

North East Child Psychiatry Ltd
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NECP Complaints procedure
Version 5

North East Child Psychiatry Ltd

Complaints procedure

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Introduction

NECP wants those who use the service – patients, families, carers and other professionals – to have a positive experience. However it is recognised that there is a need to support people to feel reassured that there is a complaints process in place if things go wrong and someone is not happy with the treatment received.

NECP is aware that it is only through patient feedback, satisfaction surveys and complaints that organisations can learn what they are doing well and how they can improve.

Therefore this procedure is designed to provide a clear, transparent guide to how to raise concerns or make a complaint and to demonstrate NECP's openness and desire to seek learning opportunities, continually develop the service, make quality improvements and manage risk.

Aims

NECP aims to:

- Provide a clear and simple framework for making a complaint
- Log all concerns and complaints
- Acknowledge and investigate all complaints
- Respond to complaints within an appropriate, and stated, timescale
- Treat any complaint seriously
- Respond in the right way
- Provide regular updates during the complaint investigation
- Apologise if appropriate
- Not let any concern raised or complaint received adversely affect the care provided to the patient
- Learn lessons from concerns and complaints

What is a complaint?

Any communication involving goods or a service that requires an investigation and formal response.

How to make a complaint

A complaint can be made verbally, in person, or in writing via email or letter.

To start the formal Complaint Resolution Procedure you should write to:

- Paul Gilder
North East Child Psychiatry
56 Cauldwell Lane
Monkseaton
Whitley Bay
Tyne and Wear
NE25 8LN

Making a complaint

In the first instance, we request that complaints are made directly to provide us with an opportunity to resolve the issue quickly and personally. NECP aims to manage complaints at a local, informal level whenever possible.

Verbal complaints should be responded to at the time of being made. If an error has occurred an apology and explanation should be offered. An apology is not an admission of liability. Any verbal complaint, and subsequent discussion, will be followed up with a written response and logged in the NECP complaint log.

Who can complain?

- Patients can complain directly (past and present patients)
- Families, carers and those with legal parental responsibility (PR) can complain on behalf of someone who is under-18 years old
- A professional can complain as an advocate for someone else
- Written permission must be sought, wherever possible, from the person involved. If not possible due to age or other factors then written consent is needed from the next of kin. NB if the complaint is received from a patient aged 16 years or over, they are presumed in law to be competent.

When should the complaint be made?

A complaint should be made within six months of the incident a person is concerned about, or within six months of the person making the complaint becoming aware of the issue, wherever possible.

NECP may be willing to investigate complaints after this time if there is the opportunity of conducting a fair and effective investigation and if there is a good reason why the person could not complain sooner.

What information should be included in the complaint?

- Who or what has caused the concerns including the name and position of staff member
- Where and when the events took place
- What action has already been taken, if any
- What outcome is wanted from the complaint

When will a complaint not be accepted?

NECP has the right not to accept a complaint if it is anonymous, deemed to be vexatious or malicious. Each complaint will be considered and discretion will be used to decide on the action to be taken. Complaints which appear to be motivated by racist, sexist or other discriminatory attitudes, or where the complaint threatens or abuses NECP staff will also not be accepted.

NECP may seek independent advice if a person makes repeated or unreasonable complaints. This includes when the person:

- Persists in pursuing a complaint when the procedures have been fully and properly implemented and exhausted
- Does not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services
- Continually makes unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided quicker than agreed/published timescales
- Changes the substance of a complaint or seeks to prolong contact by continually raising further concerns or questions. Care must be taken however not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately
- Consumes a disproportionate amount of time and resources, placing unreasonable demands on staff with excessive number of contacts either in person, by telephone, letter or email
- Threatens or uses actual physical violence towards staff
- Has harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails)
- Will not accept documented evidence as being factual

Also, as per page 6 of the ISCAS Code of Practice for Complaints Management, this complaints procedure does not cover all concerns. For example if the complaint is referring to an allegation that we have:

- broken the law
- breached the provisions of the Mental Health Act
- committed clinical negligence
- breached data protection legislation
- breached GMC professional standards (although it does cover concerns about their behaviour)

then there are other, more relevant, agencies to approach.

What happens next?

