



Northern Ireland  
**Public Services**  
Ombudsman

# Investigation of a complaint against a GP Practice

**Report Reference: 202004513**

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## **The Role of the Ombudsman**

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

## **Reporting in the Public Interest**

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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**Case Reference:** 202004513

**Listed Authority:** A Medical Practice

## **SUMMARY**

This complaint was about how a Medical Practice handled a complaint it received from the patient in July 2022. The complaint was also about the Practice's decision to remove the patient from its Patient List in August 2022.

The patient believed the Practice did not give her the opportunity to raise her verbal complaint in private and failed to involve her during the investigation of her complaint. I upheld this issue of complaint. The investigation established that in dealing with the patient's complaint, the Practice did not act in accordance with its Complaints Procedure.

The patient believed the Practice unfairly removed her because she raised a complaint. The investigation found the Practice's actions to remove the patient were not in accordance with relevant legislation. Instead, it established that the Practice's decision was intrinsically linked to the patient's complaint. It also found its decision to remove the patient was unfair and disproportionate. This was of significant concern to me. Patients are entitled to express dissatisfaction, either verbal or written, about the service they receive. They should be able to do so without fear of repercussions or negative impact on their healthcare. I considered this maladministration. I recognised the impact the Practice's actions had on the patient.

I recommended that the Practice apologise to the patient for the injustice caused to her. I also recommended actions for the Practice to take to prevent this maladministration from reoccurring.

## **THE COMPLAINT**

1. This complaint was about how a Medical Practice handled the patient's complaint. It was also about the Practice's decision to remove the patient from its Patient List.

### **Background**

2. The patient requested an advance on her prescriptions on 8 July 2022 via the Practice's Patient Services App due to an upcoming holiday. By 13 July 2022, the patient had not received her medication. She telephoned the Practice that day and spoke to a receptionist. The patient was dissatisfied with the service she received and asked to speak to the Practice Manager. However, she was unavailable at that time. The patient attended the Practice that afternoon, without an appointment, to discuss her prescription and made a complaint about the Practice administration staff. The Practice issued the patient's prescription on the afternoon of 13 July 2022.
3. The patient complained to the Practice on 13 and 14 July 2022. The Practice responded to the complaint on 27 July 2022. The letter also informed the patient that the Practice took the decision to remove her from its Patient List.

### **Issues of complaint**

4. I accepted the following issues of complaint for investigation:

**Issue 1: Whether the Practice handled the patient's complaint in accordance with its policy and relevant guidance.**

**Issue 2: Whether the Practice's removal of the patient from its Patient List was reasonable and in accordance with guidelines.**

## **INVESTIGATION METHODOLOGY**

5. In order to investigate this complaint, the Investigating Officer obtained from the Practice all relevant documentation together with its comments on the issues the patient raised. This documentation included information relating to the Practice's complaints process.

## Relevant Standards and Guidance

6. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles<sup>1</sup>:

- The Principles of Good Administration
- The Principles of Good Complaints Handling

7. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The Department of Health's (DOH) Guidance in relation to the Health and Social Care Complaints Procedure, April 2022 (the DOH Guidance);
- The Practice's Complaint Procedure, 2013 (Practice Complaint Procedure)
- The Practice's Making a Complaint Leaflet, updated June 2022 (Complaint Leaflet);
- The Health and Personal Social Services (General Medical Services Contracts) Regulations (NI) 2004, (HPSS Regulations);
- The General Medical Council's Guidance on Ending your Professional Relationship with a Patient, published 25 March 2013 (GMC Guidance);
- The Department of Health's (DOH), Social Services and Public Safety's Zero Tolerance on Abuse of Staff Circular, 2 April 2007 (DHSSPS Circular); and
- The Practice's Zero Tolerance Policy, undated (Practice's Zero Tolerance Policy).

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<sup>1</sup> These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

8. In investigating a complaint of maladministration, my role is concerned primarily with an examination of the Practice's administrative actions. While it is not my role to question the merits of a discretionary decision properly taken, I may do so if my investigation identifies maladministration in the process of making that decision.
9. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
10. A draft copy of this report was shared with the patient and the Practice for comment on factual accuracy and the reasonableness of the findings and recommendations. The complainant and Practice provided comments on the draft report, which were fully considered and responded to in this report, where appropriate.

