

Cheltenham Peripheral PCN Complaints Procedure and Policy

A policy for all staff employed by or working on behalf of any of the five network practices:

Leckhampton Surgery

17 Moorend Park Road
Cheltenham
GL53 0LA

Sixways Clinic

London Road
Charlton Kings
Cheltenham
GL52 6HS

Winchcombe Medical Centre

Greet Road
Winchcombe
Cheltenham
GL54 5GZ

Cleavelands Medical Centre

Sapphire Road
Bishops Cleeve
Cheltenham
GL52 7YU

Stoke Road Surgery

4 Stoke Road
Bishops Cleeve
Cheltenham
GL52 8RP

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Policy Lead:	Kate Howard – Practice Manager
Approval Committee:	
Ratification Date:	
Next Review Date:	

Policy Summary Page

Title of Policy:	Cheltenham Peripheral PCN Complaints Procedure and Policy
Is this a new or existing policy:	Existing
Disclosure status:	Can be disclosed on the Internet
Approval Group/Committee:	
What is the purpose of this document?	
<p>Cheltenham Peripheral PCN (hereby known as 'CP PCN') has produced this policy to provide all staff at the network practices with the necessary information to ensure that all staff understand the rights of patients to have their complaints acknowledged, investigated, and resolved in a transparent, fair, and timely manner. This policy is written in accordance with the NHS Complaints Regulations (2009), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the principles set out by the Parliamentary and Health Service Ombudsman. It ensures compliance with Regulation 16: Receiving and acting on complaints, which requires providers to establish and operate effective systems for identifying, receiving, handling, and responding to complaints.</p> <p>All complaints must be addressed without delay, and complainants must be informed of the outcomes and actions taken as a result of their feedback. This policy supports a culture of openness and continuous improvement, enabling CP PCN to respond to concerns in a manner that is person-centred, accessible, and proportionate.</p>	
Which areas of service does this document apply to?	
<p>This guidance applies to all employees of the five network practices and other individuals performing functions in relation to the network practices, such as agency workers, locums and contractors.</p>	
What other policies, guidance and directives both locally and nationally should this document be read in conjunction with	
<p>National Policies and Guidance</p> <p>Data Protection Act 2018 My expectations for raising concerns and complaints Parliamentary and Health Service Ombudsman (PHSO) NHS Constitution for England - GOV.UK NHS Resolution Guidance The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 NHS Complaint Standards Parliamentary and Health Service Ombudsman (PHSO) The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Concern Regulation 20: Duty of candour - Care Quality Commissions and complaints - Care Quality Commission The Patients Association UK GDPR guidance and resources ICO</p>	

Local Policies

- CP PCN Confidentiality Policy and Agreement
- CP PCN GDPR Policy
- CP PCN Equality and Diversity Policy
- CP PCN Incident Reporting Policy
- CP PCN Significant and Learning Event Policy
- CP PCN Consent Guidance Policy
- CP PCN Mental Capacity Act Policy
- CP PCN NHS Freedom to Speak Up Policy
- CP PCN Governance & Oversight
- CP PCN Use of Interpreter Policy
- CP PCN Record Retention Schedule
- CP PCN Recruitment Policy and Procedure
- CP PCN Lone Working Policy
- CP PCN Internal Conflict Policy
- CP PCN Treating NHS Patients Abroad

