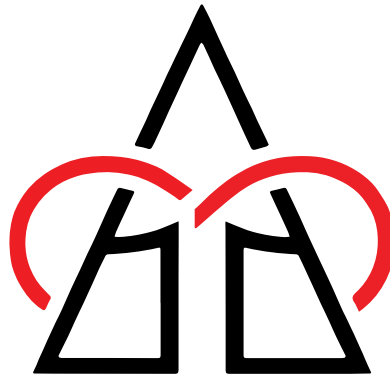




AberGP

PRIVATE GENERAL PRACTICE

Complaints Procedure

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Introduction

Policy statement

The purpose of this document is to ensure that all staff are aware of the complaints procedure within AberGP, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received at the practice.

This practice takes all complaints seriously and ensures they are investigated in an unbiased, transparent, non-judgemental and timely manner. Furthermore, this practice adopts a patient-focused approach to complaint handling in accordance with the guidance provided via [NHS Inform Scotland](#) and the [Scottish Public Services Ombudsman's best practice guidance on complaints handling for the NHS](#).

Our complaints procedure assists the organisation to meet the requirements of the [Patient Rights \(Scotland\) Act 2011](#) and its associated Regulations and Directions and meet the requirements of the [Model Complaints Handling Procedure for the NHS](#) in Scotland.

This policy has been developed to take account of the Scottish Public Services Ombudsman's [Statement of Complaints Handling Principles](#) and best practice guidance on complaints handling from the [Complaints Standards Authority](#). Furthermore, this complaints procedure complies with the [National Health Service \(General Medical Services Contracts\) \(Scotland\) Regulations 2018](#) and is aligned to the [General Medical Council \(GMC\) ethical guidance](#).

The policy includes guidance on a child-friendly approach to handling complaints by children and young people following the incorporation of the [United Nations Convention on the Rights of the Child](#) into domestic Scottish law. This is further detailed at section for [Complaints by children and young people](#).

BMA guidance titled [Responding to concerns: a guide for doctors who manage staff](#) provides guidance on professional requirements on how to better respond to concerns raised to them.

Supporting information, including legislative requirements, is listed at [Annex A](#).

Status

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of a contract of employment with this practice.

The document applies to all employees, partners and directors of the practice. Other individuals performing functions in relation to the practice, such as agency workers, locums and contractors, are encouraged to use it. Furthermore, it applies to clinicians and staff who may or may not be employed by the practice but who are working under its management and control.

Guidance

Definition of a complaint

[The NHS Scotland Model Complaints Handling Procedure](#) defines a complaint as “an expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation”.

There is no difference between a ‘formal’ and an ‘informal’ complaint. Both are expressions of dissatisfaction.

Complaints information for patients and their representatives

There are prominently displayed notices throughout the practice detailing the complaints process. In addition, information about the process is included on the practice website and a patients’ complaints information leaflet.

The information provided is written in conjunction with and refers to the legislation mentioned in this policy. Should a patient, child or their representative have any questions or concerns, they can also discuss this with any member of staff.

Complaints officer

The complaints officer is the Practice Manager. They are responsible for managing all complaints procedures and must be readily identifiable to service users.

Complainant options

Anyone who is or is likely to be affected by an act or omission of an NHS body or health service provider can make a complaint. The complainant, or their representative, can complain about any aspect of care or treatment they received at this practice to:

- The practice via the complaints officer
- The NHS Health Board feedback and complaints team
- [The Scottish Public Services Ombudsman](#) (SPSO)
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS
Tel: 0800 377 7330

The SPSO can provide support and guidance on handling complaints for both the complainant and the practice, as well as review the process should the complainant feel their complaint has not been adequately addressed.

Note, this is the same process for both adult and child complainants.

Timescale

The time constraint on bringing a complaint is six months from the occurrence giving rise to the complaint or six months from the time that the complainant becomes aware of the matter about which they wish to complain but no longer than 12 months after the event.

If, however, there are good reasons for complaints not being made within this timescale, consideration may be afforded to investigating the complaint if it is still feasible to do so effectively and fairly. This is especially important when the complaint is brought by or on behalf of a child who may have found it difficult to come forward at the time of the event occurring.

Should any doubt arise, further guidance can be sought from the local Health Board's feedback/complaints team or the practice's indemnity providers.

Response times

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints officer will explain the following two-stage process to all complainants:

Stage 1: Early resolution	Staff will attempt to resolve the complaint within five days or less unless there are any exceptional circumstances
Stage 2: Investigation	For serious or complex complaints, the complaints officer will ensure that: • An initial response to acknowledge any complaint is made within three working days from the complaint being received • Regular updates are issued during the investigation • Resolution of the complaint is achieved within 20 working days • If there are delays, the complainant will be informed as to the reasons why

In many cases a prompt response, including an explanation and an apology, will suffice and prevent the complaint from escalating. An apology does not constitute an admission of practice weakness, negligence or malfeasance.