## **THE INVESTIGATION**

### **Issue 1: Whether the Practice handled the complaint in accordance with its policy and relevant guidelines.**

#### **Detail of Complaint**

11. The patient said the Practice did not follow its complaint handling procedure as it did not deal with her verbal complaint on 13 July 2022 '*in private*'. She said she spoke to the Practice Manager face-to-face at around 13:25 in a corridor. The patient said during the discussion, two GPs walked past and patients in the waiting room were also '*subjected to the exchange.*' The patient felt '*humiliated.*'
12. The patient felt the Practice Manager decided the issue was resolved before speaking to her and made her feel like an '*inconvenience.*' When the patient raised her concerns about the reception staff, the Practice Manager told her '*she was free to register elsewhere if she believed that was better for her.*' The patient said the Practice Manager focused on the issue with the prescription

rather than her complaint about the staff, and she felt the manager '*kept brushing [her] off.*'

## **Evidence Considered**

### **Legislation/Policies/Guidance**

13. I considered the following policies and guidance:

- Practice's Complaints Procedure;
- Practice's Complaint Leaflet; and
- The DOH's Complaints Procedure.

### **Practice response to investigation enquiries**

14. The Practice stated initially the patient complained that her prescription was not ready, and this was why she wished to speak to the Practice Manager on 13 July 2022. It resolved this complaint as the patient received her prescription within one hour of speaking to the manager.

15. The Practice stated the patient '*at no point*' said she wanted to complain about the staff. However, she '*expressed her opinion which was extremely critical of the staff by way of verbal insults*' describing the staff as '*useless, rude and unapproachable.*'

16. The Practice said the patient informed the manager she signed up for online prescriptions so she would not have to speak to staff. The patient used the online service since February 2022. It was surprised by the patient's reasoning as it had not received any feedback or complaint from her before. The Practice listened to the telephone recording of the patient's call to the Practice on 13 July 2022 and did not believe it justified the patient's criticism. However, it felt the patient's behaviour and language was '*abusive and threatening.*' In the absence of any previous feedback/ complaints or evidence, the patient's criticism, words and actions '*could not be justified.*'

17. In response to the draft report, the Practice stated it did not have an opportunity to speak with the patient in private as she arrived without an appointment. It also stated the patient did not give the Practice Manager an opportunity to



prepare for a meeting, and there was no opportunity to meet in a more private area.

18. The Practice further stated that as the patient was due to go on holiday the next day, organising to meet her on a later date would not have fixed the patient's concern about her prescription issue.
19. In its response to the draft report, the Practice said that as part of its investigation of the complaint, it listened to call recordings between the patient and the administrators. This allowed it to check if its staff acted appropriately.

### **Practice Manager's Statement**

20. The Practice Manager '*assumed*' the patient wanted to talk about her prescription request. As she was addressing this request, she believed speaking to the patient '*briefly in the corridor was appropriate.*' She was '*totally unaware*' the patient intended to make a complaint. The manager said the patient became '*more verbally abusive*' which made her feel it was '*not appropriate to be in a room on her own with [the patient].*'
21. She confirmed the patient '*expressed such dissatisfaction with the Practice staff*' that she suggested the patient register with another practice as a solution for the patient to consider. She said the patient told her she wanted to make a complaint and who she should direct this to. The manager told the patient she was the Complaints Manager and she was '*complaining to [her] already about the Administration team*' and lack of communication about her prescription.

### **Relevant Practice records**

22. I enclose extracts of the records considered at Appendix four to this report.

### **Analysis and Findings**

23. The patient questioned why the Practice Manager did not take her into a private room to discuss her complaint when she attended the Practice on 13 July 2022. The Practice's Complaints Procedure sets out that complaints can be made verbally '*when the complainant is in the building*' and '*all staff*' are trained '*to*

*deal with minor issues.*' It further states that the Practice Manager will handle '*more serious complaints*' and will introduce herself to the complainant and '*take them to a private room*<sup>2</sup>' where they can '*air their complaint.*' The manager will '*support the complainant in expressing their concerns*' and explain the options available to them.