Version and Amendment History

Version	Date	Details of Change
V1.1	May 2025	<ul style="list-style-type: none"> • CPN branding added to the document. • Locations of surgeries added to the front page of the document • Page x/x added to the document for citation and facilitation of the document • Table added to include a quick reference guide for version numbers, policy lead, approval & ratification committees and agreed review dates • Policy Summary page added to include a brief purpose statement, areas of service applicable, other policies or guidance that should be read in conjunction with the document. • Version and Amendment History added to show details of any changes to versions • Definition of terms redesigned into a table in Section 3 to give a quick reference guide to the reader. • Section 3.2: Definition of Terms Changes made: Rewritten as a table format for quick reference. Introduced clear definitions for: Complaint, Complaints Lead, Complaints Manager, PHSO, Local Resolution. Expanded distinction between a concern and a complaint using NHS England definitions. • Section 3.4: Duty of Candour (New Section from Practice Index) Changes made: Added statutory requirements under CQC Regulation 20. Defined expectations for openness, transparency, and written apologies following notifiable safety incidents. • Section 3.5: Parliamentary and Health Service Ombudsman (Expanded from Practice Index) Changes made: Enhanced explanation of the PHSO's role and powers. Clarified escalation process and available remedies (e.g. financial redress). • Section 3.7: Complainant Process (New Structured Subsection) Changes made: Introduced Stage 1 (Local Resolution) and Stage 2 (Escalation) clearly with pathways. Integrated contact options (NHS England, ICB, video BSL access). • Section 3.9: Regulatory Timescales Changes made: Clarified acknowledgment deadlines (within 3 working days). Provided realistic expectations for full response (within 40 working days, if possible, up to 6 months). Added reference to CQC Mythbuster 103. • Section 3.13: Complaints Advocacy and Support Changes made: Provided a comprehensive list of advocacy services with descriptions: POhWER, SeAp, Age UK, Local Councils, PALS. • Section 3.14: Investigating Complaints Changes made: Incorporated clearer investigatory standards (e.g. lead investigator, impartiality, clinical governance). Reinforced documentation and learning expectations. • Section 3.16–3.20: Complaints Involving Staff (Expanded from Practice Index) Changes made: Added policies for external staff, locum staff, and multi-agency complaints with guidance on cooperation and data sharing. Clarified equal treatment for locums.

		<ul style="list-style-type: none"> • Section 3.21–3.22: Additional Governance and Fitness to Practise (New Sections added from Practice Index) Changes made: Described when complaints trigger a Significant Event, audit, or fitness to practise referral. Referenced relevant internal policies. • Section 3.23: Logging and Retaining Complaints Changes made: Aligned with NHS Digital's national data submission requirements. Specified contents of a complaint record (acknowledgments, updates, final response, trend analysis). • All annexes (A–G) reformatted for consistency.
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Table of contents

1. INTRODUCTION	8
1.1. Policy statement	8
1.2. Status	8
2. SCOPE	8
2.1. Who it applies to	8
2.2. Why and how it applies to them	8
3. GUIDANCE	8
3.1. Legislation	8
3.2. Definition of terms	9
3.3. Complaints Procedure information	10
3.4. Duty of Candour	10
3.5. Parliamentary and Health Service Ombudsman (PHSO)	10
3.6. Complaints Manager	11
3.7. Complainant Process	11
3.7. Time constraints	12
3.8. Responding to a complaint	12
3.9. Regulatory Timescales	12
3.10. Verbal complaints	14
3.11. Written Complaints	15
3.12. Who can make a complaint	15
3.13. Complaints advocacy and support	16
3.14. Investigating complaints	16
3.14. Conflicts of Interest	17
3.15. Final formal response to a complaint	17
3.15. Confidentiality in relation to complaints	18
3.16. Persistent and unreasonable complaints	18
3.17. Complaints citing legal action	18
3.18. Multi agency complaints	19
3.19. Complaints involving external staff	19
3.20. Complaints involving locum staff	19
3.21. Additional Governance Requirements	19
3.22. Fitness to practise	19
3.23. Logging and retaining complaints	20
3.24. Summary	20
Annex A – Example Patient complaint form	21
Annex B – Example Third party patient complaint form	22



Annex C – Complaint handling desktop aide-memoire	23
Annex D – Example Annual Complaints Report	24
Annex E – Example Complaint review form	25
Annex F – Acknowledgement of a complaint letter (example)	29
Annex G – Final response to a complaint letter (example)	30

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. The CPN network practices take complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgmental, and timely manner. The network practices will maintain communication with the complainant (or their representative) throughout, ensuring they know their complaint is being taken seriously.

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.

1.3 Training

All network staff are asked to read and acknowledge the library of network policies as part of their induction and when they are updated.

2. Scope

2.1. Who it applies to

This document applies to all employees of the network and other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors.

2.2. Why and how it applies to them

Every member of staff should be aware of the complaints procedure to ensure appropriate handling and escalation. Each practice has a named Complaints Manager, who is the Practice Manager.

3. Guidance

3.1. Legislation

The Cheltenham Peripheral Network Complaints Procedure is underpinned by a comprehensive legal and regulatory framework to ensure that all complaints are handled fairly, transparently, and in line with national standards.

- NHS England Complaints Policy

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16
- The NHS Constitution
- UK GDPR and Data Protection Act 2018
- Parliamentary and Health Service Ombudsman's principles

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.

