



WJ HEALTHCARE

**RESPONDING
TO CONCERNS -
POLICY DOCUMENT**

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WJ HEALTHCARE

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OFFICIAL INFORMATION

Document Control

CONFIDENTIALITY NOTICE

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INTRODUCTION

Purpose and scope

OVERVIEW

WJ Healthcare (WJH) is committed to supporting our doctors to enhance their clinical skills, whilst promoting career progression to deliver excellent clinical care. The team provides a range of support to our connected doctors, such as providing access to clinical tools, reflective documents, yearly mandatory training modules and a high-level appraisal support platform. In addition to this, regular update forums and meetings are carried out with each individual doctor as well as a full pre-appraisal support service.

CULTURE OF TRUST

As part of our process to identify and support employed medical practitioners whose performance gives cause for concern, we advocate a culture of trust in which all our doctors are made aware of their professional duty as it pertains to maintaining their fitness to practice. WJH encourages and mandates a proactive approach to raising any and all concerns regarding their practice, to acknowledge a concern if one is raised, and to engage constructively with steps to address the aforementioned concern. Their performance is also evaluated through the appraisal and revalidation process on a regular basis and more detailed information can be found in the WJH Appraisal and Revalidation policy document (1).

AIM

WJH aims to prevent any concerns in relation to our doctors. However, in the event of a concern about a doctor, we are committed to investigate the matter promptly following the guidance outlined in the “A practical guide for responding to concerns about medical practice” document (2)

In the event of a concern WJH will start the Investigation process urgently in order to: protect patients, support professional behaviours by the doctor and improve quality in the organisation itself.

PRINCIPLES

WJHG principles are summarised below:

- Patients must be protected
- Clinicians must be safeguarded
- Action must be based on reliable evidence
- Processes must be clearly defined and open to scrutiny
- The process should demonstrate equality and fairness
- All information must be safeguarded
- Support must be provided to all those involved.



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LEGAL AND REGULATORY COMPLIANCE

The Medical Concerns and Complaints Policy is designed to align with relevant laws, regulations, and industry standards to ensure compliance and best practices. In the UK, this includes adherence to the Care Quality Commission (CQC) regulations, which set out fundamental standards for patient safety, care, and responsiveness. Additionally, the policy complies with the Health and Social Care Act 2008, the Duty of Candour requirement, and the General Data Protection Regulation (GDPR) to safeguard patient information. Where applicable, National Health Service (NHS) guidelines and the standards set by professional regulatory bodies, such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC), further guide the approach to managing medical concerns and complaints. By following these regulations, the company ensures transparency, accountability, and a commitment to high-quality patient care.



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HOW TO RAISE A CONCERN OR COMPLAINT

WJ Healthcare is committed to providing clear and accessible ways for patients, employees, and staff members to raise concerns or complaints. Below are the available channels for submitting a complaint:

DEDICATED COMPLAINTS MANAGER

WJ Healthcare has a dedicated Complaints Manager, Lynn Biddulph, who will oversee your complaint and serve as your primary point of contact.

info@wjhealthcare.co.uk

GMC EXTERNAL LIAISON ADVISOR (ELA)

Each designated body has an External Liaison Advisor (ELA) appointed by the General Medical Council (GMC) to act as an advisor and advocate for patient safety. More details on the ELA's role can be found on the [GMC website](#).

The Responsible Officer of WJ Healthcare meets quarterly with the GMC ELA to discuss concerns, receive updates, and obtain guidance. Additionally, if any threshold for escalation is met, WJ Healthcare's Governance Team/Responsible Officer will contact the ELA immediately for further action.



