



The House of Discovery: work out what matters

To the patient



What is it that has made them angry? Are they angry with:

- Something that has happened?
- The way they have been treated?
- An individual?
- A system or organisation?

Do they want to make a formal complaint, or do they just want to be heard today?

Do they want any direct action other than dealing with the complaint? For instance, new clinical actions to rectify what has happened.

If they are making a complaint, what outcome would they like to result from it? Possibilities include:

- To be heard
- An apology
- To know that steps will be taken to make sure it doesn't happen again
- An investigation into what happened
- A staff member to be disciplined (including being sacked, or struck off)
- Compensation, be it financial or otherwise

To be heard, receive an apology and to know learning has occurred are by far the most commonly desired outcomes

To the doctor



Listen, listen, listen. Since the most important thing when you are angry is to feel you have been heard, what must matter most to the doctor is to make sure the patient feels that the doctor has listened. Apologise early and sincerely and agree with the patient whenever you can.

How can the doctor learn from what has happened?

How can the organisation learn?

Respect confidentiality at all times – especially important if someone is complaining on behalf of someone else.

Does the complaint raise issues of probity?

Should an investigation be undertaken?

Would the patient like this to be handled informally, or formally through the complaints system?

Are there unresolved clinical areas that should be addressed in the light of what has happened?

Are there underlying reasons why the patient got so angry? Tread carefully in finding this out, but it may be possible to explore this at an appropriate time.

What to look out for in the *House of Discovery*



Check at every stage

While we would not normally ask for permission to ask simple questions, when the patient is angry it is best to check regularly before proceeding – much as we might before entering the basement.

The Basement

There may be underlying issues for the patient to explore, such as stress at home or anger issues, but resolve the anger first before going there!

Tools for the toolbox



“I’m really sorry this has happened.”

“I’m very sorry to hear that, can you tell me a bit more about what went wrong?”

“You are quite right, this shouldn’t have happened. We will want to see what we can learn from this.”

“What can I do to help here?”

Popping the Bubble

The priority when faced with an angry patient is to bring down the level of emotion, so that doctor and patient can then communicate more effectively. An early and sincere apology can really help to ‘pop’ the angry bubble. Keep your own voice calm and your body language open; make it clear that you are concerned about what has happened and you will do your best to try to improve the situation; avoid being defensive.

Foundations

Based on [BMA complaints guidance](#)

Timescales: Practices must acknowledge a complaint, either verbally or in writing, within 3 days. After this no strict timetable, but it should be dealt with as quickly as possible and the patient kept informed.

Practice Complaints Policy: Every practice must have a complaints policy and a named responsible person (usually a partner, or the practice manager) who is responsible for handling complaints. All formal complaints should go through this person, or a deputy if they are away. Be familiar with your own practice policy.

Making a complaint: While patients should be asked if they would like to make the complaint in writing, they **do not have to do so**. The practice is obliged to respond to the complaint as part of its contractual responsibility and most complaints are dealt with in house without reference to an outside organisation.



The House of Decision: decide together what to do

Rooms to look out for



Empty Rooms

Sometimes the patient wants an action that is not possible, for instance for the practice to sack a staff member without regard to employment law, or for a doctor to be struck off for a simple mistake. It is important to acknowledge this and understand why they have reason to want this, before explaining why issues such as employment law might prevent such actions being taken.

The patient may expect the complaint to be dealt with in an unrealistic timescale, for instance if a key staff member involved in the complaint is on holiday, any investigation may have to wait until they return.

Hidden Rooms

Most patient would like to know that the organisation will learn from mistakes so that they won't be repeated. Many may be unaware, however, of systems such as Learning Event Analysis, Serious Untoward Incident reviews, or national reporting schemes (NRLS, see Foundations). For the doctor to offer these as unexpected ways that the organisation might use to try to learn can often show listening in action and not just in words.

There are other organisations that can help, especially if the complaint is against another part of the NHS (see Foundations)

Key decisions in the *House of Decision*



Would the patient like this to be dealt with as a formal complaint? If so, would they like to complain verbally, or to put it in writing? A complaint is often dealt with more completely if submitted in writing, but **do not insist on this** (see Foundations).

Would it help to explain the complaints system?

If you need to speak to someone else in the practice, do you have the patient's permission to do so?

How would the patient like the practice to respond to the complaint? There will probably need to be an investigation, so would they like to hear the results of this, and if so, would they like to receive a letter, or to arrange a meeting?

Does there need to be any involvement of another organisation, such as the hospital, or social services? If so, should the practice help, or is there another body that would be better placed to help here? (see Foundations).

Ensuring Closure

Gaining understanding

As well as wanting to be heard, the patient may want to leave with a greater understanding of what went wrong. The challenge is for the doctor to explain errors or problems without getting defensive.

It is also important to be honest about where colleagues might have gone wrong, without overtly blaming someone who is not there to defend themselves, or seeming to close ranks as a profession against the patient.

Tools for the toolbox



“We take complaints very seriously and I am very happy to put this through our formal complaints process, would that be helpful?”

“How does that sound to you?”

“So, to summarise, I am going to look into what has happened here with the help of our practice manager and Dr Ahmed who is our complaints lead, we will write to you within 2 weeks.”

Forecasting

Check carefully that the patient is happy with the outcome you have agreed to and the timescale by which the next step will be completed.

Make sure that the patient knows how to approach the practice again if they are unhappy with the way any complaint is being handled, and that they know that they can take the complaint to the Ombudsman if they are unhappy with the outcome (see Foundations).

Foundations

Based on: [‘How to Complain to the NHS’](#) Government website.

Other organisations that can help:

Patient Advisory Liaison Service: For problems with hospital care, lost appointments etc, especially if urgent clinical need.

NHS England and the GMC: Patients can complain directly to either of these organisations, but both usually pass the complaint back to the practice in the first instance. If they are unhappy with the outcome of the complaint then they can appeal to the Parliamentary and Health Service Ombudsman, and practices are obliged to make this known to them.

NHS Advocacy Service: Can provide advice and advocacy support in making a complaint against any part of the NHS.

National Reporting and Learning System (NRLS): This is a system where doctors can report when things went wrong, so that learning can be shared nationally and mistakes can be reduced in future.