3.2. Definition of terms

Term	Explanation
Advocacy Services	Independent organisations that support patients in navigating the complaints process, such as POhWER, SeAp, Age UK, or PALS.
CNSGP	Clinical Negligence Scheme for General Practice – a scheme under NHS Resolution that provides indemnity for incidents occurring from 1 April 2019 onward.
Complaint	An expression of dissatisfaction about a service or treatment provided.
Complaint Log	A record maintained by each network practice documenting all complaints received, their progression, resolution, and outcomes for trend analysis and governance.
Complaints Lead	Individual responsible for overseeing complaint responses within each practice.
Complaints Manager	Person responsible for the day-to-day management and investigation of complaints. In relation to the CPN practices this responsibility falls to the Practice Manager
Duty of Candour	A statutory obligation under CQC Regulation 20 requiring organisations to be open, honest, and transparent with patients when a notifiable safety incident occurs.
Fitness to Practise	A regulatory consideration that may arise from a complaint about a clinician's professional competence, potentially requiring referral to a governing body.
ICB (Integrated Care Board)	The NHS body responsible for planning and commissioning healthcare services in the local area, which can receive and triage complaints.
Local resolution	Informal handling of verbal complaints at the point of service.
Notifiable Safety Incident	An incident that results in or could result in moderate or severe harm to the patient, requiring specific disclosure and apology under Duty of Candour regulations.
Persistent/Unreasonable Complaint	A complaint that continues unreasonably or excessively, even after appropriate responses have been given; may require escalation to the ICB for guidance.
PHSO	Parliamentary and Health Service Ombudsman – handles escalated NHS complaints.

Significant Event (SE)	An incident identified through a complaint that may warrant further investigation, learning, or audit as part of clinical governance.
Stage 1 – Local Resolution	The initial process for addressing complaints directly with the practice or through the ICB, aiming for a timely and informal resolution.
Stage 2 – Escalation to the Ombudsman	When a complaint is unresolved locally, it may be referred to the Parliamentary and Health Service Ombudsman (PHSO) for an independent review.
Verbal Complaint	A complaint made in person or by telephone that may be resolved informally and promptly, but still must be logged and reviewed.
Written Complaint	A complaint submitted via letter or email, requiring formal investigation and a structured written response.

3.3. Complaints Procedure information

Each network practice prominently displays information about the complaints process in patient waiting areas. Details of the procedure are also available on the CPN website, and printed complaints leaflets can be obtained from reception.

All complainants should be offered a copy of the complaints leaflet. This leaflet outlines how to make a complaint, who to address it to, available advocacy services, and how to escalate the matter should the complainant remain dissatisfied with the response or outcome.

3.4. Duty of Candour

All network practices will adhere to the statutory Duty of Candour requirements as set out in CQC Regulation 20. This includes a legal obligation to act in an open, honest, and transparent manner with patients when a notifiable safety incident occurs. The Network Practice Manager is responsible for ensuring that any concerns raised through the complaints process are investigated in accordance with this regulation. Where a notifiable incident is identified, the patient (or their representative) must be informed promptly, provided with a full explanation, and offered a written apology. This duty applies regardless of whether fault is ultimately found and supports a culture of learning and accountability across the practices. This approach is further supported by:

[CQC GP mythbuster 32: Duty of Candour and General Practice \(regulation 20\).](#)

3.5. 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.

3.6. Complaints Manager

At each network practice, the Practice Manager is designated as the responsible person for complaints. They are accountable for ensuring compliance with all relevant complaints regulations and for overseeing that appropriate actions are taken in response to any concerns raised.

3.7. Complainant Process

In the first instance, the complainant, or their nominated representative, may raise a complaint about any aspect of care or treatment received through one of the following options:

Stage 1 – Local Resolution with the Network Practice

- Directly with the organisation, via the Practice Manager.
- To the local Integrated Care Board (ICB) responsible for commissioning the service.
- To NHS England, by:

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

Post: NHS England, PO Box 16738, Redditch, B97 9PT

BSL (British Sign Language) users: via video call to a BSL interpreter

Although there is no requirement for complaints to be routed through NHS England, it may still receive and triage complaints. Guidance on this process is also available from the BMA in Dealing with complaints made against you as a GP practice.

Stage 2 – Escalation to the Ombudsman

If the complainant is dissatisfied with the response received at Stage 1 from either the network practice or the ICB, they have the right to escalate their complaint to the Parliamentary and Health Service Ombudsman (PHSO). This process is governed by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Further information about this escalation process, including how to contact the PHSO or local ICB, is provided in the Practice Complaints Leaflet and on the ICB's official website.