24. The Practice said the patient initially spoke to the Practice Manager about her prescription request, and it was for this reason she did not discuss the matter with the patient in a private room. I appreciate this investigation related to a discussion about a complaint taking place in a public area. However, I consider it concerning that the Practice Manager believed discussing a patient's medical information in a public area was '*appropriate.*' I do not consider this an acceptable reason for the Practice Manager speaking to the patient in the corridor rather than in private.
25. The Practice said the conversation between the Practice Manager and the patient led to the patient expressing '*her opinion*' about its administrative staff. I consider it was at this stage the patient's concerns constituted a complaint.
26. I expect public bodies to be able to identify when a complaint is being made and to appropriately implement its complaints procedure. Therefore, I would have expected the Practice Manager to have taken the patient to a private room, in accordance with the Practices' complaints procedure, once she started to raise such concerns.
27. I note the Practice Manager said by that stage in their conversation, she '*did not feel comfortable*' being in a room on her own with the patient given her behaviour at the time. I appreciate the Practice Manager's concern. However, I consider there were several options open to the Practice Manager, such as offering to meet the complainant at a later time or bringing a colleague into the room with her. Yet, there is no evidence to suggest she considered these and instead, she discussed the complaint in a public area. I do not consider this was in accordance with the Practice's complaints procedure.

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<sup>2</sup> The Practice's Complaint Leaflet reiterates this as enclosed at Appendix three.

28. In its response to the draft report, the Practice stated it did not have an opportunity to '*deal with the matter*' in private as the patient arrived without an appointment, and the Practice Manager did not have time to prepare for a meeting. However, I do not consider this would not have prevented the Practice Manager from taking any of the actions outlined in paragraph 27 above.
29. I note the Practice also stated that meeting at another time would not have resolved the prescription concern as the patient was due to go on holiday the next day. However, the Practice said it resolved the prescription concern within an hour of the patient speaking to the Practice Manager. Therefore, there was no need for this discussion to continue. My finding relates to the possibility of arranging a separate (private) meeting to discuss the patient's complaint, which could have taken place after the patient returned from her holiday.
30. I also refer to the patient's concern that the Practice focused its complaints investigation on her prescription request rather than on her complaint about staff behaviour.
31. The Practice said it '*fully investigated*' the patient's complaint. I considered the Practice's records relating to its investigation. I am satisfied the Practice addressed the patient's concern about her prescription and phone call with the receptionist on 13 July 2022. However, the patient's written complaint also referred to '*the approach of the administration staff*'. The Practice's response acknowledged the patient's dissatisfaction with its administration staff. However, it stated it was '*not in a position to comment on any specific incidents*' as the patient did not report these at the time. It concluded the patient made '*unfounded generalised abusive comments*' about the administration department of the Practice's team.
32. I am disappointed the Practice dismissed the patient's concerns in this manner. The patient's written complaint did not outline further details for these concerns. Therefore, I am concerned the Practice reached its decision on this issue without asking the patient to provide details of the other '*specific incidents*'.

33. This omission does not support its position that it conducted a thorough investigation, as it first would have had to establish the patient's specific concerns before it investigated them. In failing to do so, I consider the Practice also failed to *'involve'* the patient to ensure a fair process and outcome.
34. In its response to the draft report, the Practice said it listened to call recordings to check if its staff acted appropriately while on the phone with the patient. However, it did not provide any documentary evidence to suggest it took this action. It also did not refer to it in its letter of response to the patient. Nor did it inform the patient of its findings for this exercise, or its reasons for them. In the absence of this evidence, I cannot be satisfied the Practice took this action.
35. The DOH Guidance<sup>3</sup> requires the Practice to *'involve the complainant from the outset.'* Standard 5<sup>4</sup> requires the Practice to *'ensure an appropriate level of investigation'* to *'establish the facts.'* It further sets out that the Practice's response must *'address the concerns expressed by the complainant and show that each element has been fully and fairly investigated'*.
36. In its Complaints Procedure, the Practice set out that when handling a written complaint, a *'full investigation will be initiated'* calling on *'staff involved'* with a *'full response'* sent to the complainant.
37. I consider the Practice failed to comply with the DOH Guidance and its own Complaints Procedure in handling the patient's complaint about the administration staff for the reasons outlined. Adhering to procedural complaint handling arrangements encourages local resolution. The Practice missed an opportunity to resolve this matter with the patient.
38. The first Principle of Good Complaints Handling, *'getting it right'*, requires a public body to adhere to relevant policies and standards, including its own, and to take account of relevant guidance and established good practice. The second Principle of Good Complaints Handling, *'being customer focused'*,

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<sup>3</sup> Section 3 on Handling Complaints.

<sup>4</sup> Investigation of Complaints.

requires bodies to listen to complainants to understand their complaint. In addition, the third Principle, '*being open and accountable*', requires bodies to provide '*evidence-based explanations*' and the fourth Principle of Good Complaints Handling '*acting fairly and proportionately*', requires a public body to ensure complaints are investigated thoroughly and fairly to '*establish the facts of the case*' and that actions are proportionate, appropriate and fair. I consider the Practice failed to adhere to these Principles in the manner in which it handled the patient's complaint.