NECP will provide a written acknowledgement of the complaint within three working days after receiving it, unless there has been clear communication that NECP is unable to respond within that time frame for example during periods of leave.

Complaint handling process

A response will be provided to arrange a meeting to clarify the details of the complaint – this can be face to face, by telephone or via video call, depending on the preference of the person making the complaint. The person making the complaint is welcome to have someone accompany them. Reasonable assistance will be provided for complainants where required e.g. for those with a disability or those whose first language is not English.

NECP will then investigate the issues raised in the complaint, review records of all meeting(s), review all clinical records and correspondence and take statements from anyone involved.

The person making the complaint will then receive a response that sets out the complaint, details of how the investigation has taken place and findings made on all issues in the complaint. NECP aims to have this stage of the process complete within 60 days of the date the complaint was made; if there will be delays the person making the complaint will be informed and reasons for the delays will be provided.

NECP will set out any lessons learned as a result of the investigation.

If the complaint is upheld then NECP may offer a resolution.

Confidentiality

NECP takes data protection and confidentiality very seriously.

All complaints will be kept confidential, information shared between the patient, person making the complaint and NECP as far as possible.

Exceptions are where there are significant safeguarding concerns or disclosure of criminality, in which case NECP will escalate concerns to the relevant authorities.

Anonymised details of the content of the complaint may be highlighted by Dr Gilder in confidential peer supervision as well as during her annual appraisal, in accordance with General Medical Council (GMC) regulations.

Where the complaint is made by a relative (not next of kin), friend or professional there will only be a release of sensitive or confidential information with express consent from the patient (or their allocated legal representative).

Duty of candour

All healthcare professionals have a Duty of Candour which is a professional responsibility to be honest with patients and their advocates, carers and families when things go wrong.

The key features of this responsibility are:

- Every healthcare professional must be open and honest with service users when something goes wrong with their treatment or care causes, or has the potential to cause, moderate-severe harm or distress (including prolonged psychological harm).

This means that healthcare professionals must:

- Tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- Apologise to the patient
- Offer an appropriate remedy or support to put matters right if possible

Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations / complaints when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

Escalating the concern beyond a local, informal level

If the response from NECP is not satisfactory there is an option to escalate the complaint.

Dr Gilder is a member of the Independent Doctors Federation (IDrF). She has signed up to the IDrF Patient Complaints Procedure.

The Complaint Resolution Procedure has three stages and reflects the principles of the ISCAS Code of Practice:

- Stage 1 Local resolution within the individual practice
- Stage 2 IDrF Complaint Resolution Procedure to review the complaint
- Stage 3 Independent Adjudication from ISCAS

Please note that Stages 1, 2 and 3 fall within the ISCAS Code of Practice for Complaints Management. A copy of this can be obtained from the IDrF or from ISCAS.

NB The 3-stage process only relates to complaints about the IDrF member (Dr Gilder) and not to any other members of the team working in the practice.

Stage 1

Stage 1 involves the doctor (Dr Gilder) and the practice (NECP) which are the subject of a complaint; the IDrF offers a Stage 1 Complaint Support Service led by their Responsible Officer which aims to support Dr Gilder in the handling of Stage 1 complaints. This serves to guide Dr Gilder through the procedure but does not include reviewing the Stage 1 documentation or the proposed Stage 1 response.

If you remain dissatisfied following the final Stage 1 response, then you can request a review of your complaint, known as Stage 2 by writing to:

Complaint Manager
 The Independent Doctors Federation
 Lettsom House
 11 Chandos Street
 Marylebone
 London
 W1G 9EB

Escalation to Stage 2 must be made in writing within six months of the final Stage 1 response.

Stage 2

At Stage 2 the IDrF Complaint Manager considers the complaint with input from the complainant and Dr Gilder.

The IDrF Complaint Manager will send you an acknowledgement of your letter within three working days of receipt of your complaint and will request a summary of the matters that remain outstanding that you wish to be investigated. You will be invited to attend a meeting at the start of Stage 2 in order to clarify the matters that remain outstanding and obtain a greater understanding of what you hope to achieve by escalating the complaint. The IDrF Complaint Manager will not have been involved in the matters that led to the complaint or the handling of the complaint at Stage 1.