Verbal and written complaints

Patients may 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. If a patient wishes to complain, an acknowledgement of a verbal complaint by the complaints officer or their nominated deputy will suffice as an acknowledgement.

Staff should offer the complaints process quickly and clearly, including any advice or support the complainants need in taking their complaint forward, reassuring them that their complaint will be dealt with sensitively and with empathy.

In the case of a verbal complaint by a child or young person, the member of staff receiving the complaint should acknowledge it and attempt to sensitively determine whom the child would prefer deals with their complaint. This may be a clinician or some other staff member trusted by the child. It need not be a member of the designated complaints team.

[Complaints by children and young people](#) section details complaints made by children.

The complaints officer does not need to respond in writing but should record the verbal complaint in a complaints log; this will enable any trends to be identified and improvements to services made if applicable. The complaints officer should record notes of the discussion (for reference only) which may be used, and anonymised, when discussing complaints at practice meetings.

Discussing the nature of the complaint with the complainant in person or by telephone may enable an early resolution and negate the requirement for the complaint to proceed through the investigation process.

If a patient opts to complain in writing (complaints form, letter or email), the complaints officer is to acknowledge receipt of the complaint within three working days. The Scottish Government's [Complaints Directions](#) set out what must be included in a written acknowledgement of a complaint, as follows:

- Contact details of the feedback and complaints officer
- Details of the advice and support available including the [Patient Advice and Support Service \(PASS\)](#)
- Information on the role and contact details for the [SPSO](#)
- A statement confirming that the complaint will normally be investigated, and the report of the investigation sent to the complainant, within 20 working days or as soon as reasonably practicable thereafter where an extension to this has been agreed
- A statement advising that, should it not be possible to send a report within 20 working days, the person making the complaint will be provided with an explanation as to why there is a delay and, where possible, provided with a revised timetable for the investigation

This acknowledgement will offer the complainant the opportunity to discuss their complaint and the process while also enabling the complaints officer to determine if early resolution is achievable. Where possible, patients and/or their representatives should be encouraged to use the complaint form at [Annex B](#) of this policy.

If early resolution is not an option, the complaints officer will then provide the complainant with a time frame for an investigation. Complainants should be advised that this timescale is merely indicative and there may be, on occasion, the need to liaise with other service providers, e.g., secondary care, which could delay the process. However, reassurance should be provided that the complainant will receive regular updates from the complaints officer regarding their complaint.

Who can make a complaint

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

- Is a child

Following the incorporation of the [UN Convention on the Rights of the Child](#) into domestic Scottish law, this may be any individual under the age of 18 who:

- In the opinion of the practice does not have sufficient understanding to enable them to manage their own healthcare decisions, or,
- Has the capacity to grant informed consent for an adult to act on their behalf

Notes:

In the case of a child, this 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 best interests of the child.

The SPSO has provided the detailed [Child friendly complaints handling process guidance](#) where Chapter 5 provides several algorithm pathways to support the various types of complaints made by, or on behalf of a child.

- Has died

In the case of a person who has died, the complainant must be the personal representative of the deceased and the practice will require to be satisfied of this.

Where appropriate, evidence may be requested to substantiate the complainant's 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 [Adults with Incapacity \(Scotland\) Act 2000](#), to make the complaint themselves, this 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 we will request the following information:

- Name and address of the person making the complaint
- Name and date of birth or address of the affected person
- Contact details of the affected person so that the practice can confirm that they consent to the third party acting on their behalf

The above information will be documented in the file relating 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 a UK Member of Parliament or in Scotland a Member of the Scottish Parliament acting on behalf of and by instruction from a constituent

Should the complaints officer 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 the practice's indemnity provider or the local NHS Health Board complaints team to confirm the next steps prior to notifying the complainant in writing of any decision.

The third-party patient complaint form can be found at [Annex C](#).

Complaints advocate

[The Scottish Independent Advocacy Alliance](#) can help patients to find an independent advocate and provide more information on the services that an advocate can offer.

The Patient Rights Act also provided for the establishment of the [Patient Advice and Support Service \(PASS\)](#). PASS is a service offered by Citizens Advice Scotland and operates independently of the NHS. It provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. The service can be accessed at any Citizens Advice Bureau in Scotland and promotes an awareness and understanding of the rights and responsibilities of patients. It can advise and support people who wish to give feedback, make comments, raise concerns or make complaints about treatment and care provided.

