Complaints Procedure

Version	Edited by	Date issued	Next review date
07.26	AW	10/7/26	07/27

Position	Named individual
Complaints Lead	Dr Emily Donovan
Complaints Manager	Alison Wogan
Responsible Person	Alison Wogan

Overview for all staff

- There is no difference between a 'formal' and an 'informal' complaint; both are an expression of dissatisfaction.
- The duty of candour requires care providers to be open and transparent with service users, whether or not something has gone wrong.
- In England, NHS complaints have two stages: first to the practice or ICB and, if unresolved, the second stage is to the Parliamentary and Health Service Ombudsman.
- There is a requirement for the Complaints Manager to provide an acknowledgement of a complaint within three working days after the complaint is received.
- The timescale for bringing a complaint is 12 months from the occurrence, or 12 months from the time that the complainant becomes aware of the issue.
- Staff cannot insist that a complainant 'puts their complaint in writing'. A complaint can be given in whatever form.

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1 Introduction

1.1 Policy statement

The purpose of this document is to ensure all staff understand that all patients have a right to have their complaint acknowledged and investigated properly. This organisation takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner. The organisation will maintain communication with the complainant (or their representative) throughout, ensuring they know their complaint is being taken seriously.

In accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 16), all staff at this organisation must fully understand the complaints process. Supporting information including legislative requirements and additional reading on complaints management can be found at Annex A.

1.2 Status

In accordance with the Equality Act 2010, we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

2 Requirements

2.1 Complaints management team

The organisation has a responsible person for complaints who is known as the Complaints Lead who is responsible for maintaining both legislative and regulatory requirements. This role is supported by the Complaints Manager who is responsible for the day-to-day management of any complaint that may be received. Both named persons are detailed within the Complaints Leaflet.

As stated in A Guide to Effective Complaints Resolution (England), the responsible person and Complaints Manager can be the same person.

2.2 Definition of a complaint versus a concern

A concern is generally something that a service user is worried or nervous about and this can be resolved at the time the concern is raised, whereas a complaint is a statement about something that is wrong or that the service user is dissatisfied with that requires a response.

Should a service user be concerned and raise this as such, if they believe that it has not been dealt with satisfactorily, then they may make a complaint about that concern. A concern may also be called a criticism.

2.3 Formal or informal?

There is no difference between a 'formal' and an 'informal' complaint; both are an expression of dissatisfaction. Unless the complainant specifically requests that their issue needs to be raised as a complaint, the Complaints Manager will consider whether it is logged as either a concern or complaint should they believe that it can be resolved quickly.

The CQC's GP mythbuster 103: Complaints management states that a verbal complaint or concern does not need to be logged if resolved within 24 hours.

2.4 Complaints information

This organisation has prominently displayed notices detailing the complaints process. This information is also on the website. Furthermore, a complaints leaflet is available at Annex B and at reception. Any complainant will be provided with a copy of the complaints leaflet as this details the process, who to address the complaint to, advocacy support information and how to escalate their complaint if they are not content with the findings or outcome.

A desktop aide-memoire for staff on the complaints management process is detailed at Annex C.

2.5 Duty of candour

The duty of candour is a general duty to be open and transparent with the people using the organisation's services whether something has gone wrong or not.

For further detailed information, see the organisation's Duty of Candour Policy and the CQC's GP mythbuster 32: Duty of Candour and General Practice (regulation 20).

2.6 Parliamentary and Health Service Ombudsman (PHSO)

The role of the PHSO is to make final decisions on complaints that have not been resolved locally by either the organisation or the Integrated Care Board (ICB). The PHSO will look at complaints when someone believes there has been an injustice or hardship because an NHS provider has not acted properly or has given a poor service and not put things right.

The PHSO can recommend that organisations provide explanations, apologies and financial remedies to service users and that they take action to improve services.

2.7 Complainant options

The complainant, or their representative, can complain about any aspect of care or treatment they have received at this organisation following this complaints procedure:

Stage 1

The complaint may be made to either the organisation or directly to the local ICB. Specific details of how to complain to the local ICB can be found on its webpage.

While there is no requirement for a complaint to be sent to NHS England, a complaint may still be received by NHS England directly. Refer to BMA guidance and support for dealing with complaints made against a GP as this provides further information.

Stage 2

Should the complainant be dissatisfied with the response from either the ICB or the organisation then the next steps are to:

- Escalate the complaint to the PHSO. This process is as detailed within the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) with outlining information being found within the complaints leaflet

- If complainants get no response within six months of their complaint being received, they can go straight to the PHSO

2.8 Timescale for making a complaint

The time constraint for bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time that the complainant becomes aware of the matter about which they wish to complain. If there are good reasons for a complaint not being made within the timescale detailed above, consideration may be afforded to investigating the complaint if it is still feasible to investigate the complaint *effectively* and *fairly.*

Should any doubt arise, further guidance can be sought from the ICB.

2.9 Responding to a complaint

While each concern or complaint merits its own response, the outcome is always to ensure the best response is provided. The following are the considered communication responses to any complaint:

- Should a patient be complaining in person, then this should be discussed face-to-face with them

- If via telephone, then it is acceptable to call back should the issue not be immediately resolved

- If by email/letter, then any response should be in writing

CQC GP mythbuster 103 – Complaints management advises practices cannot insist complainants 'put their complaints in writing' and that the tone of a response needs to be professional, measured and sympathetic.

Immediate response

Should a patient, or the patient's representative, wish to discuss a complaint or a concern, then this can be deemed to be a less formal approach. These are often simply a point to note or a concern and can be dealt with at this time.

Points to be considered should an immediate response be given:

- All facts need to be ascertained prior to any escalation to the Complaints Manager
- Should the person be or become angry, and if there is no risk of escalation, then suggest to the complainant that their concern is dealt with within a quiet space and away from other patients. When doing this, support from a colleague should be requested although should there be any risk to wellbeing, it might be a consideration to suggest that any meeting can be convened at a later date to allow the situation to calm

- If it is necessary to return a call to an angry patient, then allowing time to elapse can often be useful as this delay may diffuse their anger. However, this should ordinarily be within the same day as any extended delay could be counterproductive and the situation could then become more inflamed

- Time management always needs to be considered

Consider any potential precedence that may be established, and if any future concern be expected to always be dealt with immediately should any response be given too soon.

Longer term response

This is normally when a more formal approach has been taken, although the concern or complaint could still be via a face-to-face discussion or telephone as it does not require to have been in writing to be considered.

When a concern or complaint cannot be easily resolved, then the complainant has a right to be regularly updated regarding the progress of their complaint. With any complaint, the Complaints Manager will provide an initial response as an acknowledgement within three working days after the complaint is received.

Guidance as to what needs to be considered is as detailed within the NHS Resolution's Responding to Complaints document.

Timescales

The Complaints Manager will provide an initial response to acknowledge any complaint within three working days after the complaint is received. Following any complaint, a full investigation will be undertaken and, while a deadline for a response might be suggested, there is no obligation to do so.

NHS England complaint's policy states that it will attempt to complete any complaint within 40 working days. Whilst this timescale can be adopted in primary care, this document only supports complaints that have been made directly to NHS England.

Guidance for this organisation is The Local Authority Social Services and National Health Complaint (England) Regulations 2009 Regulation 14 and CQC GP mythbuster 103: Complaints management.

Further detailed information is available in NHS Resolution's Responding to complaints.

2.10 Meeting with the complainant

To support the complaints process, BMA guidance suggests a meeting should be arranged between the complainant and the complaints lead. This will be arranged if the complainant feels it would be helpful.

2.11 Data complaints

The Information Commissioner's Office (ICO) requires that each organisation that processes data must have an internal policy on how to support data complaints. In its guidance titled How to deal with data protection complaints, there are specific rules regarding a data complaint.

Importantly, whilst both the ICO and the NHS response timescales differ, the process as detailed in this policy is more stringent and as such should be followed and the acknowledgement of any data complaint should still be within three working days. The full investigation must, as for any other complaint, commence without any undue delay.

For full guidance on timescales and terminology, refer to the ICO guidance titled What to do when we receive a complaint.

2.12 Verbal complaints

If a patient wishes to complain verbally and they are content for the person dealing with them to handle the complaint (and if appropriate to do so), then complaints should be managed at this level. After this conversation, the patient may suggest that no further action is needed, then the matter can be deemed to be closed.

If the matter demands immediate attention, the Complaints Manager should be contacted who may offer the patient an appointment or may see the complainant at this stage. Staff are reminded that when internally escalating any complaint to the Complaints Manager, a full explanation of the events leading to the complaint is to be given to allow an appropriate response. Verbal complaints that are not resolved within 24 hours should be added to the Complaints Log.

As detailed at Section 2.9, staff members cannot insist that the complainant puts their complaint 'in writing'.

2.13 Written complaints

When a written complaint is received, a full investigation and response will always be provided. As part of the investigation process, other clinical governance tools will be used to complete this action such as meetings, audit, significant event and training etc. Should the complaint not be upheld, this organisation will scrutinise the event in the desire to improve patient outcomes.

2.14 Lengthy or AI compiled complaints

It has been widely reported that there is an ongoing trend in the number of complaints received by general practice that are being compiled by artificial intelligence (AI). Whilst simple for any complainant to raise, these are often multi-faceted and lengthy resulting in it being much more time-consuming for the practice to compose its response.

Should a letter be received that is excessively long, repetitive, unclear or raises several matters, then the guidance at Section 12 to NHS England's Complaints Policy will be considered. In these instances, the Complaints Manager may engage with the complainant to ensure that their complaint is fully understood and that the specific issues being referred to are clarified and, importantly, what outcome the complainant wishes to seek.
It is acceptable to raise these questions within the acknowledgment letter when a request is made to the complainant to summarise their concerns so that no salient points are missed..

A holding time-period may be given to suggest that the complaint will not be investigated until a summary is given. This must be a reasonable timeframe. Should no further response be received following the request to summarise the complaint, then the normal complaint process is to be continued as detailed at Section 2.19.

2.15 Who can make a complaint?

A complaint may be made by the person who is affected by the action. There is no minimum age requirement; if a child is capable of understanding and making a complaint, they can do so themselves and have shown 'Gillick competence'. However, a complaint made be made by a person acting on behalf of a patient, such as when:

- It is a child (in the UK, a child is defined as being individual who has not attained the age of 18).

  In the case of a child, this organisation must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and furthermore that the representative is making the complaint in the child's best interests

- The patient has died

  In the case of a person who has died, the complainant must be the personal representative of the deceased. This organisation will require to be satisfied that the complainant is the personal representative.

  When appropriate, the organisation may request evidence to substantiate the complainant's claim to have a right to the information.

- The patient has a physical or mental incapacity

  In the case of a person who is unable by reason of physical capacity or lacks capacity within the meaning of the Mental Capacity Act 2005 to make the complaint themselves, the organisation needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- The patient has given consent to a third party acting on their behalf

  In the case of a third party pursuing a complaint on behalf of the person affected, the organisation will request the following information:

  - Name and address of the person making the complaint
  - Name and either date of birth or address of the affected person
  - Contact details of the affected person so that they can be contacted for confirmation that they consent to the third party acting on their behalf

  The above information will be documented in the file pertaining to this complaint and confirmation will be issued to both the person making the complaint and the person affected.
- A person has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs

- It is an MP, acting on behalf of and by instruction from a constituent

Should the Complaints Manager believe a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, they will discuss the matter with either medico-legal defence or NHS Resolution to confirm prior to notifying the complainant in writing of any decision.

2.16 Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within the complaints leaflet at Annex B. Additionally, the patient should be advised that the local Healthwatch can help to find an independent complaints advocacy service in the area.

The PHSO provides several more advocates within its webpage titled Getting advice and support.

2.17 Investigating complaints

This organisation will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance. Furthermore, it will adhere to the following standards when addressing complaints:

- The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking are established at the outset

- The complaint undergoes initial assessment, and any necessary immediate action is taken. A lead investigator is identified

- Investigations are thorough, where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks

- The investigator reviews, organises and evaluates the investigative findings

- The judgement reached by the decision maker is transparent, reasonable and based on the evidence available

- The complaint documentation is accurate and complete. The investigation is formally

recorded with the level of detail appropriate to the nature and seriousness of the complaint

- Both the complainant and those complained about are responded to adequately
- The investigation of the complaint is complete, impartial and fair
- The complainant should receive a full response or decision within six months following the initial complaint being made. If the complaint is still being investigated, then this would be deemed to be a reasonable explanation for a delay

2.18 Conflicts of interest

During any response, staff should consider and declare if their ability to apply judgement or act as a clinical reviewer could be impaired or influenced by another interest that they may hold. This could include, but is not limited to, having a close association with or having trained or appraised the person(s) being complained about, and/or being in a financial arrangement with them previously or currently.

In such circumstances, the organisation must seek to appoint another member of staff as the responsible person with appropriate complaint management experience.

2.19 Final formal response to a complaint

The complaint lead may decide to send a response to their medico-legal defence organisation. Upon completion of the investigation, a formal written response will be sent to the complainant and will include the information detailed within NHS Resolution's Responding to complaints guidance.

The full and final response should be completed within six months and signed by the responsible person. If it is likely that it will go beyond this timescale, the Complaints Manager will write to the complainant to explain the reasons for the delay and outline when they can expect to receive the response. At the same time, the organisation will notify the complainant that they have a right to approach the PHSO without waiting for local resolution to be completed.

For further detailed information, see the MDU's How to respond to a complaint.

2.20 Confidentiality in relation to complaints

Any complaint is investigated with the utmost confidentiality and all associated documentation will be held separately from the complainant's medical records. Complaint confidentiality will be maintained, ensuring only managers and staff who are involved in the investigation know the particulars of the complaint.

2.21 Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at this organisation will follow the organisation's Dealing with Unreasonable, Violent or Abusive Patients Policy. Advice will be sought from the ICB prior to acknowledging persistent, unreasonable or vexatious complaints.

2.22 Complaints citing legal action

If a complaint is received that states legal action has been sought, the responsible person will consider contacting the organisation's defence union for guidance on how best to manage the complaint.
Should any complainant cite legal action that refers to an incident after 1 April 2019, contact NHS Resolution and they will assist under the Clinical Negligence Scheme for General Practice (CNSGP).

While detailed records will always be maintained following any complaint, it is of particular importance when a complaint cites legal action. This is to ensure that all information can be forwarded for medico-legal defence support as required.

2.23 Multi-agency complaints

The Local Authority Social Services and NHS Complaints (England) Regulations 2009 state that organisations have a duty to co-operate in multi-agency complaints.

If a complaint is about more than one health or social care organisation, there should be a single co-ordinated response. Complaints Managers from each organisation will need to determine who the lead organisation will be, and they will then be responsible for co-ordinating the complaint, agreeing timescales with the complainant.

If a complaint becomes multi-agency, the organisation should seek the complainant's consent to ask for a joint response. The final response should include this and, as with all complaints, any complaint can be made to the provider/commissioner but not both.

2.24 Complaints involving external staff

If a complaint is received about a member of another organisation's staff, then this is to be brought to the attention of their Complaints Manager as soon as possible. The Complaints Manager will then liaise with the other organisation's manager.

2.25 Complaints involving locum staff

This organisation will ensure all locum staff are aware of the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left the organisation. Locum staff will receive assurance that they will be treated equally, and the process will not differ between locum staff, salaried staff or partners.

2.26 Additional governance requirements

When a complaint is raised, it may prompt other considerations such as a significant event (SE), audit or identify training requirements. For further detailed information, see the organisation's Governance Handbook, the Significant Event and Incident Policy and the Quality Improvement and Clinical Audit Policy.

The complainant, their carers and/or family can be involved in the SE process as this helps to demonstrate that the issue is being taken seriously

Any remedial training considerations are supported within the organisation's Training

Handbook and Training Evaluation Form.

2.27 Fitness to practise

If the complaint is of a clinical nature, the Senior Partner will be responsible for discussing this with any clinician cited in the complaint. Should the complaint merit a fitness to practise referral, advice is to be sought from the relevant governing body.

2.28 Staff rights to escalate to the PHSO

It should be noted that any staff who are being complained about can also take the case to the PHSO. An example may be that they are not satisfied with a response given on their behalf by the organisation or the commissioning body.