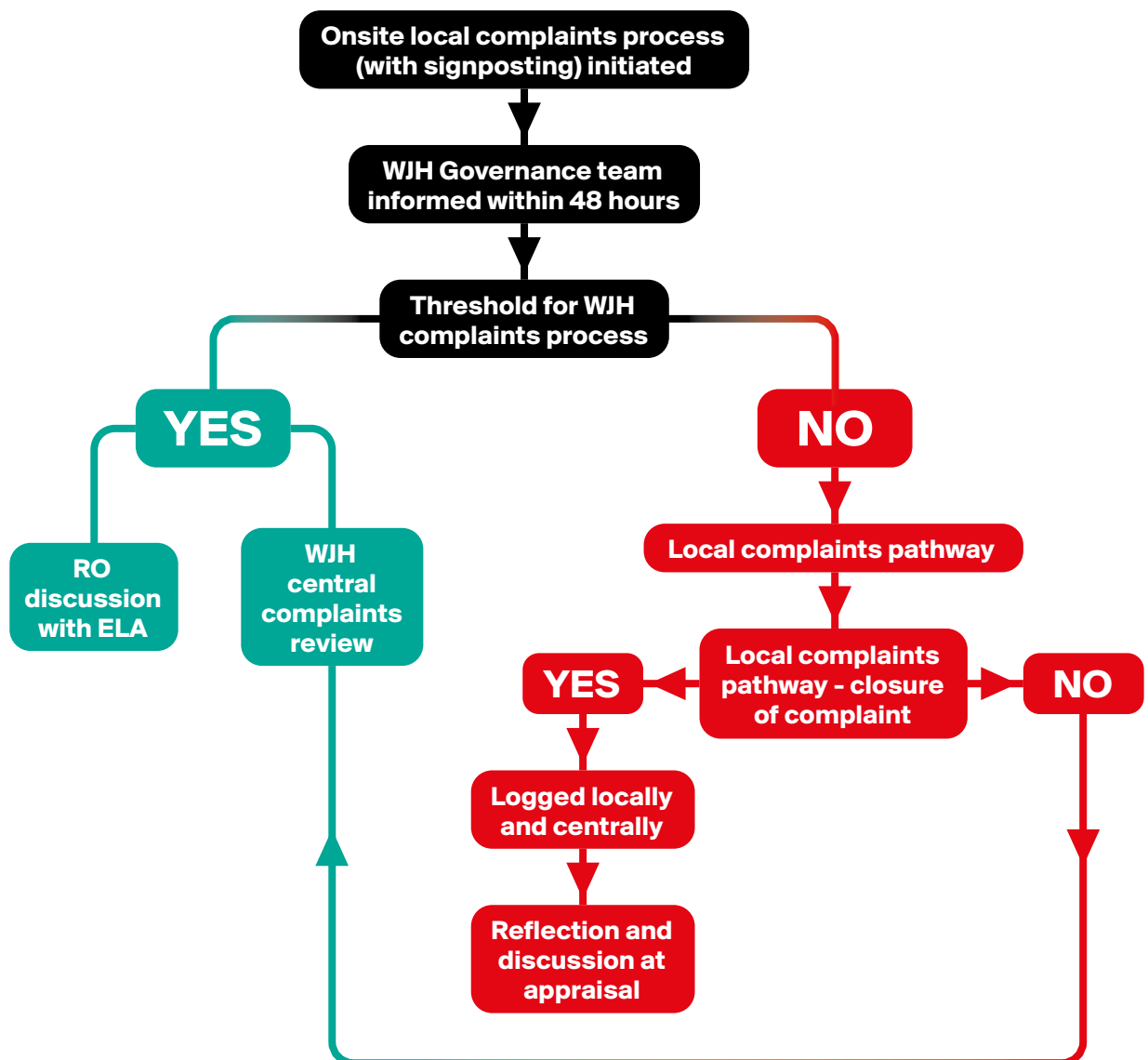
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LOCAL COMPLAINTS PATHWAY

Patients receive care from WJ Healthcare member doctors at approved locations across the UK. Each location is required to have a visible and formal complaints process in place, known as the Local Complaints Pathway. This policy must follow a structured, staged process.

Local complaints pathway





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LOCAL COMPLAINTS PATHWAY

Raising a Concern via the Local Complaints Pathway:

- The first point of contact for patients and staff should be the local complaints process at the site of treatment.
- The member Doctor must report any complaint to the WJ Healthcare Governance Team within 48 hours.
- The Governance Team will assess whether the complaint meets the threshold for escalation.
- If escalation is required, the WJ Healthcare Responsible Officer will arrange a meeting with the ELA, triggering the central complaints pathway.

If a Local Complaints Process is Not in Place:

- If a patient, employee, or staff member finds that no complaints process exists at their treatment site, they should immediately contact WJ Healthcare's Governance Team for investigation: info@wjhealthcare.co.uk

Bypassing the Local Complaints Pathway:

- In certain cases, the Local Complaints Pathway may be bypassed by directly contacting the WJ Healthcare Governance Team, initiating the Central Complaints Pathway.

Unresolved Concerns & Further Escalation

- If the Local Complaints Pathway does not result in a satisfactory resolution, but no escalation threshold is met, the complainant may:
 - **Request escalation to the Central Complaints Pathway.**
 - **Seek legal advice independently.**

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LOCAL COMPLAINTS PATHWAY

COSTS INCURRED

Medical Indemnity & Doctor's Responsibilities:

- All WJ Healthcare member doctors must maintain comprehensive medical indemnity insurance covering their entire scope of practice.
- Costs associated with the initial investigation required via the central policy review will generally be covered by WJ Healthcare, provided they are reasonable and appropriate. This excludes professional negligence, misconduct or criminal activity. These costs will be borne by the WJ Healthcare member doctor.
- If an investigation, conduct hearing, or capability hearing is required, the doctor in question will bear the associated costs.

Patient & Staff Legal Costs:

- WJ Healthcare is not responsible for the legal costs incurred by a patient, employee, or staff member taking legal action against a WJ Healthcare member Doctor.

For further assistance and clarification, please contact the WJ Healthcare Governance

