CASTLE DONINGTON SURGERY

Complaints and Comments Procedure

Document Control

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2.0	09/7/2022	Karen Bilsby	Carl Cheadle	Reviewed with elements of updated training added.
2.1	14/6/23	Karen Bilsby	KM	Removed references to sending complaints to NHS England following Transfer of Primary Care Complaints function to ICBs from 1 July 2023
2.2	13/06/2024	Carl Cheadle	Carl Cheadle	Amend / increase in response timescales, due to workload pressures and staffing shortages. Leads amended.
2.3	19/06/2025	C O'Toole	CC	Reviewed, taken out VACANCY & replaced with job titles

2.4	21/11/2025	Carl Cheadle	Jane Young	Addition of consideration of timeline in notification of person(s) who complaint is about.
2.5	09/11/2025	Carl Cheadle		Addition of Data Protection Complaints Information

Policy

- The Practice welcomes comments from patients and service users, and recognises that complaints can:
    - identify problem areas
    - provide learning opportunities
    - enhance patient confidence when handled well
    - be a catalyst for positive change

- The Practice will take all reasonable steps to ensure that its staff are aware of, and comply with, this Procedure.
- The Practice has nominated Carl Cheadle (Practice Manager) as its Complaints Manager (CM) and the Operations Manager / Management Team Assistant as Deputy Complaints Manager (DCM) respectively, to be responsible for managing the procedures for handling and considering complaints in accordance with this Policy and Procedure.
- The Practice has nominated Dr Jane Young as its Responsible Person, to be responsible for ensuring compliance with this Policy and Procedure, and in particular ensuring that all necessary action is taken in the light of the outcome of a complaint.
- The Practice will take all reasonable steps to ensure that patients are aware of:
    - The Complaints and Comments Procedure
    - The roles of the Practice, the ICB and the Health Service Ombudsman for making complaints. Patients will be encouraged to make their complaint directly to the practice in the first instance, or the ICB where they do not wish to deal directly with us. If they are not satisfied with the response at this stage, they have the right to complain directly to the Health Service Ombudsman. A simple clear guide for patients in available at https://www.ombudsman.org.uk/sites/default/files/How_to_raise_concerns_about_a_general_practice_0.pdf
    - Their right to assistance with any complaint from the Patient Advice and Liaison Service (PALS); The Independent Complaints Advocacy Service (ICAS); Citizens Advice Bureaux, NHS Choices, and the Care Quality Commission
- The Practice Complaints and Comments Patient Information Leaflet, the Practice Patient Information Leaflet / Booklet and the Practice Website will be the primary information sources for implementing this Policy and will be kept up to date and be made freely available to all patients.
- Patients will be encouraged to complain in writing where possible, but the practice will accept complaints by email, over the telephone and in person.
- All complaints will be treated in the strictest confidence.
- Patients who make a complaint will not be discriminated against or be subject to any negative effect on their care, treatment or support.
- Where a complaint investigation requires access to the patient's medical records and involves disclosure of this information to a person or organisation outside the Practice, consideration will be given to whether the recipient of this disclosure is part of the complaint. If not, the person dealing with the complaint will inform the patient (or the person acting on their behalf) that the information needs to be disclosed to investigate the complaint fully.
- The Practice will maintain a complete record of all complaints and copies of all related correspondence. These records will be kept separately from patients' medical records.
- Where this procedure refers to “a patient” making a complaint it should be read as referring also to a patient’s authorised representative as detailed in section 2.1 below.

Procedure

1. Complaint initiated on Practice Premises

- In the event that a practice staff member notices that a patient appears to be distressed / upset on the practice premises, they will attempt to resolve the situation immediately, relying on their customer service training to support a positive resolution.

  Where this is not possible, they should contact their team leader, the Management Assistant, Operations Manager, or senior clinician as appropriate, who will arrange to speak to the patient as soon as possible.

  Complaints resolved in this way should be recorded on a complaint information sheet, but will be recorded as "informal complaint, resolved immediately".

- In the event of a staff member being advised that a patient wishes to make a complaint, the patient should be provided with a copy of the current Practice Complaints and Comments Patient Information Leaflet and clear details of how they can complain.

- The patient should be asked if they intend to complete the form in this leaflet there and then, or do they intend to complete it later. Patients who may require support to complete the form should be offered or signposted to appropriate, independent support if possible.

  The patient should expect an initial response to their complaint within 3 working days from receipt of the form at the surgery. This will usually be in the form of an acknowledgement letter or email. Where extenuating circumstances make this infeasible the acknowledgement will be sent at the first available opportunity and the patient will be briefly informed the reason for the delay.

2. Receipt and acknowledgement of complaints

2.1 Receiving complaints

The Practice may receive complaints:

A. Directly by the patient or former patient, who is receiving or has received treatment at the Practice
B. On behalf of a patient or former patient (**with the patient's consent**), who is receiving or has received treatment at the Practice

A complaint made;

- Where the patient is a child:
  - By either parent, or in the absence of both parents, the guardian or other adult who has care of the child,
  - By a person duly authorised by a Local Authority into whose care the child has been committed under the provisions of the Children Act 1989,
  - By a person duly authorised by a voluntary organisation, by which the child is being accommodated,
- Where the patient is incapable of making a complaint, by a representative who has an interest in his/her welfare. (In the case of a representative making a complaint, the Practice must be satisfied that they are acting in the best interests of the person on whose behalf the complaint is being raised and that there are reasonable grounds for this method of representation. If the Practice decides this is not the case the complainant will be notified in writing and an explanation given.)

- All complaints, whether written or verbal will be recorded on the practice's intranet in an anonymised format. Full details will be saved within a secure area within the practice's shared network drive.

- All written complaints will be acknowledged in writing within 3 working days of receipt. Where extenuating circumstances make this infeasible the acknowledgement will be sent at the first available opportunity.
- If the Practice identifies that the complaint will involve an additional provider, it will agree with that provider which organisation will take the lead in responding and communicating with the complainant. This decision will be communicated to the complainant without delay.

2.2 Periods of time within which complaints can be made

- Complaints should be made within:
  - 12 months from the date on which the event / incident which is the subject of the complaint occurred; or
  - 12 months from the date on which the event / incident which is the subject of the complaint comes to the complainant's notice.

The practice may, at its discretion, investigate complaints after the timescales set out above, but they should be satisfied that the complaint can still be adequately investigated after this time and that there is a real need to investigate to prevent future harm.

3. Initial action upon receipt of a complaint

- Complaints once received, whether verbal or in writing must be forwarded immediately to the Operations Manager / Management Team Assistant or the Practice Manager, as appropriate, who will decide if the issue requires urgent action or can be dealt with under this procedure's timeline.
  If they are unavailable, it will be forwarded to the duty GP to make this decision.

- The person receiving the complaint will then begin the "Complaints recording process" in Appendix 1
- Where the complaint is made verbally, a written record will be made of the complaint and a copy of this will be provided to the complainant within 3 working days. Where extenuating circumstances make this infeasible the acknowledgement will be sent at the first available opportunity.
  The complainant will be asked to respond within 7 days of receipt of this record if they wish to amend anything that has been recorded incorrectly.
- The CM will assign each complaint to a relevant member of practice staff who will become the "complaint handler" for this complaint. In many cases, this may well be the CM themselves. Complaint Handlers are responsible for pursuing the investigation, but the CM will retain ultimate responsibility under this procedure for final communications with the complainant and for closing the complaint once resolved.
- A written acknowledgement of receipt of the complaint must be made not later than 3 working days after the day on which the Practice receives the complaint.
- This written acknowledgement will include:
  - A brief outline of the complaint made.
  - Any information on what, if anything, has been done so far regarding investigating the complaint.
  - An offer to meet with the complainant, if this would be appropriate, at a time and location convenient to them, to discuss:
    - the way the complaint is to be handled
    - the response period within which the investigation of the complaint is likely to be completed
    - the response period within which the full response is likely to be sent to the complainant.
- As much of the following information as possible will be obtained at this initial meeting or, if a meeting is refused or not appropriate, then by other reasonable means such as a telephone call to the complainant, to enable their concerns to be assessed correctly, resolved quickly if possible and build a good ongoing relationship with them:
  - Ascertain how they would like to be addressed – as Mr, Mrs, Ms etc or by their first name.
  - Ascertain how they wish to be kept informed about how their complaint is being dealt with – by phone, letter, email or through a third party such as an advocacy or support service.
    If they choose by phone, ascertain the times when it is convenient to call and verify if they are happy for messages to be left on their answerphone. Explain that we will always endeavour to

reach them by this chosen route, but if no answer has been received after 3 attempts at telephone calls, we will write to them.
If it's by post, make sure that they are happy to receive correspondence at the address given on their patient record.

- Check if consent is needed to access someone's personal records
- Check if they have any disabilities or circumstances that need to be taken account of and make the relevant arrangements or pass this information to the CM so he can arrange.
- Ensure they are aware that they can request an advocate to support them throughout the complaints process, including at the first meeting.
- Systematically go through the reasons for the complaint so that there is a clear understanding why they are dissatisfied.
- Ascertain what outcome they are hoping for as a result of the complaint (for example, an apology, an explanation, new appointment, reimbursement for costs or loss of personal belongings).
- Advise them at the outset if their expectations are not feasible or realistic.
- Formulate and agree a plan of action, including when and how the complainant will hear back from the Practice.

- If it is considered that the matter can be resolved quickly without further investigation, the Practice will do so, providing the complainant agrees and there is no risk to other service users.

In the event the complainant does not accept the offer of a discussion, the Practice will itself determine the response period and notify the complainant in writing of that period.

3B. Staff-Related Complaints: Notification and Confidentiality

Sometimes complaints relate not only to the practice or the service provided, but also to individual members of staff. Complaints of this nature can have a significant personal and professional impact on those involved. It is therefore essential that any staff member who is the subject of a complaint is informed at the earliest appropriate opportunity. Early notification enables individuals to understand the concerns being raised, respond appropriately, and access support if needed.

In many cases, other team members may become aware of the existence of a complaint before the individual concerned, often due to their role in receiving or handling the communication. This makes professionalism, confidentiality, and respect critically important. Complaints must not be discussed openly or shared informally within the practice. It is the responsibility of the practice or the designated complaint handlers—not general staff—to ensure that the individual named in a complaint is formally informed. All staff are expected to maintain discretion and uphold the dignity and privacy of colleagues throughout the complaints process.

While it is important to notify the subject of a complaint as early as possible, any delay in doing so must not prevent the complainant from receiving timely acknowledgement of their concerns. Circumstances such as sickness, annual leave, or other absences may affect the subject's ability to participate in the investigation and can naturally extend the time required to provide a full response. The individual concerned will normally be involved in the complaint process; however, if significant delays occur and it is reasonable and appropriate to progress the investigation without their direct input, the practice may choose to do so in order to avoid unnecessary delay or distress to the complainant.

3C. Patient-Related Confidentiality, Dignity and Respect

The practice is committed to ensuring that all patients who raise concerns or make complaints are treated with dignity, respect, and sensitivity throughout the entire process. Complaints may contain personal information or describe experiences that are highly sensitive to the individual involved. For this reason, strict confidentiality must be maintained at all times. Information about a complaint should only be shared with staff who have a legitimate need to know in order to respond, investigate, or support the resolution of the matter.

It is essential that patient complaints are not discussed informally, shared unnecessarily, or disclosed in a manner that could compromise a patient's privacy. This includes conversations in public areas, discussions

with staff not involved in the process, or any form of speculation. Maintaining confidentiality protects the integrity of the investigation and upholds our duty of care to all patients.

All staff members are responsible for handling patient information respectfully, professionally, and in accordance with data protection and confidentiality standards. Patients must be reassured that their identity, personal circumstances, and the details of their complaint will be managed with care, discretion, and fairness. The practice is committed to creating an environment where patients feel safe and supported to raise concerns without fear of judgement, breach of privacy, or any negative impact on their future care.

4. Investigation and response

- The Practice commits to:
    - Treat the complainant impartially, and without prejudice
    - Ensure that complaints are investigated thoroughly and fairly to establish the facts of the case
    - Ensure that decisions are proportionate, appropriate, and fair
    - Act fairly towards staff complained about as well as towards complainants.
    - Communicate with the complainant in a clear manner, using language that the complainant can understand.
- Complaints should be resolved as promptly as possible, preferably within 6 weeks. If the process is likely to take longer, the complainant should receive regular updates (preferably monthly) from a member of the Practice management team to ensure expectations are managed.
  The Managers Assistant will regularly check the complaints log (at least monthly) to ensure appropriate progress is being made and ensure complaints are closed promptly, flagging up any serious issues to the Partners and Practice Manager prior to the 6-week point.
- At any time during the investigation, the Practice Manager or Responsible Person has the discretion to liaise with the complainant to extend this timeframe to a mutually agreeable date, provided it is still possible to carry out a full and proper investigation of the complaint effectively and fairly.
- When a complaint extends past a 3-month period, it is essential that the CM or Responsible Person takes into account that any party involved may not be able to remember accurately the essential details of the event / incident and also the feasibility of being able to obtain other essential evidence specific to the time of the event is compromised.
- After the investigation is completed, the Practice will compile a written report which incorporates:
    - A summary of each element of the complaint
    - Details of policies or guidelines followed, or any not followed as they should have been
    - A summary of the investigation
    - Details of key issues or facts identified by an investigation, setting out how the complaint has been investigated and the evidence that was considered, including clinical opinions where required.
    - Conclusions of the investigation: For example:
        - Was there an error, omission, or shortfall by the Practice?
        - Did the Practice follow its own policies and procedures relating to the incident
        - Was there a difference between what happened and what *should* have happened during the incident that gave rise to the complaint.
        - Did any of this disadvantage the complainant, and if so, how?
    - What needs to be done to put things right? And when will this be done?
    - An apology, if one is appropriate
    - An explanation of what will happens next (e.g. what will be done, who will do it, and when)
    - A clear outline of what Practices policies, procedures or processes, if any, will be changed as a result of the complaint's outcomes.
- The Practice will send the complainant a response once the investigation is completed, signed by either Practice Manager or Operations Manager, if administrative, or by Dr J Young Partner, if clinical. The response will incorporate:

- The written report outlined in the previous paragraph,
- A second letter written by the clinician involved, if appropriate
- Confirmation as to whether the Practice is satisfied that any necessary action has been taken or is proposed to be taken,
- A statement of the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman.
- Information on what the person complaining should do if they are still unhappy and wish to escalate the complaint, including full contact information of the Health Service Ombudsman.

- If the complaint has been incorrectly sent to the Practice, the Practice will advise the patient of this fact within 3 working days from its initial receipt and ask them if they want it to be forwarded to the correct organisation. If it is sent on, the Practice will advise the patient of the correct organisation's full contact and address details.

3.D Data Protection Complaints

- This section applies when someone believes the Practice has handled their personal information in a way that breaches data protection law. Examples include concerns about unauthorised access to or disclosure of information, or how the Practice handled a request to access or correct a record.
- People can raise a data protection complaint through the Practice's usual complaints channels, including by email, in writing, by telephone or in person. Staff should offer help where needed. Using a complaints form is optional.
- Staff must forward the complaint promptly to the Complaints Manager, who will involve the Information Governance Lead and seek advice from the Data Protection Officer where needed. Record the date the Practice first received the complaint and identify it as a data protection complaint in the complaints register. The 12-month time limit in section 2.2 applies to NHS service complaints. Consider any data protection issue under this section even if it falls outside that period.
- The Practice will acknowledge receipt within three working days wherever possible and in all cases within 30 calendar days of receipt. The Practice will make appropriate enquiries, keep the complainant informed of progress and explain the outcome and any action taken or planned without undue delay.
- The final response will explain how to complain to the Information Commissioner's Office (ICO) about the data protection issue at https://ico.org.uk/make-a-complaint/. If the complaint also concerns NHS care or service, address both issues and explain the relevant escalation route for each.
- All Data Protection Issues and Potential Breaches will be recorded as part of the DSPT, and where this identifies reported to the ICO.

5. Handling Unreasonable Complaints

In situations where the person making the complaint becomes aggressive or unreasonable, the CM will instigate any or all appropriate actions from the list below and will advise the complainant accordingly:

- Ensure contact is being overseen by an appropriate senior member of staff who will act as the single point of contact and make it clear to the complainant that other members of staff will be unable to help them.
- Ask that they make contact in only one way, appropriate to their needs (e.g. in writing) and place a time limit on any contact, including restricting the number of communications that will be responded to during a specified period
- Ensure that a witness will be involved in each face to face or telephone contact
- Refuse to register repeated complaints about the same issue.
- Do not respond to correspondence regarding a matter that has already been closed, only acknowledge it.
- Explain that the Practice does not respond to correspondence or communication that is abusive.
- Make contact through a third person such as a specialist advocate.
- Ask the complainant to agree how they will behave when dealing with your service in the future.

- Return any irrelevant documentation on the first occasion it is sent and remind them that it will not be returned again.
  When any of these approaches are used to manage contact with unreasonable or aggressive people, the CM will provide an explanation of what is occurring and why.
  The Practice will maintain a detailed record of each contact during the ongoing relationship.
- The Practice has a Vexatious, Unreasonable & Persistent Complainant policy for those complainants who, because of the frequency or nature of their contacts with Castle Donington Surgery, hinder the consideration of their or other people's complaints. (see separate policy for full details) The Practice Manager will consider adding the complainant to the Vexatious, Unreasonable or Persistent Complainant's Register where the above actions do not resolve the issues hindering the complaint investigation and we will notify the patient of this.

6. Complaints Register

To ensure the Practice monitors, handles and reviews complaints in a logical and timely manner, and to keep an audit trail of steps taken and decisions reached, the Practice records all complaints received on Teamnet. The Assistant to the Managers will review Teamnet on a fortnightly basis and notify the relevant complaint handler or the Practice manager of any outstanding complaints that have passed the expected response deadline.

7. Sharing the learning.

Complaints will be discussed at the fortnightly Practice meetings to ensure they are all dealt with appropriately, and for clinical complaints they will be discussed at monthly clinical meetings. Where the CM deems it in the best interests of the practice, anonymised complaints will be shared with the wider team at staff meetings so outcomes and learnings can be shared across the practice.

8. Annual Review of Complaints

In line with National Guidance, the Practice will supply the following information to NHS England:

- The number of complaints received
- The issues that these complaints raised
- Whether complaints have been upheld
- The number of cases referred to the Ombudsman

9. Reporting a Summary of Complaints to the Care Quality Commission

The Practice will adhere to the Care Quality Commission's requirement of producing a summary of complaints at a time and in a format set out by the CQC and then send the summary when requested to do so.

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Appendix 1 overleaf

Appendix 1
Complaints Recording Process

Receiving and recording the complaint

Any staff Member can record a complaint which they may receive in writing, by email or verbally. If verbal, it can be recorded on a complaints form: \\doningtongp\shared\Castle Donington Surgery 2019\Managers\Complaints\2022\Complaint information sheet.docx (this document template is also available on Teamnet)

Staff member then forwards details of the complaint to Practice Managers (or duty doctor in their absence).

Decision is made if urgent action required. If yes, take this action, if no, then begin the rest of this process

Complaint is recorded, as per policy:
On the Shared drive in the managers' folder with full details, including relevant phone recordings if necessary

Complaint is uploaded to Teamnet, anonymised with the patients initials and the date of the complaint as a reference eg 21112025\CC

Acknowledging the complaint

The patient should receive an acknowledgement of their complaint using the acknowledgement template: \\doningtongp\shared\Castle Donington Surgery 2019\Managers\Complaints\Complaints acknowledgement letter.docx

This should be received within 3 working days unless extenuating circumstances prevent this in which case the patient should be notified of the reason for the delay

This will be stored on the shared drive in the complaints folder, stored in a subfolder with the complainants name.

Investigating the complaint

The complaint will be investigated by the person listed as responsible on Teamnet.

Management assistant is responsible for ensuring complaints are being investigated in a timely manner.

Actions taken will be listed on Teamnet and the complaint should be discussed at the first available Practice meeting after the complaint.

Closing the complaint

Complainant will usually receive a response in writing, (unless they have expressed that they do not need one, or the complaint is of a vexatious nature)

This will be stored in the complaints folder and the complaint closed if no response is received after 10 working days