39. I consider the failure to appropriately handle the complaint constitutes maladministration. I am satisfied it caused the patient to experience, embarrassment, uncertainty and frustration, as well as the loss of opportunity to have her complaint handled in line with the Practice's Complaints Procedure. Furthermore, it caused the patient the time and effort of bringing her complaint to this Office.
40. I uphold this issue of complaint.

## **Issue 2: Whether the Practice's removal of the patient from its Patient List was reasonable and in accordance with guidelines.**

### **Detail of Complaint**

41. The patient said the Practice decision to remove her from its patient list made her feel '*abandoned when she was at her most vulnerable*.' The patient accepted she was '*angry*' on 13 July 2022 but said her behaviour did not warrant the Practice's '*harsh decision*.' She felt the Practice removed her from its Patient List because she raised a complaint.
42. The patient said the Practice acted unfairly by removing her without a warning; and penalised her for implementing its complaints procedure.

### **Evidence Considered**

#### **Legislation/Policies/Guidance**

43. I considered the following legislation, policies and guidance:
- HPSS Regulations;

- GMC Guidance;
- DHSSPS Circular;
- Practice Complaint Procedure; and
- Practice Zero Tolerance Policy.

### **Practice's response to investigation enquiries**

44. The Practice stated it listened to the patient's telephone call with the receptionist on 13 July 2022, and it perceived her conduct as '*abusive and threatening*'. It also said the patient was '*very loud and verbally abusive...rude and acting aggressively*' towards the Practice Manager at the Practice on 13 July 2022. The Practice Manager felt '*threatened*' by this.
45. The Practice referred to the HPSS Regulations. It stated it allows for Practices to remove a patient from a Practice List without prior warning. Reasons for this include the irrevocable breakdown of the relationship between the patient and the Practice, or violent or aggressive behaviour. For this reason (and other reasons) the Practice '*felt a warning was not appropriate.*' It '*considered [the patient's] actions constituted a non-physical assault.*' It also deemed the patient's conduct met the threshold for removal from the list under its '*Zero Tolerance of Abuse of Staff*' Policy.
46. The Practice stated it took the decision to remove the patient in line with GMC Guidance. This was because it consulted with a doctor who was a GP Medical Advisor with HSCB/ SPPG<sup>5</sup> and had experience advising on Practice/ patient relationship breakdown.

### **Relevant Practice records**

47. The Practice's written response to the patient's complaint referred to her concerns about the administration team. It considered these reports '*unfounded*' and '*abusive comments*' and considered they affected the patient's '*relationship with the Practice.*'

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<sup>5</sup> The Strategic Planning and Performance Group. Plans and oversees the delivery of health and social care services for the population of Northern Ireland. \*Previously known as the Health and Social Care Board (HSCB).

48. I enclose further extracts of the records considered at Appendix four to this report.

### **Analysis and Findings**

49. This issue of complaint was about the Practice's decision to remove the patient from its Patient List. In considering complaints of maladministration, my role is to identify the relevant statutory framework and whether the Practice applied those procedures that give effect to that framework appropriately. It is also to consider if the patient was treated fairly.
50. The Practice stated it removed the patient from its Patient List in accordance with the HPSS Regulations which allowed for removal without warning for an irrevocable breakdown of the relationship, or for a patient's violent or aggressive behaviour.
51. Schedule 5, Part 2 Paragraph 20(2)(b) of the Regulations permit removal on the grounds of an '*irrevocable breakdown*' in the patient and Practice relationship. I considered this paragraph of the Regulations. It states that a Practice may only request a removal if it warned the patient, within the previous 12 months, they were at risk of removal. I note the Practice did not issue a warning to the patient within the 12 months prior to her removal on 1 August 2022<sup>6</sup>.
52. I also considered Schedule 5, Part 2 Paragraph 21 of the Regulations, which states the criteria for removing a patient with '*immediate effect*<sup>7</sup>'. This can occur if '*the patient has committed an act of violence*' against a member of staff '*or behaved in such a way that any such person has feared for his safety*'. I considered whether it was appropriate for the Practice to remove the patient under paragraph 21.

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<sup>6</sup> The date the Practice informed BSO.

<sup>7</sup> . Without warning.

