



**A Member of the Cheltenham Peripheral Network  
(Leckhampton Surgery, Winchcombe Medical Centre, Sixways Clinic and  
Stoke Road Surgery)**

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

### **Complaints Procedure**

<b>Version:</b>	<b>Review date:</b>	<b>Edited by:</b>	<b>Approved by:</b>
1.0	01.02.2025	N/A	All Practice managers

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## **1. Introduction**

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### **1.1. Policy statement**

The purpose of this document is to ensure that all staff across the five network practices are aware of the complaint's procedure, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received by the organisation.

### **1.2. Status**

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.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.

### **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**

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### **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**

All staff at the network practices are to be fully conversant with this policy and are to understand that all patients have a right to have their complaint acknowledged and investigated properly. The network takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgmental, and timely manner. We will maintain communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

The organisation aims 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.

## 3. Guidance

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### 3.1. Legislation

Every NHS facility has a complaints procedure. This permits a patient (or their nominated representative) to submit a complaint either to the NHS organisation or the organisation that has been commissioned by the NHS to provide a service.

This organisation adopts a patient-focused approach to complaint handling in accordance with the <https://www.england.nhs.uk/publication/nhs-england-complaints-policy/> whilst also conforming to guidance detailed in:

1. [Good Practice standards for NHS Complaints Handling 2013](#)
2. [Parliamentary & Health Service Ombudsman's Principles of Good Complaints Handling 2009](#)
3. [My Expectations 2014](#)
4. [The NHS Constitution](#)
5. [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 16](#)

### 3.2. Definition of a complaint

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of NHS England, either verbal or written, and whether justified or not, which requires a response.<sup>1</sup>

There is no difference between a "formal" and an "informal" complaint. Both are expressions of dissatisfaction.<sup>2</sup>

### 3.3. Complaints procedure promulgation

All the network practices have notices in patient waiting areas detailing the complaints process. In addition, the process is included on the organisation website.

### 3.4. Complaints manager

At each practice the responsible person is the Practice Manager. They are responsible for ensuring compliance with the complaints regulations and making sure action is taken because of the complaint.

### 3.5. Complainant options

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

- a. This organisation via the complaints manager

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<sup>1</sup> [NHS\(E\) Complaints Policy 2017](#)

<sup>2</sup> [Good Practice for Handling NHS Complaints 2013](#)

- b. NHS England: Telephone 03003 112233, email [england.contactus@nhs.net](mailto:england.contactus@nhs.net) or in writing: NHS England, PO Box 16738, Redditch, B97 9PT. Patients can talk to NHS England in British Sign Language (BSL) via a video call to a BSL interpreter

### 3.6. Timescale

The time constraint on 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 complaints 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 should be sought from NHS England by the complaints manager.

### 3.7. Response time

The complainant has a right to be regularly updated regarding the progress of their complaint. The relevant practice will provide an initial acknowledgement of **any** complaint on receipt of the complaint.

The practice aims to contact the complainant within 5 working days if further information is required to process the complaint. There is no end date by which the complainant must receive their response to allow a full investigation, including that of third parties, to occur. However, regular updates from the organisation to the complainant must occur. In addition to regular updates, a response or decision should be made within six months. If it extends beyond this time, then the complainant must be advised.<sup>3</sup> Cleevelands Medical Centre aims to resolve all complaints within 30 days.

In many cases, a prompt response and, if the complaint is upheld, an explanation and an apology will suffice and will prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

### 3.8. Route of a complaint

Patients can opt to complain either verbally or in writing. No matter what the cause of the complaint, all staff are to offer empathy when entering discussions with the complainant. In accordance with Regulation 16<sup>4</sup>, all staff at the network practices must fully understand the complaints process and it is included as a discussion item at staff induction.

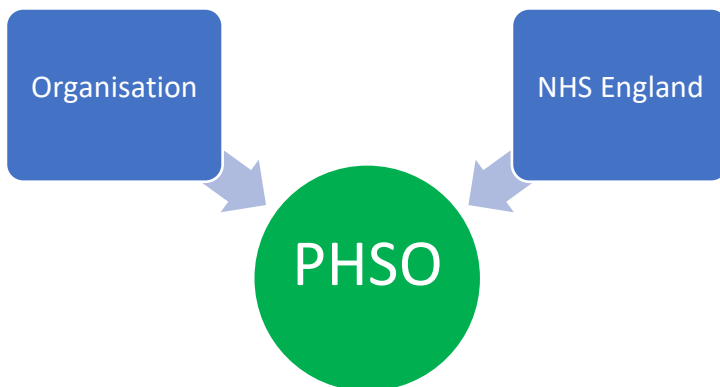
The complainant can access the complaints policy on the website or it is available at the practice itself. On request the complainant can be sent a copy.

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<sup>3</sup> <https://resolution.nhs.uk/wp-content/uploads/2019/03/CNSGP-Responding-to-complaints.pdf>

<sup>4</sup> [Heath & Social Care Act 2008 Regulation 16](#)

### Stage 1



The complainant may make a complaint to either the organisation or to NHS England.

### Stage 2

If not content with either response following a full investigation the complainant may then escalate this to the Parliamentary Health Service Ombudsman (PHSO).

**Important:** Complaints are not escalated to NHS E following the organisation's response. A complaint made to either the organisation or NHS E will escalate to PHSO.

### 3.9. Verbal complaints

If a patient wishes to complain verbally, they can contact the practice on 1242 672669 or via the practice website [cleavelands.medical@nhs.net](mailto:cleavelands.medical@nhs.net) and request to speak to the practice manager. If unavailable at the point of the complainant contact, the practice manager will respond to this request as soon as able or the deputy practice in their absence. If the patient is 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. If this should be the case, then the matter can be deemed to be closed, although the complaints manager should still be informed as this needs to be added to the practice complaints log.

This local resolution is the quickest method of resolving a complaint and will negate the requirement for the complaint to proceed through the formal complaint process.

An acknowledgement of the verbal complaint will suffice and therefore the complaints manager does not need to subsequently respond in writing, although the verbal complaint must be recorded in the complaints log. This will enable any trends to be identified and improvements to services made if applicable.

The complaints manager should record notes of the discussion (for reference only) which may be used when discussing complaints at meetings.

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 any appropriate response.

### 3.10. Complaints advocates

Details of how patients can complain and how to find independent NHS complaints advocates are to be detailed within the organisation leaflet. Additionally, the patient

should be advised that the local Healthwatch can help to find an independent NHS complaints advocacy services in the area.

Independent advocacy services include:

1. POhWER – a charity that helps people to be involved in decisions being made about their care. POhWER's support centre can be contacted via 0300 456 2370
2. SeAp Advocacy – gives advocacy support. Call 0330 440 9000 for advice or text SEAP to 80800
3. Age UK – may have advocates in the area. Visit their website or call 0800 055 6112
4. Local councils can offer support in helping the complainant to find an advocacy service. Visit <https://www.gov.uk/find-your-local-council>
5. PALS- <https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/>

### **3.13. Investigating complaints**

The complains manager will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance.

This organisation will adhere to the following standards when addressing complaints:

1. 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 is established at the outset.
2. The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.
3. 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.
4. The investigator reviews, organises and evaluates the investigative findings.
5. The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
6. 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.
7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.
9. 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. Final formal response to a complaint**

Upon completion of the investigation, a formal written response will be sent to the complainant and will include the following as per NHS Resolution (see extract)<sup>5</sup>:

- Be professional, well thought out and sympathetic
- Deal fully with all the complainant's complaints
- Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required
- Set out what details are based on memory, contemporaneous notes or normal practice
- Explain any medical terminology in a way in which the complainant will understand
- 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
- The response should inform the complainant that they may complain to the Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied

Consideration must be given to the fact that the response is likely to be read by the complainant's family and possibly legal advisers.

A full explanation and apology may assist in avoiding a claim. However, if a patient subsequently brings a claim for compensation, the complaint file is likely to be used in those proceedings so it is important that any response to a complaint is clear and well explained and can be supported by evidence.

The full and final response should ordinarily be completed within six months, although should it be likely that this will go beyond this timescale, the Complaints Manager will contact the complainant to update and give a projected completion timescale.

### **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.

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<sup>5</sup> <https://resolution.nhs.uk>



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**

The management of persistent and unreasonable complaints at any of the network practices is achieved by following the guidance detailed at [Appendix 3 see link below](#) of the NHS England Complaints Policy. See below:

<https://www.england.nhs.uk/wp-content/uploads/2016/07/nhs-england-complaints-policy-amended.pdf>

### **3.17. 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 the complaints manager at the earliest opportunity. The complaints manager will then liaise with the other organisation's manager.

### **3.18. Complaints involving locum staff**

The network will ensure that all locum staff, be it GPs, nurses or administrative staff, are aware of the complaints process and will attempt to contact them to partake in any subsequent investigation, even if they have left the organisation (keeping in mind the 12 month time frame to complain).

Locum staff must receive assurance that they will be treated equally and that there is no difference between locum staff, salaried staff or partners.

### **3.19. Summary**

The care and treatment delivered by the network practices is done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things can go wrong. By having an effective complaints process in place, this organisation can investigate and resolve complaints in a timely manner, achieving the desired outcome for service users, whilst also identifying lessons learned and ultimately improving service delivery.

**Cleveland Medical Centre** | Sapphire Road |  
Telephone **01242 672669** | [clevelandmedical.com](http://clevelandmedical.com)

Dr S Tilley | Dr R Gracie | Dr C Brookes

## 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.

**SECTION 3: OUTCOME**

**SECTION 4: SIGNATURE**

Surname & initials		Title	
Signature		Date	

## 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.

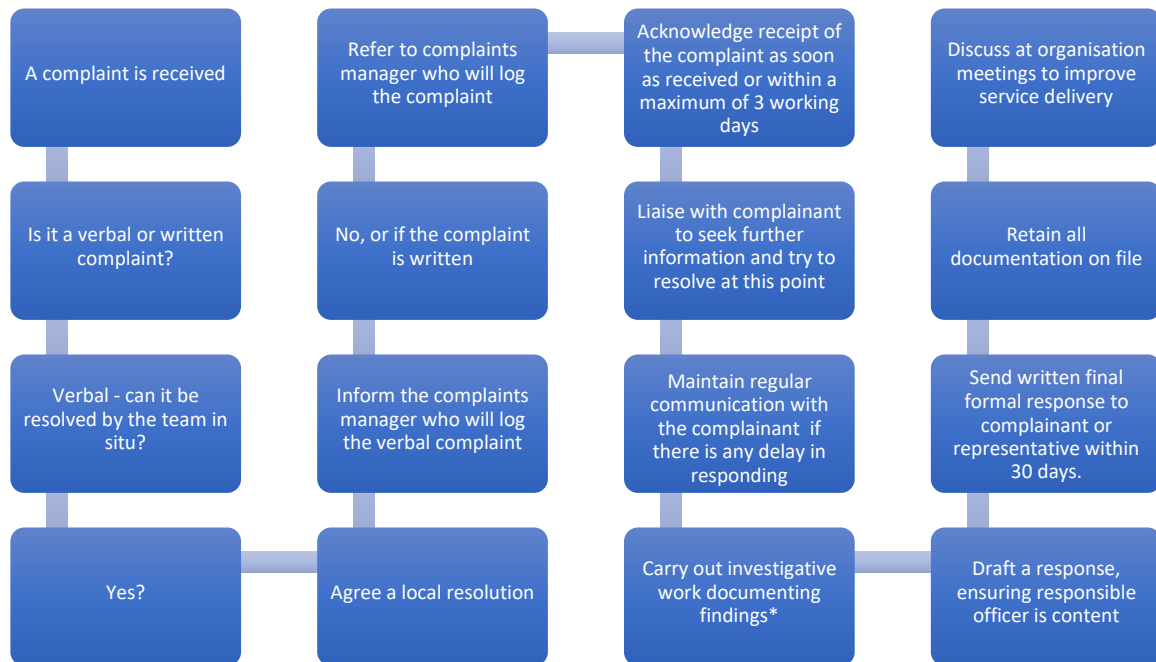
This authority is for an indefinite period/for a limited period only\*.

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.