You will be asked to consent to release of records from the doctor. The IDrF Complaint Manager will undertake a review of the documentation, any correspondence and the handling of and response to the complaint at Stage 1. If the review is still in progress after 20 days a letter will be sent to you explaining the delay and a full response made within five

days of reaching a conclusion. In any event a holding letter will be sent every 20 days where a review is continuing.

The IDrF Complaint Manager will write to you when the review is completed to either confirm the outcome at Stage 1 or to offer an alternative resolution.

Throughout the process all information, documents and records relevant to your complaint will be treated in the strictest confidence and no information will be divulged to any parties who are not involved in the IDrF Complaint Resolution Procedure, unless required to do so by law.

The Complaint Manager may convene a Complaint Committee consisting of any party considered necessary by the Complaint Manager to assist them in Stage 2 of the process. The Complaint Manager is required to provide the Stage 2 response to the complainant in line with the ISCAS Code, with a copy sent to Dr Gilder and to the Managing Director of the IDrF.

Thereafter, the IDrF will advise that if the complaint is unresolved, you have the right to take the matter further into Stage 3 with referral to ISCAS, an independent body.

The Independent Sector Complaints Adjudication Service (ISCAS) provides independent adjudication on complaints about ISCAS subscribers. ISCAS is a voluntary subscriber scheme for the vast majority of independent healthcare providers.

The IDrF is a subscriber of ISCAS; NECP is covered by the ISCAS code.

Stage 3

This stage is only available to you if you remain dissatisfied once Stage 1 and Stage 2 are exhausted and aims to bring about a final resolution of the complaint to both parties. In such a situation you should request the adjudication by writing to the Secretariat:

Independent Sector Complaints Adjudication Service (ISCAS)
CEDR (Centre for Effective Dispute Resolution), 3rd Floor
100 St. Paul's Churchyard
London
EC4M 8BU
Tel: 020 7536 6091
Email: info@iscas.org.uk

This written request for adjudication must be made within six months of the final determination by the IDrF at Stage 2. You should provide reasons to explain the dissatisfaction with the outcome of Stage 2. ISCAS will acknowledge receipt of the request within three working days

ISCAS will seek confirmation from the IDrF that Stage 2 has been completed.

ISCAS will notify the IDrF of a request for Stage 3 independent external adjudication. The IDrF will respond to requests from ISCAS within ten working days and confirm whether Stages 1 and 2 have been completed. ISCAS will then be your main contact once adjudication is started. You will be asked to consent to the release of records from the doctor and the IDrF relevant to the complaint. ISCAS will issue the decision within 20 working days or provide a progress update every 20 working days if the decision is delayed. A report will be made to you, the doctor concerned and the IDrF.



Attention is drawn to the sections of the ISCAS Code which clearly explain what the Code does and does not cover. You should understand that if the complaint is not covered by the ISCAS code then stages 2 and 3 will not be available.

Additional information for patients about ISCAS can be found at: <https://iscas.cedr.com/>

Additional information for patients about the IDrF can be found at: IDrF – www.idrf.co.uk

How this document will be shared

NECP are committed to transparency, as such this procedure will be published on the public website.

Contact details

Practice and Administration Manager

Name: Paul Gilder

Phone/email: 07919 832062 / admin@northeastchildpsychiatry.co.uk

We are committed to reviewing our policies and procedures and good practice annually.

NECP refers to the General Medical Council, Royal College of Psychiatrists, Independent Doctors Federation, ISCAS, Medical Protection Service and Care Quality Commission for up to date guidance and legislation.

This policy was last reviewed: 2nd January 2026



Signed:

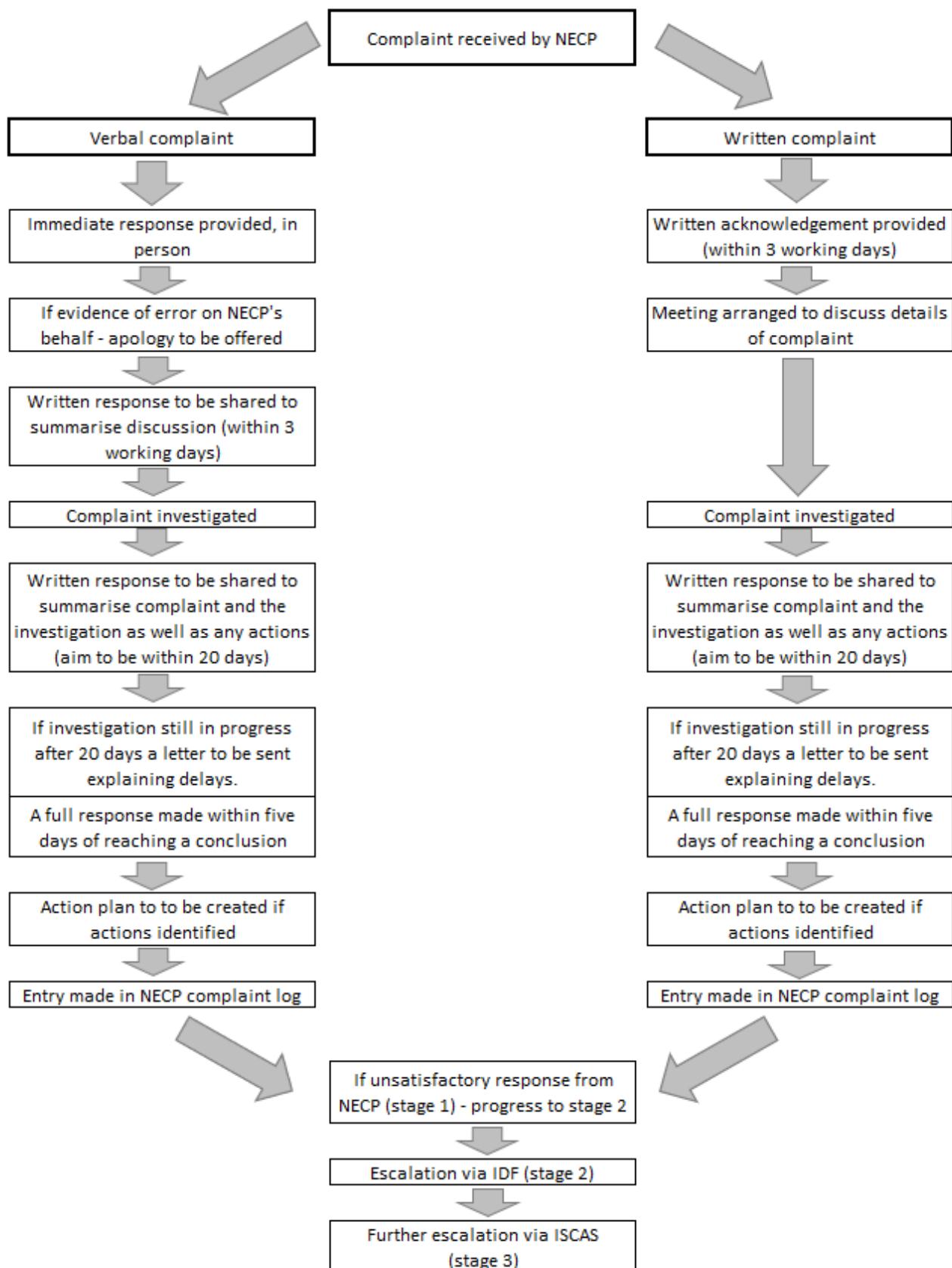
Paul Gilder

Date: 02/01/2026

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Website :	<u>www.northeastchildpsychiatry.co.uk</u>



Appendix 1. Complaints process flowchart



Appendix 2. Complaints log

Complaints log number	
Details of the person making the complaint	
Name	
DOB	
Address	
Email address	
Telephone number	
Any communication comments	
Details of the person the complaint is about	
Name	
DOB	
Address	
Email address	
Telephone number	
Any communication comments	
Details of the complaint	
Date complaint received	
Route of communication (face to face, telephone, email, paper letter)	
Date of the incident the complaint relates to	
Informal / Formal complaint	
Does the complaint relate to GDPR?	
Summary of complaint	



Actions	
Learning points	
Date feedback provided to complainant	
Details of the person logging the complaint (initial)	
Name	
Occupation / company position	
Email address	
Telephone number	
Signature:	Date:
Details of the person logging the complaint (follow up)	
Name	
Occupation / company position	
Email address	
Telephone number	
Signature:	Date: