CAMBRIDGE AVENUE AND MESSINGHAM MEDICAL CENTRE

COMLAINTS POLICY

Document History

Document Reference:	…
Document Purpose:	This policy sets out the practice Cambridge Avenue & Messingham Medical Centre expect from all staff, including those working on behalf of the Practice, when dealing with a complaint.
Date Approved:	22.07.2026
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Developed by:	Kay Fowler
Policy Sponsor:	Practice Manager
Target Audience:	This policy applies to any person directly employed, contracted, working on behalf of the Practice or volunteering with the Practice.

Introduction

Policy statement

The purpose of this document is to ensure all staff at Cambridge Avenue & Messingham Medical Centre understand that all patients have a right to have their complaint acknowledged and investigated properly. This organisation takes complaints and concerns 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.

Status

The organisation will aim to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Requirements

Complaints/Concerns management team

The organisation has a responsible person for complaints who is known as the Complaints Lead. This person 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. Complaints lead / Kay Fowler – Practice Manager & Louise Trought – Deputy Practice Manager

Definition of a complaint versus a concern

NHS England defines that a concern is 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 which 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.

Formal or informal?

While there is no difference between a 'formal' and an 'informal' complaint with both being an expression of dissatisfaction, ordinarily the distinction would be whether it can be resolved quickly or not. 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.

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

Complaints information

This organisation has prominently displayed notices within the practice detailing the complaints process. In addition, the process is included on the website and a complaints leaflet is also available in reception.

Should a patient or their representative wish to complete a complaints form, then templates for both are available in reception. This can also be completed by clicking on concerns/complaints link on our website, this will be sent by Microsoft forms and is monitored daily. Alternatively this can be sent by email to nl.b81022@nhs.net.

A duty of candour

The duty of candour is a general duty to be open and transparent with people receiving care at this organisation. Both the statutory duty of candour and professional duty of candour have similar aims, to make sure that those providing care are open and transparent with the people using their services whether something has gone wrong or not.

Parliamentary and Health Service Ombudsman (PHSO)

The PHSO role 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.

Complainant options

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

Stage 1

- The organisation, or,
- Directly to the ICB

While there is no requirement for a complaint to be sent to NHS E, a complaint may still be received by NHS E directly. In this instance, the BMA provides guidance in its Dealing with complaints made against you as a GP practice document.

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) .
- Have a meeting with the Practice Manager and the Complaints Lead, to discuss further.

Specific details of how to complain to the ICB can be found within their webpage.

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, however, 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.

Responding to a complaint

While each concern or complaint will warrant its own response, generally the outcome will always be to ensure that the best response is always provided. The following is to be 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 management is available. Otherwise a call back to arrange a meeting or try and resolve on the telephone.

- 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

In the CQC's GP Mythbuster 103 – Complaints management practices are advised that they cannot insist that 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 that should 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

- If needing to return the call to an angry patient then by allowing time to lapse 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 will 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 five working days after the complaint is received.

Timescales

The Complaints Manager will provide an initial acknowledgement of any complaint within three working days after the complaint is received. A letter template can be

found on the S-Drive or this can be sent via email if complaint has been received by this method . Following any complaint, a full investigation will be undertaken and while primary care organisations can suggest a deadline for a response to be given, there is no obligation to do so.

NHS E current guidance states that it will attempt to complete any complaint within 40 working days. This document only supports complaints that have been made directly to NHS E. Guidance for primary care organisation is:

- The Local Authority Social Services and National Health Complaint (England) Regulations 2009 Regulation 14

- CQC's GP Mythbuster 103: Complaints management

Meeting with the complainant

To support the complaints process, BMA guidance suggests that a meeting could be arranged between the complainant and the complaints lead if this would be helpful. While not a CQC requirement, having a meeting is considered as being best practice due to there often being a more positive outcome.

Verbal complaints

If a patient wishes to complain verbally and should the patient be content for the person dealing with the complaint to deal with this matter 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 then offer the patient an appointment or may offer to see the complainant at this stage. Staff are reminded that when internally escalating any complaint to the Complaints Manager then 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.