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

Complaints Procedure

Creator – Fiona Gill

Lead – Fiona Gill

Last Review – 13 October 2024

Next Review – 13 October 2026

Version 1

AberGP

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Investigating complaints

The practice will ensure that complaints are investigated effectively and in accordance with current legislation and guidance.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the person making the complaint a full, objective and proportionate response that represents the practice's final position.

Final formal response to a complaint

Upon completion of the investigation, a formal written response will be sent to the complainant and will:

- Show that staff have investigated the complaint
- Reply to all the points made by the complainant or their representative
- Offer an apology if things have gone wrong
- Detail what action has been taken or will be taken to prevent further incidences
- If necessary, explain why the practice cannot do anything more about some parts of the complaint
- Offer the complainant the chance to meet and discuss anything in the letter they do not understand or wish further clarification on
- Include information about the Scottish Public Services Ombudsman should the complainant be unhappy with the way the complaint has been handled and if so, what they can do

When apologies are made under this process, the [Apologies \(Scotland\) Act 2016](#) applies. The procedure operates in accordance with the organisational duty of candour described in the [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#) and related regulations.

Confidentiality in relation to a complaint

All complaints are investigated with the utmost confidentiality and any associated documentation will be held separately from a complainant's medical records.

Confidentiality will be maintained throughout the process ensuring that only managers and staff who are involved in the investigation know the particulars of the complaint.

Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at this practice is achieved by the complaints officer liaising with the responsible officer and subsequently the local NHS Health Board.

Further reading can be found in the [Dealing with Unreasonable, Violent and Abusive Patients Policy \(Scotland\)](#).

Multi-agency complaints

Should a complaint be received that refers to any other organisation, the complaint is to be investigated in collaboration with those organisations that are involved.

When the complaint was made to the practice then the complaint should still be dealt with by the complaints officer provided the practice is part of the complaint's focus. If not, the patient should be informed and advised where the complaint should be addressed or passed to the relevant organisation with the complainant's consent.

Complaints involving locum staff

The practice will ensure that all locum (or temporary) staff, be it GPs, nurses or administrative staff, are aware of the complaints process and that they will be expected to take part in any subsequent investigation, even if they have left the practice (bearing in mind the 12-month time frame to complain).

Locum staff should be given an assurance that they will be treated fairly and equally, and that there is no discrepancy between locum staff, salaried staff or partners in how complaints are handled.

Significant events

When a complaint is raised, it may prompt other considerations, such as a [significant event analysis](#). SEAs are an excellent way to determine the root cause of an event and the practice can benefit from the learning outcomes of the SEA. All SEAs should also consider whether the incident being investigated triggers the [organisational duty of candour](#).

It is advised that the complainant, their carers and/or family are involved in the SEA where possible and see the SEA report. This helps to demonstrate to the complainant that the issue has been being taken seriously and investigated by the practice.

Further reading can be sought from the [Significant Event and Incident Reporting Policy \(Scotland\)](#) and the [Duty of Candour Policy \(Scotland\)](#) and [The Governance Handbook](#).

Logging and retaining complaints

All practices should log complaints and retain the documentation as per the [Records Retention Schedule](#) as described and shown in the [Scottish Government Records Management Health and Social Care Code of Practice \(Scotland\) 2020](#). Currently, this advises that records are to be retained for a period of seven years from the closure of any complaint.

Complaints involving a child should be logged and retained until the child is 19 years old or after seven years from closure of that complaint (whichever is later).

Notes:

- Should there be any litigation claim against any complaint, then the complaint will not be closed until all subsequent process have ceased
- The case file must not be kept in the patient record with a separate file always being maintained for any patient complaint

Complaints by children and young people

Background

On 16 July 2024, the [United Nation Convention on the Rights of Children \(UNCRC\) \(Incorporation\)\(Scotland\) Act 2024](#) directly incorporated the UNCRC into Scottish law. This Act ensures that children's rights are central to policy and decision-making, and that their needs are met by public service complaints procedures in Scotland.

In anticipation of this, the Scottish Government funded the office of the [Scottish Public Services Ombudsman](#) (SPSO) to develop guidance to help to implement the current Model Complaints Handling Procedure in a way that upholds children's rights under the UNCRC.

This resulted in the publication of the following documents:

- [Child Friendly Complaints Handling Principles](#)
- [Child Friendly Complaints Handling Process Guidance](#)

Both were launched at [an online event](#) on the day the Act came into being. The presentation is available [here](#).

These principles and guidance do not replace the current complaints procedure but build upon it by requiring a complaints handler to approach complaints in a child-friendly way, supplementing current procedures whenever a child is involved.

This practice seeks to follow the principles and guidance developed by the SPSO, ensuring that all staff are aware of the complaints procedure and the new legal requirements. This affords children and young people as patients, or their representatives, the opportunity to make a complaint about the care or treatment they have received at the practice to someone they trust.