3.7. Time constraints

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.

3.8. 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.

3.9. Regulatory Timescales

All complaints will be acknowledged within three working days of receipt, in line with the Local Authority Social Services and NHS Complaints (England) Regulations 2009, Regulation 14. This acknowledgement may be given verbally or in writing, although written confirmation is recommended. An example letter is provided in **Annex F**.

Once acknowledged, a thorough investigation will be undertaken. Although there is no fixed legal deadline by which a response must be issued, the organisation aims to respond in a timely and proportionate manner, with the complexity of the complaint guiding the timeframe. In general, a full written response should be provided within 40 working days where possible. If a longer period is required, the complainant must be updated regularly with the reasons for the delay and given a revised timescale.

This approach is consistent with the expectations set out in CQC GP Mythbuster 103: Complaints Management and supported by NHS Resolution’s guidance on responding to complaints.

Immediate Concerns – Informal Resolution

If a patient or their representative raises a concern informally, whether in person or via telephone this may be managed without progressing through the formal complaints procedure. These situations often reflect a desire for reassurance or a prompt explanation rather than a formal investigation.

Staff managing informal concerns should:

- Gather all relevant facts before considering escalation to the Practice Manager.
- Maintain professionalism and manage the discussion in a quiet space, away from other patients. Support from a colleague should be sought if required.
- If returning a call to a distressed or angry patient, allow time to pass if appropriate to help defuse the situation—but aim to respond within the same working day.
- Use sound judgment in time management and tone to avoid setting an unrealistic expectation that all concerns will receive immediate responses in future.
- If the concern is resolved at this stage and the complainant does not wish to proceed further, the matter can be logged as a resolved informal complaint for trend monitoring.

Formal Complaints – Ongoing Communication

Where informal resolution is not appropriate or possible, or the complainant chooses to pursue a formal complaint, the following applies:

- The Practice Manager will acknowledge the complaint within three working days of receipt.
- The complainant will be kept informed throughout the process, with updates provided at regular intervals.
- A written response, including findings and outcomes, will be provided at the conclusion of the investigation. If the process is delayed, a clear explanation and updated timeline will be given.

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 Practice 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 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 Practice Manager will provide an initial response as an acknowledgement within three working days after the complaint is received.

3.10. Verbal complaints

If a patient wishes to raise a verbal complaint and is content for the staff member involved to manage it directly, the complaint should be addressed promptly at this local level, provided it is appropriate to do so. These types of complaints often reflect immediate concerns that can be resolved through explanation or reassurance without requiring formal investigation.

If, following the discussion, the patient indicates they are satisfied and no further action is required, the complaint can be considered resolved and closed. However, the Practice Manager must still be informed, and the complaint must be logged in the network practice's Complaints Log. This enables trend analysis and ensures opportunities for service improvement are captured.

Where appropriate, a verbal acknowledgement will suffice, and a written response is not required. Nonetheless, a brief summary of the discussion should be documented by the Practice Manager for internal reference and future learning.

If the concern requires urgent attention or cannot be resolved at the first point of contact, staff should escalate the issue immediately to the Practice Manager. The Practice Manager may then arrange to meet the patient directly or offer a telephone appointment to further discuss the concern.

Verbal complaints that are not resolved within 24 hours must be formally added to the Complaints Log and may be managed under the formal complaints procedure if necessary.

All staff are reminded that when escalating a complaint internally, a clear and factual account of the events leading to the concern must be provided to support an informed and appropriate response.

3.11. 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.

3.12. 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 network practice 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 network practice will require to be satisfied that the complainant is the personal representative.

When appropriate, the network practice 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 network practice 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 Practice 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.

3.13. Complaints advocacy and support

Patients have the right to seek independent support when making a complaint. Information on how to raise a concern and access advocacy services is included in the network practice Complaints Leaflet, which should be offered to every complainant.

Patients should also be advised that Healthwatch, the independent national champion for people using health and care services can assist in finding suitable NHS complaints advocacy services within the local area.

Independent advocacy services that can support patients through the complaints process include:

- POhWER - A charity offering support to individuals to help them be involved in decisions about their care.
- SeAp Advocacy – Provides free and confidential advocacy support.
- Age UK – May provide local advocacy services for older adults.
- Local Councils – May assist patients in accessing advocacy services.
- Patient Advice and Liaison Service (PALS) – Offers advice, support, and information about NHS services.

Patients are encouraged to use these services if they need help understanding the complaints process, expressing their concerns, or navigating the next steps.

3.14. 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

3.14. 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.

3.15. Final formal response to a complaint

Once the investigation is complete, a formal written response must be prepared and issued to the complainant. This response should be professional, well-structured, and demonstrate empathy and transparency. Wherever possible, it should be issued within six months of the initial complaint.

The final response letter must include the following elements, in line with NHS Resolution's Responding to Complaints guidance:

- A courteous, professional, and empathetic tone.
- A full response to each element of the complaint.
- A clear, factual chronology of events, referring to clinical records where necessary.
- Clarification of whether details are based on memory, contemporaneous notes, or usual practice.
- Simple explanations of any medical terminology used.
- A sincere apology and an offer of redress, support, or treatment if something has gone wrong.

- Actions taken or planned by the organisation to prevent recurrence and improve services.
- Advice that, if dissatisfied, the complainant may escalate their case to the Parliamentary and Health Service Ombudsman (PHSO).

It is important to recognise that complaint responses are often shared with family members or legal representatives. Therefore, the response must be clear, factual, and evidence based. A well-explained and transparent letter, particularly one that includes a meaningful apology can help reduce the likelihood of legal action. If a claim for compensation follows, the complaint file may be used as evidence in proceedings.

The final response must be signed by the responsible person. If the response cannot be completed within the six-month timeframe, the Practice Manager must write to the complainant explaining the reason for the delay and provide a revised timescale. The complainant should also be advised of their right to escalate the complaint to the PHSO at any point, even if local resolution has not concluded.

Network practices may adopt their own internal criteria for determining when medico-legal advice should be sought.

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

3.15. Confidentiality in relation to complaints

Any complaint is investigated with the utmost confidence 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.

3.16. Persistent and unreasonable complaints

Any persistent or unreasonable complaints will be promptly brought to the attention of the Practice Manager if they are not already aware. Before acknowledging complaints deemed persistent, unreasonable, or vexatious, advice will be sought from the ICB.

3.17. Complaints citing legal action

If a complaint is received that states legal action has been sought, the responsible person will consider contacting the CPN'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.

3.18. Multi agency complaints

Organisations have a duty to co-operate when a complaint involves more than one health or social care provider. In such cases, a single, coordinated response should be provided to the complainant to ensure a streamlined and efficient process.

Practice Managers from each organisation involved should liaise to determine which will act as the lead organisation. The lead will take responsibility for coordinating the investigation and response, including agreeing timescales and communication protocols with the complainant.

Before proceeding with a joint investigation, the organisation must seek the complainant's consent to share information and coordinate a joint response. This consent should be documented, and the final response should reflect the cooperative approach taken.

3.19. Complaints involving external staff

If a complaint is received concerning a member of staff from another organisation, it must be reported to the Practice Manager at the earliest opportunity. The Practice Manager will then liaise directly with the appropriate manager within the relevant organisation to address the issue.

3.20. Complaints involving locum staff

The network will ensure that all locum staff, whether GPs, nurses, or administrative personnel are made aware of the complaints process. In the event of a complaint, every reasonable effort will be made to contact the locum involved and invite their participation in any subsequent investigation, even if they have since left the organisation. This is in accordance with the 12-month time frame permitted for lodging complaints.

Locum staff will be assured that they are treated equally and fairly throughout the complaints process, with no distinction made between locum staff, salaried employees, or partners.

3.21. 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 network practice Significant Event and Incident 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

3.22. 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.

3.23. Logging and retaining complaints

All network practices are required to log and retain complaints in accordance with the NHS Records Management Code of Practice and the Records Retention Schedule.

Each complaint record must include:

- A log of the complaint, with updates and notes tracking its progression
- Identification of trends and common themes for service improvement
- Dates and copies of all key correspondence, including:
 - Acknowledgement letters
 - Any holding responses
 - Final response letters
 - All relevant documentation relating to the investigation and resolution

Practices must also ensure compliance with the categorisation and reporting requirements for the annual submission to NHS Digital (now part of NHS England's data collection service). This includes accurate recording of complaint themes, outcomes, and actions taken. The data is used for national reporting and is published annually.

3.24. Summary

The care and treatment provided by network practices are delivered with due diligence and in accordance with current clinical and professional guidelines. However, it is recognised that, on occasion, things may not go as intended.

By maintaining an effective and transparent complaints process, the organisation ensures that concerns are investigated and resolved promptly, aiming to achieve a satisfactory outcome for service users. Moreover, the process supports the identification of lessons learned, contributing to continuous improvement in service delivery and patient care.

Annex A – Example Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

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SECTION 3: OUTCOME

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SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

SECTION 5: ACTIONS

Passed to management	Yes/No
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Annex B – Example Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

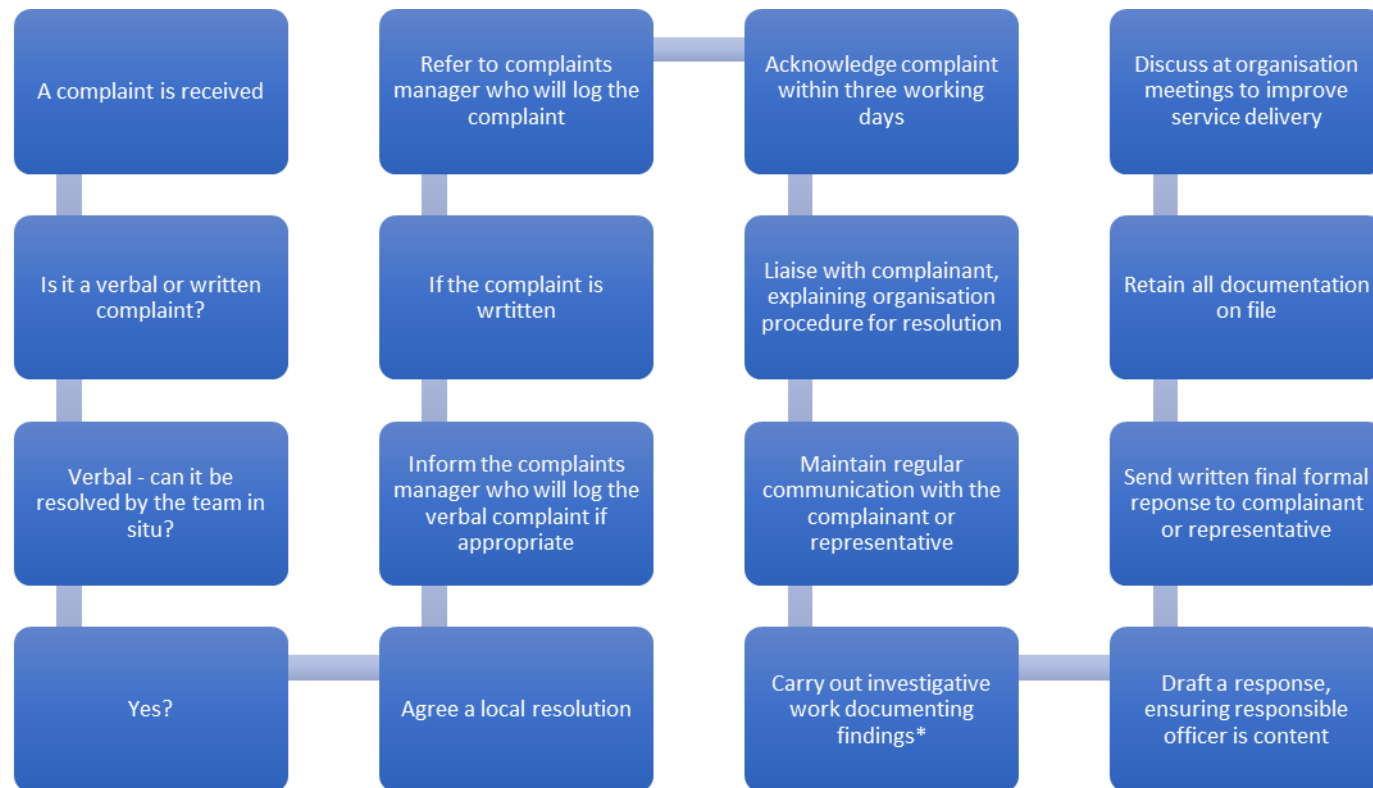
This authority is for an indefinite period/for a limited period only*.

Where a limited period applies, this authority is valid until/...../.....

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

Annex C – Complaint handling desktop aide-memoire



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

Annex D – Example Annual Complaints Report

Introduction

The purpose of the Annual Complaints Report (ACR herein) is to detail the complaints received by each network practice during the year (April to March). The organisation takes a proactive approach to the management of complaints, a process that is aimed at improving the quality of service and delivering a better patient experience.

Purpose

The purpose of the ACR is to:

- Specify the number of complaints received during the reporting period
- Specify the number of complaints that were warranted, unwarranted or partially warranted
- Specify the nature of the complaints (source, staff group, categorisation)
- Specify the number of referrals to the ombudsman
- Identify trends that can be analysed and audits undertaken
- Identify remedial actions and learning points
- Notify patients of any changes to policy as a result of complaints

In accordance with NHS(E) directives regarding the complaints process, the ACR for each practice will be available to the public upon request.

Annex E – Example Complaint review form

Introduction

The purpose of the complaint review form is to enable each practice to conduct a detailed analysis of every complaint received with a view to making recommendations for improvements to services and enhancing patient experience within the organisation.

Any key points will be used to populate the Annual Complaints Review, identifying trends and learning points for further development in the handling of complaints and routines within the organisation.

Usage

This form can be used by the Practice manager and responsible officer and any other parties involved in the management of complaints at any network practice. Where the complaint involves more than one NHS organisation, discussions will take place between the bodies concerned about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.¹

The **complaint review form** is shown overleaf.

Complaint review form [insert organisation name]

Complaint reference number	Patient identifying number	Date of review

Summary of complaint:

Summary of learning points (explain how this will be communicated to the team):

Action points:	By whom:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Complaint category (please delete as appropriate):

- Treatment
- Staff attitude
- Access
- Referral process
- Facilities
- Medication
- Waiting times

Complaint staff group (please delete as appropriate):

- GP
- Nurses
- HCA
- Pharmacy/dispensary
- Receptionists
- Admin
- Locum staff

Date team meeting held to discuss complaint (detail those present):

Review date (detail when the complaint was reviewed to ensure actions completed):

Complaints manager signature:

Complaints manager name:

Date:	
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Responsible officer signature:	
Responsible officer name:	
Date:	

Annex F – Acknowledgement of a complaint letter (example)

[Organisation]
[Address]

[Complainant's name]
[Complainant's address]

[Date]

Reference [Enter]

Dear [name],

Acknowledgment of complaint

Thank you for your letter [dated] with regard to your complaint. We are sorry that you have felt that the standard of service at [insert organisation name] warranted your complaint.

Please be advised that, whilst complaints are infrequent, when received we will thoroughly investigate and will always manage these in line with the NHS contract.

We are aware that you would wish for a response as soon as possible and we will endeavour to conduct a full and thorough investigation in the shortest period of time possible. However, please be advised that this may take some time and, whilst we do hope to respond more quickly, current NHS complaints guidance allows this to be upwards of six months. If, for whatever reason, the investigation is likely to exceed this timescale, we will contact you and update you with all progress to date.

Please find enclosed a copy of the Complaints Leaflet. This details what you should expect, a list of advocacy services should you need any support and also what to do should you not be content with the findings of this complaint.

Yours sincerely,

[Signed]

[Name]

[Role]

Enc: Complaints Leaflet

Annex G – Final response to a complaint letter (example)

[Organisation]

[Address]

[Complainant's name]

[Complainant's address]

[Date]

Reference [Enter]

Dear [name],

Final response to complaint

Further to my letter dated [enter], please see below the findings following a full investigation into your complaint dated [insert].

[Detail, although the response is to include the following]

- a. Be professional, well thought out and sympathetic
 - b. Deal fully with all the complainant's complaints
 - c. Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required
 - d. Set out what details are based on memory, contemporaneous notes or normal practice
 - e. Explain any medical terminology in a way in which the complainant will understand
 - f. Contain an apology, offer of treatment or other redress if something has gone wrong.
- The response should also highlight what the organisation has done, or intends to do, to remedy the concerns identified to ensure that the problem does not happen again.

Please be advised that this is the final response. Should you remain dissatisfied with the findings of this investigation, then you may further complain online or in writing to the Parliamentary and Health Service Ombudsman (PHSO) at either:

Milbank Tower
Millbank
LONDON
SW1P 4QP

Citygate
Mosley Street
MANCHESTER
M2 3HQ

The PHSO may be contacted via telephone on 0345 015 4033 or by using their secure online form. Further details on how to make a complaint to PHSO can be sought at www.ombudsman.org.uk.

Yours sincerely,

[Signed]

[Name]

[Role]