Written complaints

It is a complainant's choice as to the method of communication that they use when making a complaint.

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

Who can make a complaint?

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- Is a child (an 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.

- 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.

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

- Has 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.

- 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.

- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs

- 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.

Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are detailed within the complaints package. 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.

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

Conflicts of interest

During any response, any staff member 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.

Should such circumstances arise, the organisation should seek to appoint another member of the organisation as the responsible person with appropriate complaint management experience.

Final formal response to a complaint

A final response should only be issued to the complainant once the letter has been agreed by complaints lead or the medico-legal defence*.

Following this, and upon completion of the investigation, a formal written response will be sent to the complainant and will include the following as detailed within the NHS Resolution document titled Responding to complaints.

The full and final response should ordinarily be completed within six months and signed by the responsible person. Should it be likely that this 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.

Further reading can be found in the MDU document titled How to respond to a complaint.

* Note, it is not a mandatory requirement to forward all complaint response letters for medico-legal defence consideration prior to sending to the complainant. This has simply been added to reduce any potential risk of litigation. Organisations may therefore wish to continue to forward only those most significant complaints.

A template example of the final response letter can be found at Annex G.

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.

Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at this organisation will follow the Dealing with Unreasonable, Violent or Abusive Patients Policy although advice will be sought from the ICB prior to any acknowledgment of a persistent, unreasonable or vexatious complainant.

Complaints citing legal action

Should any complaint be received and the content states that legal action has been sought then, prior to any response, consideration should be given to contacting the defence union for guidance.

- It is strongly suggested that should any organisation receive a complaint that

highlights that legal action has been taken then they should be cautious

- By doing nothing with any complaint of this type, this could affect the outcome of a CQC assessment and/or the organisation's relationship with the ICB

- 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). Refer to the NHS Resolution Guidance for general practice document.

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.

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 which the lead organisation will be, and the lead organisation 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.

Complaints involving external staff

Should a complaint be received about a member of another organisation's staff, then this is to be brought to the attention of their Complaints Manager at the earliest opportunity. The Complaints Manager will then liaise with the manager of the staff member.

Complaints involving locum staff

This organisation will ensure that 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 must receive assurance that they will be treated equally and that the process will not differ between locum staff, salaried staff or partners.

Additional governance requirements

When a complaint is raised, it may prompt other considerations, such as a significant event, audit or supporting training requirements.

- Highlighting a concern by raising a significant event (SE) as per the Significant Event and Incident Policy. Note the external reporting process as detailed within CQC GP Mythbuster 24: Recording patient safety events with the Learn from patient safety events (LFPSE) service.

  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

- This may be recorded on teamnet to identify any learnings and for discussion with the wider team within the practice.

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.

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.

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).

Logging and retaining complaints/concerns

All complaint information is recorded on the Complaints Excel Log on the S drive

All concerns are also logged on the Concerns Excel log on the S drive by financial year ie : April to March

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

Concerns

All concerns raised with the practice are handled in line with the complaints process but are deemed as concerns rather than complaints Each concern is investigated appropriately and a response provided via the individual's preferred method of communication where possible. Records of all concerns, investigations, and outcomes are maintained on the shared drive and within the appropriate concerns register to ensure effective monitoring and governance.

Use of complaints as part of the revalidation process

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 Professionals Council (HCPC) For Physician Associates, refer to the Royal College of Physicians

Annex A – Legislation and further reading

The following links support complaints management:

- The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16
- The Data Protection Act 2018
- Public Interest Disclosure Act 1998
- The NHS Constitution
- PHSO - Principles of Good Complaint Handling
- PHSO - NHS Complaint Standards
- PHSO – An opportunity to improve
- Good Practice standards for NHS Complaints Handling
- CQC GP Mythbuster 103 – Complaints Management
- General Medical Council (GMC) ethical guidance
- Assurance of Good Complaints Handling for Primary Care – A toolkit for commissioners

Review and Monitoring

The Practice Manager is responsible for regular monitoring of the quality of records and documentation and managers should periodically undertake quality control checks to ensure that the standards as detailed in this policy are maintained.

This policy will be reviewed every two years unless new legislation, codes of practice or national standards are introduced.