53. The Practice stated it considered the patient's actions as a '*non-physical assault.*' The Practice's records describe the patient's behaviour during the incident on 13 July 2022 as '*verbally abusive*' and '*aggressive.*' However, they do not document that the patient '*committed an act of violence.*' I considered the Practice Manager feeling '*threatened*' could meet the criteria that she '*feared for her safety.*' However, the Regulations also state that in these situations, the Practice had to have '*reported the incident to the police.*' The records do not evidence that the Practice did so. For the reasons outlined, I do not consider the situation met these criteria. Therefore, I am satisfied the Practice did not act in accordance with the HPSS Regulations when it made its decision to remove the patient.
54. As I stated previously, I must also consider if in making its decision, the Practice treated the patient fairly. I considered the patient's view that the Practice removed her because she raised a complaint.
55. As addressed in issue one above, the Practice Complaints Procedure states patients can raise a complaint. The Practice letter to the patient, dated 27 July 2022, provided the outcome to her complaint and also informed her of her removal from the Patient List. It stated '*We feel that your telephone call, your encounter with the Practice and complaint you have written constitute a significant breakdown of the Practice/ patient relationship...we will therefore be removing you from our Practice list.*
56. I also considered evidence relating to the patient's actions that the Practice said led to its decision to remove her from its list. The Practice described the patient's telephone call with its receptionist on 13 July 2022 as '*abusive and threatening.*' Having listened to the call, I do not agree with the Practice's view. While the patient clearly expressed her dissatisfaction with the service received, she did not raise her voice or use inappropriate language. I also note the Practice based some of its consideration on a conversation the patient had with another person while she was on hold. I do not consider this reasonable given she was not speaking to the receptionist at that time and was instead expressing her opinion to another person.



57. I note the Practice also based its decision on the patient's behaviour when she spoke with the Practice Manager in person on 13 July 2022. Given the Practice Manager's concern with this interaction, I would have expected her to have documented a contemporaneous note of the discussion. However, while she did not do so, I have noted the statement she made after the fact and evidence provided by witnesses present. Having reviewed this evidence, I still do not consider the patient's behaviour warranted immediate removal from the Practice. I consider that instead, the Practice should have considered issuing the patient a warning about her behaviour in accordance with the HPSS Regulations.
58. The Practice's letter to the patient also said it based its decision on the complaint received. As I have not found a link between the patient's behaviour and the decision to remove her from its list, I can only find that the removal and the complaint are intrinsically linked. This is of significant concern to me as any patient is entitled to express dissatisfaction, either verbal or written, about the service they receive. They should be able to do so without fear of repercussions or negative impact on their healthcare.
59. The GMC Guidance states '*you should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your team.*' The Practice did not act in accordance with this guidance when it made its decision to remove the patient from its list. It is my view that the Practice treated the patient unfairly.
60. The first Principle of Good Administration, '*Getting it Right*' requires bodies to act '*in accordance with the law and relevant guidance, with regard for the rights of those concerned.*' The fourth Principle of Good Administration, '*Acting Fairly and Proportionately*' requires bodies to ensure its '*decisions and actions are proportionate, appropriate and fair.*' I consider the Practice's actions in removing the patient unfair and disproportionate. It appears to have taken this punitive action directly as a result of the patient availing of her right to complain. I am satisfied this constitutes maladministration. I consider this caused the

patient to sustain the injustice of a loss of opportunity to access primary healthcare. I also consider it caused the patient to experience frustration.

61. I note that following this office's request for its Zero Tolerance policy, the Practice provided a DHSSPS Circular together with its own policy and a poster enclosed at Appendix three to this report. A Zero Tolerance Policy outlines to patients the behaviours a Practice expects when they deal with staff. It also informs patients of the consequences if they do not meet these standards, which may include removal. I considered the Practice's policy. While it provides a summary of expectations, it has shortcomings in complying with the regulations and guidance referred to above. I would ask the Practice to reflect on this and consider revising its own Zero Tolerance policy for its patients and staff.

## **CONCLUSION**

62. I received a complaint about how the Practice handled a complaint it received from the patient in July 2022. The complaint was also about the Practice's decision to remove the patient from its Patient List in August 2022.
63. In respect of issue one, the investigation established there were failures in complaint handling. These failures constituted maladministration and caused the patient to sustain the injustice of embarrassment, uncertainty, frustration, and loss of opportunity. They also caused the patient the time and effort of bringing this complaint to my Office.
64. In respect of issue two, the investigation established failures in the process the Practice followed when it made its decision to remove the patient from its Patient List. These failures constituted maladministration. I recognise the maladministration caused the patient to sustain the injustice of a loss of opportunity to access primary healthcare, and frustration.

