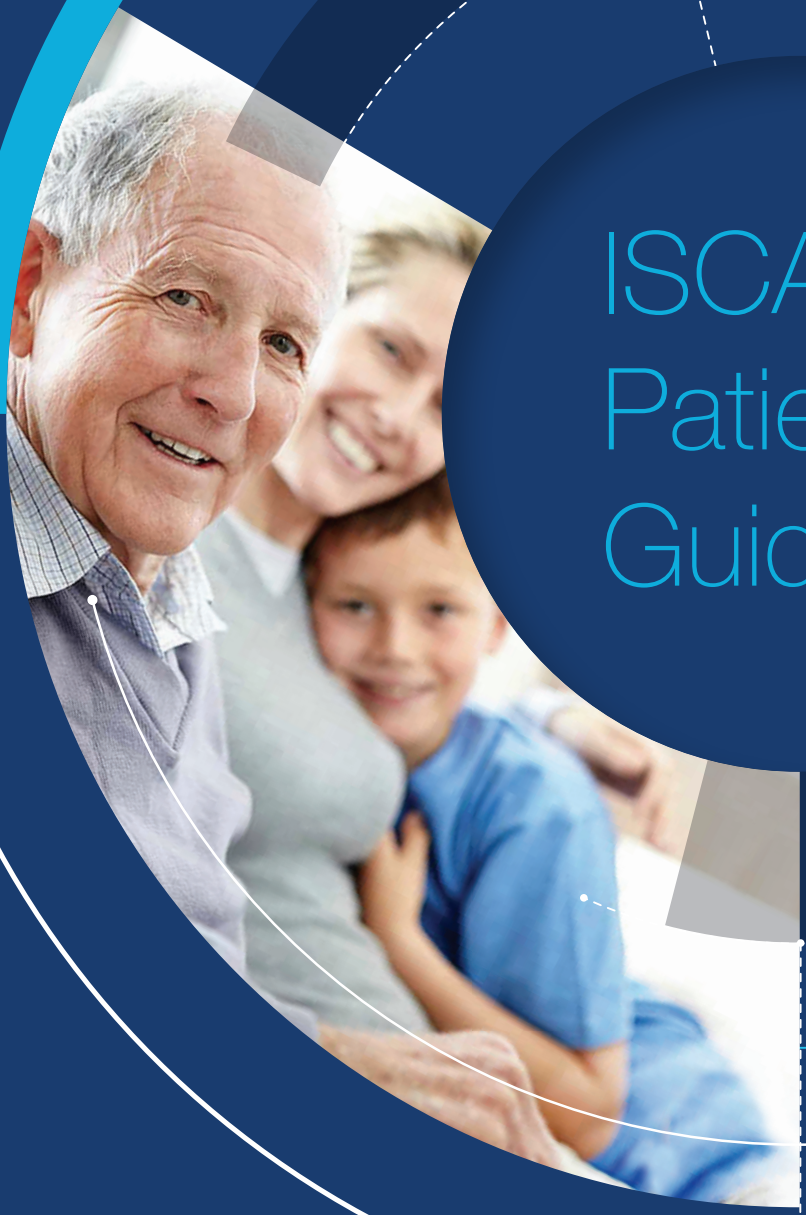
69. Further information on the complaints process can be found at:
http://iscas.cedr.com/about/complaints-about-iscas/

ISCAS
INDEPENDENT SECTOR
COMPLAINTS ADJUDICATION SERVICE

100 St Paul's Churchyard, London EC4M 4BU
Tel: 020 7536 6091 Email: info@iscas.org.uk

www.iscas.org.uk

Making a complaint about private or independent healthcare



ISCAS Patients' Guide

ISCAS
INDEPENDENT SECTOR
COMPLAINTS ADJUDICATION SERVICE

What is ISCAS?

The Independent Sector Complaints Adjudication Service (ISCAS) provides independent adjudication on complaints.

To check whether an organisation is covered by the ISCAS Code, go to www.iscas.org.uk. The adjudication by ISCAS is funded by the healthcare provider and there is no charge to you in making a referral.