Team: info@wjhealthcare.co.uk



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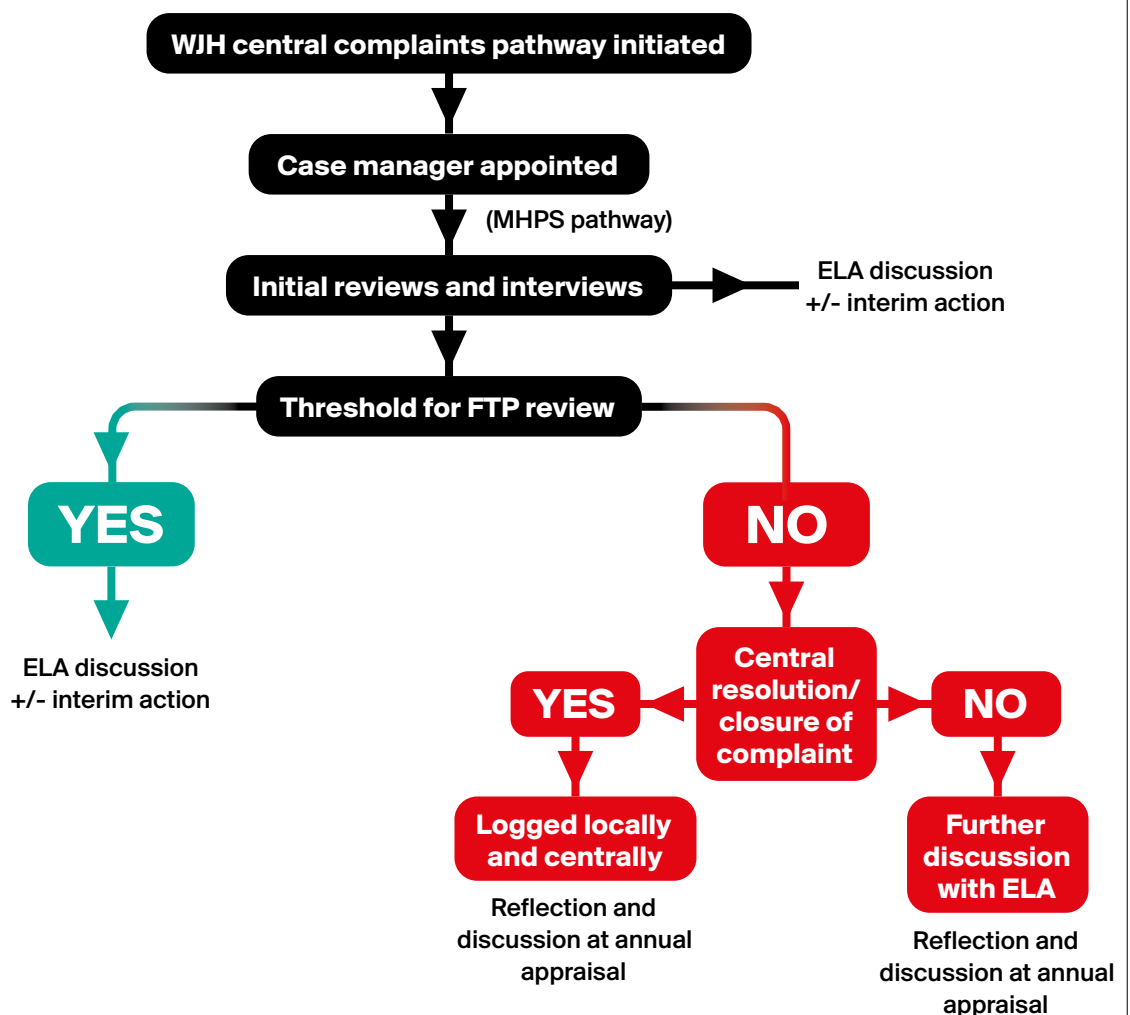
WJH CENTRAL COMPLAINTS PATHWAY

The WJ Healthcare Central Complaints Pathway can be accessed by anyone at any time through various modalities, as listed in section 4.

WJ healthcare central complaints pathway follows recommendations outlined in the Maintaining High Professional Standards in the NHS (3)

The Central Complaints Pathway is outlined in the diagram below.

WJH Central Complaints Pathway (Bypassing local complaints process)



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WJH CENTRAL COMPLAINTS PATHWAY

DEFINITION OF TERMS

Thresholds

Thresholds refer to a significant concern within a complaint that requires immediate action. These may necessitate discussion with the GMC ELA and could lead to interim measures. Further details are provided in section 4.

Case investigation

Case investigation is a formal process led by expert investigators, involving a full legal review of the complaint's terms of reference. This process may identify concerns regarding a doctor's capability or conduct, potentially resulting in hearings and subsequent actions.



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STAGES OF INVESTIGATION

In both the Local Complaints Pathway and the Central Complaints Pathway, WJH and our member doctors will strive to follow the recommended 4 stages for investigating any concern. These stages are outlined below.

PRESENTATION

In the event of a potential concern regarding a doctor's practice (conduct, performance or health), the RO will immediately organise a meeting with the HR and Appraisal Lead teams to start the exploration phase.

Initial Complaint contact details:

admin@wjhealthcare.co.uk

EXPLORATION

The process of exploration at WJH follows the below structure stepwise pathway:

WJH will appoint an investigation lead with the task of establishing the resources and team members required to commence the investigation.

The Doctor, to whom the complaint has been raised, will formally be contacted in writing and personally by an investigation team member to gather information, "evidence", if appropriate, and to provide appropriate support that they would need.

The Doctor will receive, when appropriate, a copy of the terms of reference for the investigation, contact details for those undertaking the investigation, and signposted to sources of independent advice.

Once the initial evidence is gathered and the matters considered as a concern, the investigation team may require information from various other sources. This will be acquired in an appropriate manner

The category of the concern would be established (this could be an issue related to health, or conduct, or fitness to practise).

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STAGES OF INVESTIGATION

Once the cause is established, the level of severity and complexity would be addressed by the RO using their professional judgment and with the support of risk assessment tools (provided in Appendices). A decision will be made if “others” need to be involved, or if the matters need to be immediately escalated to the GMC or the Police, to consider suspension/exclusion, or amendment of the doctor’s duties.

The entire process is documented appropriately, with clear agreed actions and timelines, and handled in line with the requirements of relevant data protection legislation, following the GDPR regulations.

Assuming that the matter does not require immediate removal of the Doctor from work or the involvement of the authorities, but requires further investigations or action, the Responsible Officer will conduct an initial enquiry, which may be internal and carried out in consultation with the Doctor.

This will be done within 28 days of the presentation and will be focused on addressing the issue and looking for an immediate remediation.

The initial enquiry may necessitate the cross-referencing of information from those with governance responsibility for the doctor’s practice and in other places where the Doctor works. If so, this will be carried out promptly and the mechanisms for doing so are well described in the [NHS England document Information flows to support medical governance and responsible officer](#) statutory function.

The decision to do so should be shared with the Doctor in almost all cases.

If the matters fall into a category that needs a full investigation, the ELA will be immediately contacted to investigate if the matter crosses the threshold for fitness to practise referral. WJH will outsource a team of a Case Manager and Case Investigator to deal with the case.

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STAGES OF INVESTIGATION

ACTIONS

The WJH team will simultaneously, during the exploration stage, identify the best actions to improve practice by meticulously assessing the cause of the concern and the associated risks.

Actions taken can range from low to high intensity, and self-directed to externally managed, depending on the risk of the original concern and nature of the identified cause.

Where possible, the actions would be agreed between the Responsible Officer and the Doctor. They will be clear and specific, and include description of responsibility for participation and, where appropriate, funding arrangements, as well as agreed timescales and arrangements for review.

REVIEW

WJH and the RO will support and supervise the Doctor during the process to achieve the actions established following the exploration stage in order to mitigate a potential recurrence.

If the action is not fully achieved there will be an internal meeting to re-assess the situation and likely start a new exploration to address the new concerns to review the option of the Doctor withdrawing from their role and practice completely.

The effectiveness of the process will be measured within the WJH quality assurance policy. The policy will be kept up to date to reflect changes in legislation and best practice and will be peer reviewed.



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ROLES AND RESPONSIBILITIES

Complainants (patients, relatives, staff, or stakeholders)

- Raise concerns or submit complaints clearly and respectfully.
- Provide relevant details and engage with the process.
- Maintain confidentiality and respect the investigation process.
- Accept the resolution or escalate if dissatisfied.

Frontline Staff & Team Members

- Address minor issues promptly and professionally.
- Direct complainants to the formal process if needed.
- Document and escalate complaints as appropriate.
- Maintain confidentiality and professionalism.

Team Leaders & Line Managers

- Act as the first escalation point for unresolved concerns.
- Ensure complaints are logged and acknowledged.
- Investigate and seek resolutions where appropriate.
- Support staff and implement corrective actions.

Complaint Investigators

- Conduct impartial and thorough investigations.
- Gather and analyse evidence to determine outcomes.
- Recommend and implement resolutions.
- Ensure compliance with policies and regulations.

Senior Management & Directors

- Oversee and ensure efficient complaint handling.
- Address serious or escalated complaints.
- Monitor trends and implement service improvements.
- Provide staff training and policy oversight.

Compliance & Quality Assurance Team

- Ensure adherence to legal and regulatory standards.
- Conduct audits and recommend improvements.
- Provide training and guidance on best practices.
- Report findings to senior management.

Appeals & Review Panel (If Applicable)

- Review escalated complaints for fairness.
- Assess whether policies were followed correctly.
- Provide final resolutions and communicate outcomes transparently.



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RISK ASSESSMENT AND PRIORITISATION OF COMPLAINTS

Summary of structures of the Complaints Pathway for WJ Healthcare member specialists

Member doctors are mandated to have a Local Complaints Pathway on site, that is visible, accessible and regularly reviewed. These complaints pathways are confirmed at pre-employment HR checks and reviewed annually.

All local complaints are handled in keeping with the principles outlined in sections 4 and 5 of this policy.

WJ Healthcare member specialists are mandated to inform the WJ Healthcare team within 48 hours of a complaint.

WJ Healthcare will formally record the findings of the Local Complaints Pathway and review outcomes. In the event of dissatisfaction with the local complaint's outcomes, or inability to close the complaint, a WJ Healthcare Central Complaints Pathway will be initiated in keeping with the principles outlined in section 6 of this policy.

Patients / Colleagues or any individual may wish to initiate a complaint or raise a concern directly via the channels outlined in section 4.

WJH is an organisation that provides several services as outlined in our WJ Healthcare Services Document (4)_

POTENTIAL SOURCES OF COMPLAINTS

A non-exhaustive list of potential sources of complaints or concerns are:

- WJ Healthcare patients
- Non WJ Healthcare patients
- Colleagues, peers and employees (Doctors / Nurses / Ancillary Staff)
- General Medical Council
- Solicitors

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RISK ASSESSMENT AND PRIORITISATION OF COMPLAINTS

WJ HEALTHCARE PATIENTS

WJ Healthcare triages patients over several specialties, and when appropriate, identifies an approved WJ Healthcare member specialist to review this patient in an approved site. This pathway is agreed by both the patient and specialist.

Potential risks

- Patients may not be aware that they have access to WJ Healthcare's Central Complaints Pathway.
- Patients may not be aware that they are under the care of WJ Healthcare as a healthcare provider

Mitigating risks

- In our Patient Journey Pathway, WJ Healthcare patients are clearly signposted to all modalities of raising a concern or complaint, with any aspect of their treatment journey.
- Patients are clearly informed of the modalities and channels for raising a complaint or concern under the care of WJ Healthcare and have access to our Central Complaints Pathway.
- Feedback is requested from all WJ Healthcare patients following assessment and treatment.

NON WJ HEALTHCARE PATIENTS

A WJ Healthcare member specialist, who is connected to the Designated Body, will consult and treat patients that have not been triaged by WJ Healthcare and are essentially not WJ Healthcare patients. These doctors are connected to WJ Healthcare as their Designated Body and as such, WJH are responsible for the governance oversight.

Potential Risks

- WJ Healthcare may lack full oversight of patients treated by a connected Doctor if they have not been initially triaged by WJ Healthcare. As a result, these patients may not receive the same level of follow-up scrutiny and care as those directly managed by WJ Healthcare.

Mitigating Risks

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RISK ASSESSMENT AND PRIORITISATION OF COMPLAINTS

WJ Healthcare is committed to upholding the highest standards of professionalism and patient safety. To mitigate risk effectively, we implement the following measures:

- **Investigation of Concerns** – WJ Healthcare will thoroughly investigate any concerns raised by patients or professionals regarding the conduct of our connected doctors.
- **Mandatory Reporting** – All WJ Healthcare members are contractually obligated, under the WJ Healthcare Probity Statement (7) and WJ Healthcare Member Compendium (8), to notify the Designated Body team within 48 hours of any complaint or conduct concern.
- **Public Transparency** – The General Medical Council (GMC) publicly lists all doctors connected to WJ Healthcare, including their designated Responsible Officer, ensuring visibility and accountability.
- **Regular Compliance Monitoring** – WJ Healthcare conducts a monthly survey across all member doctors to track any new, ongoing, or suspected complaints, conduct issues, or criminal convictions, ensuring proactive risk management.
- **Regulatory Compliance for Practice Sites** – The WJ Healthcare HR team ensures that all patient consultations occur in approved and regulated locations, aligned with the required scope of practice for each doctor.

COLLEAGUES, PEERS, AND EMPLOYEES (Doctors / Nurses / Ancillary Staff)

Potential Risk

- Staff working with a WJ Healthcare Doctor may be unaware that they can raise concerns directly to WJ Healthcare as the doctor's Designated Body.

Mitigating Risks

- The GMC publicly lists all doctors connected to WJ Healthcare, including their Responsible Officer, ensuring transparency.
- WJ Healthcare investigates all concerns raised by any patient, colleague, or professional working with a connected Doctor.
- WJ Healthcare members are contractually required, via the Probity Statement and Member Compendium, to report any complaints or conduct concerns to the Designated Body team within 48 hours.
- A monthly survey gathers updates from all WJ Healthcare doctors at 12 points throughout the year, capturing any new, live, or suspected complaints, conduct issues, or criminal convictions, including concerns from colleagues and staff.

GENERAL MEDICAL COUNCIL

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7 The Precinct, Cheadle Hulme, Manchester, SK8 5BB

Tel: 0333 772 3242



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RISK ASSESSMENT AND PRIORITISATION OF COMPLAINTS

Potential Risk

There is a possibility that a complaint or concern regarding a WJ Healthcare-connected Doctor is raised directly with the General Medical Council (GMC) without the WJ Healthcare team being made aware. This could occur in the following scenarios:

- a) The patient may be unaware of the WJ Healthcare Complaints Pathways .
- b) The member Doctor has not informed the WJ Healthcare team of the complaint.

Mitigating the Risk

Scenario A: The patient is unaware of the WJ Healthcare Complaints Pathways

To address this, WJ Healthcare will rely on:

- Effective communication channels and the flow of information from the GMC to the organisation's Responsible Officer.
- Publication of WJ Healthcare Complaints Pathways and the Patient Journey processes on the WJ Healthcare website

Scenario B: The Doctor has not informed WJ Healthcare of the Complaint

NB - Failure to disclose such information constitutes a breach of contract between the Doctor and WJ Healthcare. Following a review, this could result in disqualification and removal from the organisation in line with agreed policies.

To mitigate this risk, WJ Healthcare will:

- Utilise publicly available GMC records, which provide information on all doctors connected to WJ Healthcare, including details of their Responsible Officer.
- Maintain strong communication channels with the GMC to ensure relevant updates are received.
- Conduct a monthly capture survey with all affiliated doctors, collecting information at 12 points throughout the year regarding any new, ongoing, or suspected complaints, conduct issues, or criminal convictions.

These measures aim to ensure timely awareness and appropriate action in response to any concerns raised.

SOLICITORS

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RISK ASSESSMENT AND PRIORITISATION OF COMPLAINTS

Potential Risks

There is a possibility that a complaint or concern regarding a WJ Healthcare-connected Doctor is raised directly with a solicitor without the WJ Healthcare team or the member Doctor being informed. The most likely scenarios leading to this are:

1. The Doctor is unaware of the WJ Healthcare Complaints Pathways.
2. The Doctor has not informed the WJ Healthcare team of the complaint.
(This constitutes a breach of contract.)
3. The solicitor is unable to contact the Doctor directly.

Risk Mitigation Measures

Scenario 1: The Doctor is unaware of the complaint or concern

To mitigate this risk, WJ Healthcare will:

- Rely on appropriate communication channels between the General Medical Council (GMC) and the organisation's Responsible Officer.
- Ensure that any relevant information regarding complaints is received in a timely manner through these official channels.

Scenario 2: The Doctor has not informed WJ Healthcare of the complaint

Failure to disclose a complaint is a breach of contract between WJ Healthcare and its members.

Following a review, this could lead to disqualification and removal from the organisation in accordance with established policies.

To reduce this risk, WJ Healthcare will:

- Utilise the GMC's publicly available information, which includes details of all doctors connected to WJ Healthcare and their Responsible Officer.
- Rely on the GMC's established communication channels to ensure complaints are reported appropriately.
- Conduct a monthly capture survey with all WJ Healthcare doctors to collect updates at 12 points throughout the year. This survey will track any new, ongoing, or suspected complaints, conduct issues, or criminal convictions.

By implementing these measures, WJ Healthcare aims to ensure transparency, maintain compliance, and proactively manage potential risks.



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CLINIVI

WJ Healthcare has engaged a specialist third party provider Clinivi under a formal Service Level Agreement (SLA) to conduct investigations related to significant events, unresolved complaints and conduct concerns, this includes stage 3 adjudication. Any concerns or complaints deemed to meet WJH Thresholds of The Central Complaints pathway safety, maintenance, or investigations should be escalated in accordance with this policy, ensuring timely resolution and compliance with agreed service standards.

Detailed information on Clinivi as an organisation and the services provided can be found at [Clinivi.co.uk](https://www.clinivi.co.uk) (5)



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WJ HEALTHCARE CONFIDENTIALITY AND PRIVACY POLICY

WJ Healthcare is committed to ensuring confidentiality and privacy when handling complaints. Protecting sensitive patient information is a priority, in line with GDPR and local healthcare regulations.

Our policy applies to all employees, contractors, and third-party service providers handling complaints from patients, families, employees, and stakeholders.

CONFIDENTIALITY PRINCIPLES

- Complaints will be handled confidentially, with access limited to authorised personnel.
- Personal data will only be used for resolving complaints and will not be shared beyond necessary parties.
- Compliance with all relevant data protection laws is mandatory.

HANDLING COMPLAINTS

- **Receiving Complaints:** Complaints can be submitted via approved channels and logged securely. Consent is obtained before disclosure if required.
- **Investigation:** The Complaints Officer ensures confidentiality, with restricted access to records and anonymisation where possible.
- **Resolution & Communication:** Findings are shared confidentially. If external reporting is required, only essential details are disclosed.

DATA SECURITY

- Complaint records are securely stored with restricted access and encryption.
- Regular audits ensure compliance with data protection standards.

STAFF RESPONSIBILITIES

- Employees must adhere to confidentiality protocols and undergo regular training.
- Any breaches must be reported immediately.

BREACH MANAGEMENT

- Unauthorised disclosures are strictly prohibited and may result in disciplinary action.
- Suspected breaches must be reported to the Data Protection Officer.

POLICY REVIEW

- Regular reviews ensure compliance with legal updates and industry best practices.



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WJ HEALTHCARE APPEALS PROCESS

At WJ Healthcare, we are committed to resolving complaints in a fair, transparent, and timely manner. If you are not satisfied with the resolution of your complaint, you have the right to appeal. The appeals process follows these steps:

SUBMITTING AN APPEAL

If you believe your complaint was not adequately addressed, you may submit a formal appeal within 10 business days of receiving the initial resolution. The appeal must include:

- Your name and contact details.
- The original complaint reference number (if applicable).
- A summary of the initial complaint and the resolution provided.
- The reasons why you believe the resolution was unsatisfactory.
- Any additional information or supporting documents relevant to your appeal.

You can submit your appeal via:

Email: info@wjhealthcare.co.uk

Phone: 0333 772 3242 (if assistance is required)

ACKNOWLEDGMENT OF APPEAL

- WJ Healthcare will acknowledge receipt of your appeal within 5 business days.
- You will be assigned an appeals officer who will oversee the review process.

INDEPENDENT REVIEW

- Your appeal will be reviewed by a senior complaints officer or an independent review panel not involved in the original decision.
- A thorough reassessment of your case will take place, which may include:
 - Reevaluating the initial investigation.
 - Reviewing additional evidence.
 - Consulting relevant healthcare professionals or departments.

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STAGES OF INVESTIGATION

FINAL DECISION & RESPONSE

- You will receive a formal response within 15 business days of the appeal submission.
- The response will include:
 - A summary of the findings.
 - A final decision on your appeal.
 - Any corrective actions (if applicable).
 - Further steps you may take if dissatisfied.

EXTERNAL ESCALATION (IF REQUIRED)

If you remain dissatisfied with the outcome, you may escalate your appeal to an external regulatory body, such as:

The General Medical Council

WJ Healthcare is committed to ensuring all complaints and appeals are handled with fairness, professionalism, and confidentiality.

For further inquiries regarding the appeals process, please contact info@wjhealthcare.co.uk



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COMPLAINTS HANDLING PROCESS

MONITORING AND REVIEW COMPLAINTS

The objective of the complaints handling process at WJ Healthcare is to ensure that all complaints are effectively managed, addressed, and resolved in a timely and fair manner. This section outlines how the complaints handling process will be regularly monitored, reviewed, and improved to ensure ongoing effectiveness and satisfaction.

MONITORING AND REVIEW PROCESS

Key Performance Indicators (KPIs) and Success Metrics - WJ Healthcare will monitor the effectiveness of the complaints handling process through the following KPIs:

- **Response Time:** The time taken to acknowledge and respond to complaints.
- **Resolution Time:** The time taken to fully resolve complaints.
- **Satisfaction:** Feedback collected from post-resolution through surveys or follow-up calls.
- **Complaint Volume:** The number of complaints received within a defined period.
- **Complaint Categories:** The classification of complaints by type (e.g., product issues, customer service, billing).

Regular Reporting - The complaints data will be reviewed on a regular basis, and reports will be generated to track the following:

- A summary of all complaints categorised by type and severity.
- An analysis of complaint trends to identify recurring issues.
- Statistics on resolution times, highlighting any delays.
- Feedback post-resolution.

Reports will be reviewed by senior management and relevant departments to ensure transparency and accountability in the complaints handling process.

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COMPLAINTS HANDLING PROCESS

Internal Audits - WJ Healthcare will conduct periodic internal audits of the complaints handling process to ensure adherence to company policies and procedures. This audit will include:

- A sample review of closed complaints to assess compliance with established procedures.
- Verification that complaint resolutions align with company standards and customer expectations.
- Identification of process inefficiencies or areas for improvement.

Feedback Mechanisms for Continuous Improvement to ensure continuous improvement, WJ Healthcare will:

- Post-Resolution Feedback: After resolving a complaint, individuals will be asked to provide feedback on their satisfaction with the resolution process and any suggestions for improvement.
- Employee Feedback: Employees involved in handling complaints will be regularly surveyed to identify any challenges in the process and suggest ways to enhance effectiveness.

Review Meetings - WJ Healthcare will hold quarterly (or biannual) review meetings with key stakeholders from the relevant departments. The focus of these meetings will be:

- Reviewing trends and patterns in complaints data.
- Analysing root causes of recurring issues or complaints.
- Identifying opportunities for process improvements based on feedback and complaints data.
- Evaluating training needs for employees involved in complaints handling.

Continuous Improvement Plan - Based on the outcomes of monitoring and review activities, WJ Healthcare will implement necessary improvements to the complaints handling process, which may include:

- Updating procedures to address emerging issues.
- Offering additional training for customer-facing employees.
- Implementing new tools or technologies to streamline complaint management.
- Enhancing communication strategies to keep customers informed during the resolution process.

External Benchmarking - WJ Healthcare will periodically benchmark its complaints handling process against industry standards and competitors. External audits and comparative analyses will provide insights into potential areas for improvement and ensure that WJ Healthcare maintains high standards of customer service.

Compliance and Legal Requirements - All complaint handling activities will be regularly reviewed to ensure compliance with relevant laws and regulations. Regular checks will be conducted to ensure the timely resolution of complaints within the legally required timeframes and that all interactions comply with regulatory standards.



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USEFUL RESOURCES

WJ Healthcare is aware of the many excellent resources and tools available for assistance and advice in matters relating to raising concerns. Some of these are outlined below:

EXAMPLES OF RESOURCES

- **GMC Employer Liaison Adviser**
- **Higher Level Responsible Officer**
- **RO advisory group member(s)**
- **Person with governance responsibility in other places where the doctor is working**
- **NHS Resolution**
- **Police**
- **Organisation legal adviser**
- **Royal College Adviser**
- **BMA**
- **Medical defence organisation**



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15 APPENDIX

OPTIONS FOR ACTIONS

At all levels personal reflection by the doctor is an important action

	RISK	EDUCATE	SUPERVISE	SUPPORT	DEFINE PRACTICE
NOT CONCERN	LOW (Insignificant)	<ul style="list-style-type: none"> Standard PDP (doctor-led) College-defined standard CPD 	<ul style="list-style-type: none"> Normal, by line manager 	<ul style="list-style-type: none"> Informal support (e.g. mentoring, coaching) optional/self-directed 	<ul style="list-style-type: none"> Normal practice within scope of work presented at appraisal
	LOW (Minor)	<ul style="list-style-type: none"> PDP contains appraiser-led items CPD may contain items directed by appraiser 	<ul style="list-style-type: none"> Normal, by line manager Responsible officer aware via appraisal 	<ul style="list-style-type: none"> Informal support (e.g. mentoring, coaching) optional/may be specified by appraiser 	<ul style="list-style-type: none"> Normal practice +/- minor adjustments to scope of work
CONCERN	MEDIUM (Moderate)	<ul style="list-style-type: none"> Expert (in-house or local external, +/- NHS Resolution/College) assessment of development needs to create targeted PDP and CPD requirements 	<ul style="list-style-type: none"> Responsible officer aware separately to appraisal Supervision in practice optional 	<ul style="list-style-type: none"> Informal support (e.g. mentoring, coaching) desirable 	<ul style="list-style-type: none"> Normal practice +/- adjustments to scope of work
	MEDIUM (Significant)	<ul style="list-style-type: none"> Expert external assessment (+/- NHS Resolution/College) of development needs to create targeted PDP and CPD requirements 	<ul style="list-style-type: none"> Responsible officer aware separately to appraisal Supervision in practice likely 	<ul style="list-style-type: none"> Informal support (e.g. mentoring, coaching) Desirable 	<ul style="list-style-type: none"> Significant restrictions to scope of work likely Exclusion from workplace may be necessary GMC investigation possible including potential interim restrictions on the doctor's registration.
	HIGH	<ul style="list-style-type: none"> GMC-led investigation of fitness to practise leading to targeted PDP and CPD requirements 	<ul style="list-style-type: none"> Responsible officer aware Supervision essential if not excluded 	<ul style="list-style-type: none"> Informal support (e.g. mentoring, coaching) desirable 	<ul style="list-style-type: none"> Significant restrictions to scope of work highly likely Exclusion from workplace likely GMC investigation probable including potential interim restrictions on the doctor's registration.



WJ HEALTHCARE

APPENDIX

	2	4	6	10	20
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	No or trivial impact on patient health. No or trivial impact on staff.	Minimal impact on patient health requiring no intervention or treatment. Staff distress or injury not requiring time off work.	Minor impact on patient health, or intervention/ treatment required, resolves within one month. Staff distress or injury requiring time off work or light duties for 0–35 days.	Moderate impact on patient health, or impact lasts longer than 28 days – patient recovered. Staff distress or injury requiring time off work or light duties for >35 days with eventual recovery.	Major impact on patient health, or impact is permanent or unexpected death. Staff distress or injury which prevents work for the foreseeable future. All Never Events (Defined elsewhere).
Quality/ Complaints	Little or no patient dissatisfaction	Unsatisfactory patient experience relating to attitude or patient expectations of care where care has been within the normal surgery protocols. Justified formal complaint peripheral to patient care	Unsatisfactory patient experience relating to attitude or patient expectations of care, where the care has been outside normal local protocols. Justified formal complaint involving lack of appropriate clinical care, short term effects.	Non-compliance with widely agreed national standards. Justified multiple formal complaints. Serious mismanagement of care, long term effects. Potentially criminal behaviour. Ombudsman Inquiry.	Totally unacceptable level or quality of treatment/service, or overtly negligent or malicious behaviour by member(s) of team. Probable or overt criminal behaviour.
Fitness to practise	No indication of breach of GMP	Possible minor breach of GMP	Minor breach of GMP	Moderate breach of GMP	Major breach of GMP



WJ HEALTHCARE

APPENDIX

CONSEQUENCES/LIKELIHOOD ASSESSMENT TOOL

LIKELIHOOD

	1	2	3	4	5
% Chance of recurrence of consequence in identified group in next 12 months	1-5%	6-25%	26-50%	51-75%	76-100%
Number of times this has happened in the last 12 months	0-2	3-6	7-14	15-30	31+

RISK SCORE

LIKELIHOOD			CONSEQUENCE		
2	4	6	10	20	
1	2	4	6	10	20
2	4	8	12	20	40
3	6	12	18	30	60
4	8	16	24	40	80
5	10	20	25	50	1000



WJ HEALTHCARE

APPENDIX

CONSEQUENCES/LIKELIHOOD ASSESSMENT TOOL

LESS COMMON CONSEQUENCES

	2	4	6	10	20
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Objectives / Projects	Insignificant project slippage. Barely noticeable reduction in scope or quality.	Minor project slippage. Minor reduction in scope or quality.	Serious overrun on project Reduction in scope or quality.	Project in danger of not being delivered. Failure to meet secondary objectives.	Unable to deliver project. Failure to meet primary objectives.
Service / Business Interruption Environmental Impact	Threatened Loss/ Interruption of service. Minimal or no impact on the environment including contamination, not directly coming into contact with patients, staff or members of the public.	Loss / Interruption of service. Up to 1 hour. Minor impact on the environment.	Loss / Interruption of service 1 to 4 hours. Moderate impact on the environment.	Loss / Interruption of service 4 hours to 2 days. Major impact on the environment including partial closure.	Loss / Interruption of service More than two days. Major impact on the environment including full closure.
Statutory duty/ inspections	No or minimal impact or breach of guidance/statutory guidance.	Breach of statutory legislation reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty Improvement notices low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete system change required. Zero performance rating Severely critical report.
Adverse Publicity / Reputation	Rumours Potential for public concern.	Local media coverage – short-term reduction in public confidence. Element of public expectation not being met.	Local media coverage – long term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the house). Total loss of public confidence.
Finance including claims	No obvious / small loss < £50	£50 - £500	£500 to £5,000	£5,000 to £50,000	Over £50,000

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USEFUL REFERENCES

- 1. **WJH Appraisal and Revalidation policy**
- 2. <https://www.england.nhs.uk/wp-content/uploads/2019/03/practical-guide-for-responding-to-concerns-about-medical-practice-v1.pdf>
- 3. https://webarchive.nationalarchives.gov.uk/ukgwa/20130123204228/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586
- 4. **WJ Healthcare Services Document**
- 5. **Clinivi.co.uk**
- 6. **Patient Journey Pathway document**
- 7. **WJ Healthcare Probity Statement**
- 8. **WJ Healthcare Member Compendium**
- 9. **Good medical Practice - GMC 2024**
- 10. **A practical guide for responding to concerns about medical practice - NHS England 2019**
- 11. **Supporting Doctors to Provide Safer Healthcare - NHS England 2013**
- 12. **Information flows to support medical governance and responsible officer statutory function - NHS England 2016**
- 13. **Guide to data protection - GDPR UK, ICO 2018**
- 14. **Establishing the level of concern - NHS revalidation support team 2012**