2.29 Private practices and the PHSO

Independent doctors are unable to use the PHSO as they have no legal requirement to have an appeals mechanism. It is good practice to provide independent adjudication on any complaint by using a service such as Independent Sector Complaints Adjudication Service (ISCAS).

2.30 Logging and retaining complaints

Following receipt of any complaint, the record then needs to be retained for 10 years. Further guidance can be sought in NHS England's Records Management Code of Conduct and the organisation's Record Retention Schedule.

Complaints will be added to the Complaints Log and the evidence required includes:

a. Initial logging and then updates as required. Consideration is to be given to trends and patterns

b. Details of all dates of acknowledgement, holding and final response letters and the timely completion of all correspondence relating to the complaint

c. Compliance with complaints in the categories that are required to be completed for the annual KO14b submission to NHS Digital

This data is submitted to NHS England within the KO14b complaints report annually and then published by NHS Digital. The reporting period is from 1 April until 31 March.

3 Use of complaints as part of the revalidation process

3.1 Outlined processes

As part of the revalidation process, GPs must declare and reflect on any formal complaints about them in tandem with any complaints received outside of formal complaint procedures at their appraisal for revalidation. These complaints may provide useful learning.

The following information is to support the appraisal and revalidation process for various healthcare professionals:

GPs	Royal College of General Practitioners (RCGP)
Nurses	Nursing and Midwifery Council (NMC)
Pharmacists	General Pharmaceutical Council (GPhC)
Other healthcare professionals	Healthcare Professions Council (HCPC) For Physician Associates, the GMC became responsible for their regulation from December 2024 and is detailed within The Anaesthesia Associates and Physician Associates Order 2024

Annex A – Legislation and further reading

The following links support complaints management:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 16)
- The Data Protection Act 2018
- Data (Use and Access) Act 2025
- Public Interest Disclosure Act 1998
- NHS Constitution for England
- NHS England Complaints Policy (for guidance only - not policy for primary care)
- PHSO - Principles of Good Complaint Handling
- PHSO - NHS Complaint Standards
- PHSO - An opportunity to improve
- PHSO - Filling in our complaint form (guidance on AI use)
- Good Practice standards for NHS Complaints Handling
- General Medical Council (GMC) ethical guidance
- Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners
- ICO - How to deal with data protection complaints

Annex B – Complaint leaflet

A patient information leaflet regarding complaints is shown here

Patient Information Leaflet

Talk to us
Every patient has the right to make a complaint about the treatment or care they have received at Two Rivers Medical Partnership

We understand that we may not always get everything right and, by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

Who to talk to
Most complaints can be resolved at a local level. Please speak to a member of staff if you have a concern and they will assist you where possible. Alternatively, ask to speak to the Complaints Manager, Alison Wogan (Practice Manager), but note this may need to be a booked appointment.

How can I make a complaint?
A complaint can be made verbally or in writing, by letter or email.

It is suggested that PHSO guidance is followed when producing a letter using AI tools.

I want to complain to a third-party
If for any reason you do not want to speak to a member of our staff, then you can request that the Integrated Care Board (ICB) investigates your complaint. They will contact us on your behalf:
Hampshire Isle of Wight Integrated Care Board
Omega House
112 Southampton Road
Eastleigh
SP50 5PB
0300 561 02561
Hiowicb-his.patientexperience@nhs.net

Time frames for complaints
The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you become aware of the matter about which you wish to complain.

The Complaints Manager will respond to within three business days to acknowledge your complaint.

We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint.

Investigating complaints
We will investigate all complaints effectively and in conjunction with extant legislation and guidance. Lengthy, or complex complaints will, by nature take longer to respond to.

Confidentiality

We will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record.

Third party complaints

We allow third parties to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party patient complaint form is available from reception.

Final response

We will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

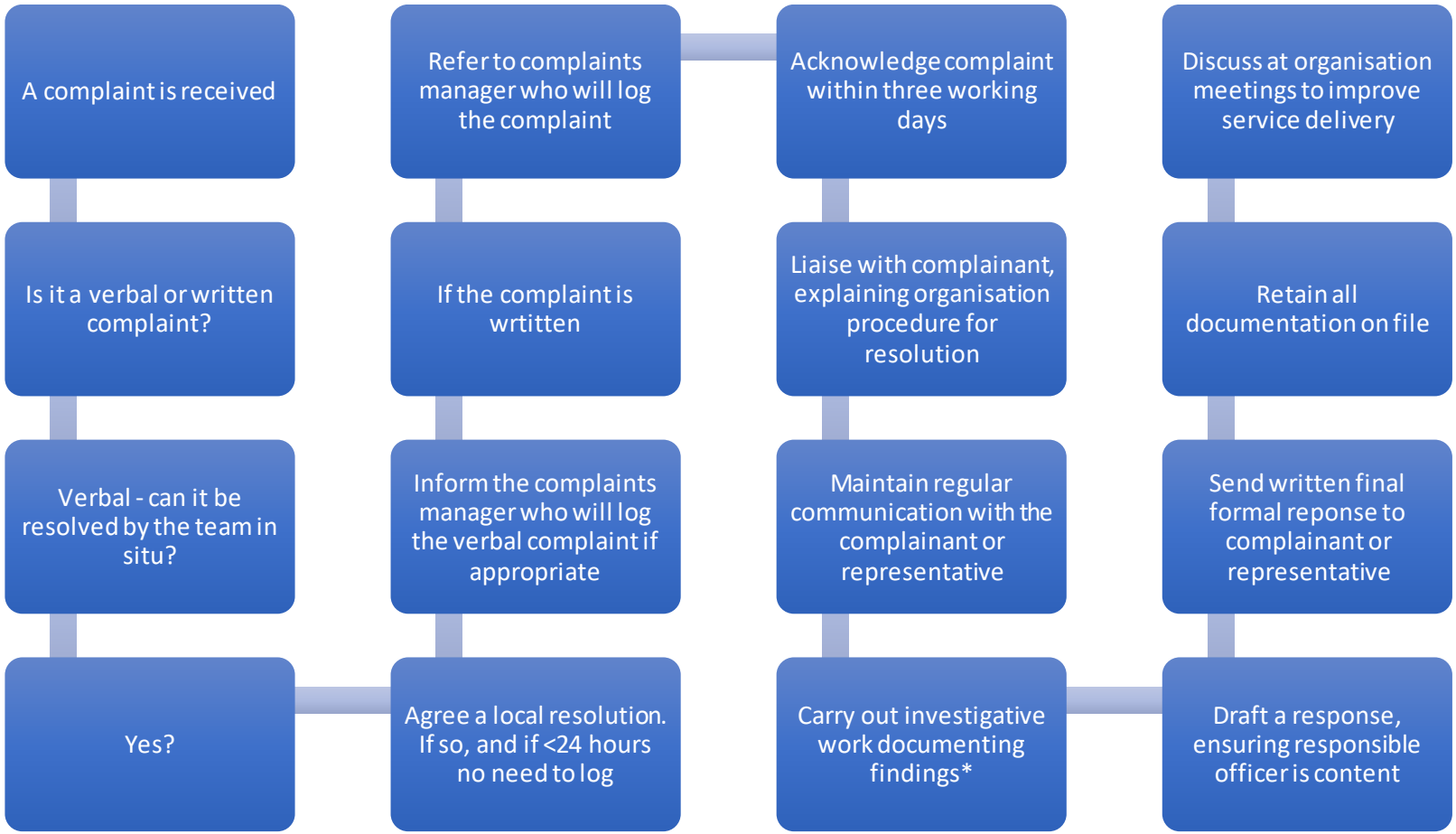
Advocacy support

POhWER support centre can be contacted via 0300 456 2370. Advocacy People gives advocacy support on 0330 440 9000. Age UK on 0800 055 6112. The Local Council can give advice on local advocacy services. Other advocates and links can be found on the PHSO webpage.

Further action

If you are dissatisfied with the outcome of your complaint from either Integrated Care Board (ICB) or this organisation, then you can escalate your complaint to Parliamentary Health Service Ombudsman (PHSO). Tel: 0345 015 4033. www.ombudsman.org.uk

Annex C – Complaint handling desktop aide-memoire



* It may be necessary to liaise with external third parties such as hospitals to gather additional information or to formulate a joint response. Where this is the case, the patient or their representative must be advised accordingly