If the provider is not covered under ISCAS, it is still your right to refer the clinician to the relevant professional regulator. The ISCAS Code details the regulators for each of the four countries in the UK. Except for Scotland, the healthcare regulators do not investigate individual complaints, but they gather feedback from the public as part of the information they hold on each independent healthcare provider.

If you are concerned about the safety of a doctor or any other health professional, you may wish to refer the clinician to the relevant regulator https://iscas.cedr.com/about/regulation/.

the patients association

ISCAS and the Patients Association

The Patients Association is an independent patient charity campaigning for improvements in health and social care for patients.

The national helpline number is 020 8423 8999 or Freephone 0800 3457115 (check your phone supplier) or email helpline@patients-association.org.uk if you want advice or information about making a complaint.

How do I complain about an independent healthcare provider?

Whether you have received treatment from independent/private healthcare, the NHS, or a mixture of both you need the reassurance that there is a complaints process in place if things go wrong and you are not happy with the treatment you have received. It is only through patient feedback, satisfaction surveys and complaints that organisations can learn what they are doing well and how they can improve. This guide provides you with information about how to make a complaint to an independent/private healthcare provider.

Don't be reluctant to make a complaint; it is of great value to the organisation and for other patients who will benefit from the same mistakes not happening again.

What is an independent healthcare provider?

Independent healthcare providers include hospitals, clinics and independent doctors that provide services paid for directly by patients (self-funded) or by an insurance scheme. In some instances, it may also include private patient units (PPUs) in NHS hospitals. For more information, please refer to the ISCAS Code:
https://iscas.cedr.com/download/code-of-practice-for-complaints-management/.

Are your concerns covered by the ISCAS Code?

If you're thinking about making a complaint, the first question to ask is whether the healthcare provider and service you would like to complain about is covered by the ISCAS Code. The ISCAS Code sets out good practice standards for subscribing independent healthcare providers that pay an annual subscription to ISCAS. For more details, please refer to the ISCAS provider directory and Pages 5 and 6 of the ISCAS Code:
https://iscas.cedr.com/patients/provider-directory/.
https://iscas.cedr.com/download/code-of-practice-for-complaints-management/.

Where do I start?

Ask the independent healthcare provider for a copy of their complaints procedure. You should make your complaint **within six months** of the incident you are concerned about wherever possible. The independent healthcare provider may be willing to investigate complaints after this time if there is the opportunity of conducting a fair and effective investigation and if you have a good reason why you could not act sooner. You can complain on behalf of someone else if the patient gives permission in writing.

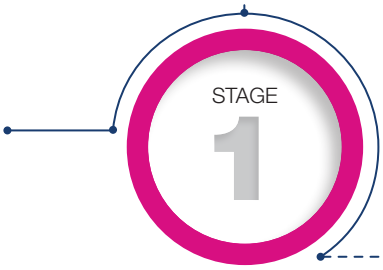
What should I include in my letter of complaint?

Include all the points you wish to address and keep a written copy of any correspondence and records you send. They don't need to be lengthy and can be in an email, letter, via a website or you can make a phone call.

You should state:

- Who or what has caused your concerns including the name and position of staff member.
- Where and when the events took place.
- What action you have already taken, if any.
- What outcome you want from your complaint.

Stages of the complaints process



Investigation

You should receive a written acknowledgement of your complaint within three working days of the provider receiving it. You should receive a full written response to your complaint within 20 working days of making it or regular updates every 20 working days where there is a delay in the investigation being carried out.

How does the investigation take place?

The ISCAS Code supports a full investigation of your complaint. You should be offered a meeting so that the detail of your complaint can be clarified. This meeting may be in person or via telephone or video link if you prefer. The provider should look at the issues you have raised in your complaint and take statements from those involved. You should then receive a response that sets out your complaint, details of how the investigation has taken place and findings made on all issues in your complaint. The provider should set out any lessons learned as a result of the investigation. You may be offered a resolution if your complaint is upheld.