65. I considered the Practice's approach to both issues considered in this report, and the failings identified. It is evident the Practice placed a greater emphasis on its investigation into the patient's behaviour reported by its own staff in comparison with the level of investigation given to the patient's complaint about the Practice's staff. The patient said she felt the Practice '*kept brushing [her] off*' and made her feel like an '*inconvenience*'. I fully appreciate why she felt this way. I accept that a Practice, as an employer, has a duty of care to its staff to protect them from certain behaviours. However, I expect bodies to appropriately balance this duty with its obligation to investigate complaints fully and fairly. I am disappointed this was not evident in this case.

### **Recommendations**

66. I recommend that within **one month** of the date of the final report the Practice provides to the complainant a written apology in accordance with NIPSO's 'Guidance on issuing an apology' (July 2019), for the injustice caused as a result of the maladministration identified.

67. I further recommend, for service improvement and to prevent future reoccurrence, that within **three months** of the date of the final report the Practice:

- I. shares the findings of this report with its Partners and relevant staff to provide them with the opportunity to reflect on the failings identified;
- II. provides this office with a list of complaints it received over the past two years. In doing so, the Practice should also highlight the outcome of that complaint and if it resulted in the removal of a patient;
- III. provides training to relevant staff to include the following:
  - removal of patients for the reason of a breakdown of the patient/Practice relationship in accordance with the HPSS Regulations;
  - an overview of the relevant GMC standard regarding a patient's right to raise a complaint about services provided; and
  - Complaint handling.

- IV. implements an action plan to incorporate these recommendations and provide me with an update. The Practice should support its action plan with evidence to confirm it took appropriate action (including, where appropriate, records of any relevant meetings, training records and/or self-declaration forms which indicate that staff read and understood any relevant policies).

**MARGARET KELLY**  
**Ombudsman**

**November 2024**

## **Appendix 1**

### **PRINCIPLES OF GOOD ADMINISTRATION**

**Good administration by public service providers means:**

#### **1. Getting it right**

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

#### **2. Being customer focused**

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

#### **3. Being open and accountable**

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.

- Taking responsibility for its actions.

#### **4. Acting fairly and proportionately**

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

#### **5. Putting things right**

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

#### **6. Seeking continuous improvement**

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

## **Appendix 2**

### **PRINCIPLES OF GOOD COMPLAINT HANDLING**

**Good complaint handling by public bodies means:**

#### **1. Getting it right**

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Ensuring that those at the top of the public body provide leadership to support good complaint management and develop an organisational culture that values complaints.
- Having clear governance arrangements, which set out roles and responsibilities, and ensure lessons are learned from complaints.
- Including complaint management as an integral part of service design.
- Ensuring staff are equipped and empowered to act decisively to resolve complaints.
- Focusing the outcomes for the patient and the public body.
- Signposting to the next stage of the complaints procedure in the right way and at the right time.

#### **2. Being customer focused**

- Having clear and simple procedures.
- Ensuring that patients can easily access the service dealing with complaints, and informing them about advice and advocacy services where appropriate.
- Dealing with patients promptly and sensitively, bearing in mind their individual circumstances.
- Listening to patients to understand the complaint and the outcome they are seeking.
- Responding flexibly, including where appropriate co-ordinating responses with any other bodies involved in the same complaint, where appropriate.

#### **3. Being open and accountable**

- Publishing clear, accurate and complete information about how to complain, and how and when to take complaints further.

- Publishing service standards for handling complaints.
- Providing honest evidence-based explanations and giving reasons for decisions.
- Keeping full and accurate records.

#### **4. Acting fairly and proportionately**

- Treating the patient impartially, and without unlawful discrimination or prejudice.
- Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case.
- Ensuring that decisions and actions are proportionate, appropriate and fair.
- Ensuring that complaints are reviewed by someone not involved in the events leading to the complaint.
- Acting fairly towards staff complained about as well as towards patients

#### **5. Putting things right**

- Acknowledging mistakes and apologising where appropriate.
- Providing prompt, appropriate and proportionate remedies.
- Considering all the relevant factors of the case when offering remedies.
- Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute.

#### **6. Seeking continuous improvement**

- Using all feedback and the lessons learnt from complaints to improve service design and delivery.
- Having systems in place to record, analyse and report on learning from complaints.
- Regularly reviewing the lessons to be learnt from complaints.
- Where appropriate, telling the patient about the lessons learnt and the changes made to services, guidance or policy.