How should I prepare for a meeting?

- Ask who will be at the meeting.
- State if anyone is attending that you are uncomfortable seeing.
- Ask where the meeting will be held and how long it will last.
- Make known any of your special requirements.
- Make known if you have particular questions and send these before the meeting takes place.
- Ask how long it will take to receive a written record of the meeting.
- You can ask to bring someone with you to the meeting if that would help you.

What if I'm not satisfied with the response to my complaint?

The full response to your complaint at stage 1 should tell you what to do next if you are not satisfied. If you wish to escalate your complaint for review to stage 2, you should do so in writing, within six months of the final response at stage 1.

STAGE 2

Review

The aim is to review the investigation and complete this stage within three months. The review will be conducted by a senior member of staff who was not involved in the handling of the complaint at stage 1 or involved in the daily operation of the hospital/clinic. Relevant documents will be reviewed, interviews with staff may be requested and you may be invited to a meeting. You should receive a full, written response within 20 working days and any reasons for a delay. You may be offered a resolution to your complaint at the review stage. If you are not satisfied with the review response at stage 2 you can refer the matter to stage 3 which is **independent external adjudication**. This must be within six months of the final response at stage 2. If you make a referral to ISCAS, any offer of resolution that had been made will be withdrawn.

STAGE 3

Referral

ISCAS provides independent adjudication. You should apply for this in writing and can find ISCAS contact details here: https://iscas.cedr.com/contact/. Give details of your complaint which have not been resolved and reasons for requesting adjudication. You can use the letter you wrote at stage 1, but highlight any aspects of your complaint that remain unresolved. Adjudicators will not consider any issues unless they have previously been raised with the independent healthcare provider (except concerns about the way they have handled the complaint). Provide copies of all documents, correspondence and/or clinical records that you wish to be considered and the outcomes you would like. You should receive a written acknowledgement within three working days of submitting your request for independent external adjudication.

The healthcare provider will be informed that you wish to escalate your complaint and has ten working days in which to object. In most cases complaints proceed to this stage without any objection.

ISCAS will ask you for permission for the healthcare provider to send them a copy of your medical records. Access to patient records is restricted to only those people who need it and there are strict guidelines about how records are kept, who can access them and when they are destroyed. You will need to give written consent for the records to be obtained.

Once ISCAS has gained your consent for the independent healthcare provider to provide ISCAS with all your case records and clinical records, an Independent Adjudicator will be assigned to your complaint.

Who are the Independent Adjudicators?

The Independent Adjudicators are independent of the healthcare provider with a range of experience including health policy, health professional standards, professional regulation, complaint handling and consumer policy. The Independent Adjudicator will confirm in writing that they have received your complaint. They will compile a chronology of events and identify the main points (often referred to as 'key heads') of your complaint and will set out their understanding of your complaint. You will be kept up to date with progress, at a minimum, every 20 working days. ISCAS aims to complete most of its adjudications within 3 to 6 months. The Independent Adjudicator will decide to uphold or not uphold each aspect of your complaint. The Independent Adjudicator is able to make an award of up to £5,000 although most awards are significantly lower than this maximum sum. The Independent Adjudicator is not able to direct a healthcare provider to take specific action; however, they are able to make recommendations regarding the way the healthcare provider operates.

Expert opinion

If your complaint is about complex clinical matters, in some cases the Independent Adjudicator may decide that expert advice will be required. You will be able to see the questions the Independent Adjudicator plans to ask an expert, if this is required, and will be given an opportunity to comment on them.

Appeals against the Independent Adjudication

There is no appeal against the decisions reached by the Independent Adjudicator. You can complain if you believe that ISCAS or the Adjudicator failed to carry out the procedure of adjudication properly.

Confirmation of ISCAS complaints processes which consist of three stages:

STAGE 1
Complaint raised directly with clinic or hospital where care was provided

STAGE 2
Internal review of complaint by someone who was not involved at stage 1 (normally regional or head office)

STAGE 3
External review: ISCAS Independent Adjudication