The practice will ensure the best interests of any child affected will be at the heart of the complaints process and all decisions made or actions taken will treat these as a priority.

A child is defined by UNCRC as anyone under the age of 18.

When to use the child-friendly complaints process

The process should be used whenever a child is involved in a complaint. This is when:

- A child raises a complaint directly
- An adult raises a complaint at the request of a child
- An adult raises a complaint about matters that affect a child

In particular, care should be taken when communicating with a child about a complaint that the language used by the staff member is appropriate to the age of the child and their level of understanding. It should be noted that the complaints procedure should not be used to investigate any concerns that suggest significant harm might have been caused to a child or that a child might be at risk of harm.

If, at any point, concerns are raised about possible harm to a child from abuse, neglect or exploitation, these should be shared with the practice safeguarding lead, police or social work without delay. Further guidance should be sought as detailed within the Safeguarding Policy.

Accessing the complaints process for a child

The guidance recognises that many minor issues can be dealt with as part of common, everyday business and resolved at that stage. However, should there be a need to progress concerns raised to a complaint, it is important that the process can be easily and quickly accessed by the child or their representative.

Staff should offer the complaints process quickly and clearly, including any advice or support the complainants need in taking their complaint forward, reassuring them that their complaint will be dealt with sensitively and with empathy.

The complaints process for a child

An overview of the child-friendly complaints handling process and its possible outcomes can be found within the [SPSO guidance document](#). This basic process is the same for all complaints involving children.

While the SPSO guidance document details the process for children's complaint handling, it should be noted that the guidance given for each pathway is not prescriptive and should be adapted to suit the circumstances of the case.

As with the standard complaints model, the process involving complaints by or on behalf of a child comprises two stages, although in many cases a prompt response, including an explanation and an apology, will suffice and prevent the complaint from escalating.

Stage 1: Responding	This stage aims for a fast response, focusing on the outcome for the child.
Stage 2: Investigation	This stage is for serious or complex complaints. An investigation aims to establish all the facts relevant to the points made in the complaint.

Child-friendly complainant options

Complaints may often be made on a child's behalf by a parent, guardian or care provider.

Importantly, the person dealing with the complaint both for the child and by the practice should be someone the child finds approachable and that they can trust.

This means that it may not be the usual practice complaints officer who is asked to deal with the complaint as it could be any member of staff. Therefore, it is imperative that all staff understand the process and their obligations on how complaints should be handled.

How to complain and who to complain to is as detailed at [Complainant options](#).

Informed consent

The [Child-friendly Complaints Handling Process Guidance](#) states that "As much flexibility as possible should be given to children in how they wish to provide consent. Examples of this might include by leaving a voicemail, recording a video, speaking to a member of staff they choose or in writing."

When seeking consent from children in the complaints process, it has been assumed that a child over 12 has the capacity, and therefore the legal right, to consent unless potential issues around their capacity are identified.

However, this does not mean that children under 12 cannot consent. Children under 12 may still have the capacity to fully understand the nature of the complaint and potential consequences. If they do, then they have the right to provide or refuse consent and be the primary decision makers on the complaint.

Equally, if a child lacks the capacity to fully understand the complaint, this does not mean they are no longer involved in the process. This process should still be followed to ensure their rights to express their views, as far as they are able, are respected.

Further guidance can be sought from the Consent Guidance.

Confidentiality in relation to a complaint by a child

One of the most common concerns for children using a complaints process is that the views they share will be passed on to someone without their knowledge or agreement. Therefore, it should be explained clearly at the outset of any process or discussion that their views will not be shared with anyone without their permission.

There are exceptions, that is unless it is necessary to raise a child protection concern or meet another legal duty.

If it is decided that a child's parents or other responsible adults should be informed of their complaints against their wishes, this should be discussed with the child prior to doing so. It is important to understand the reasons why the child would rather their responsible adult(s) are not involved such as in the case where their views raise child protection concerns.

Further guidance can be sought from the Caldicott and Confidentiality Policy.

Use of complaints as part of the revalidation process

Outline processes

As part of the revalidation process, GPs must declare and reflect on any formal complaints about them in tandem with any complaints received outside of formal complaint procedures at their appraisal for revalidation. These complaints may provide useful learning and the Royal College of General Practitioners (RCGP) has produced appraisal [guidance](#) for this purpose.

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

GPs	Royal College of General Practitioners (RCGP)
Nurses	Nursing and Midwifery Council (NMC)
Pharmacists	General Pharmaceutical Council (GPhC)
Other healthcare professionals	Healthcare Professionals Council (HCPC) For Physician Associates, refer to the Royal College of Physicians

Fitness to practise

Consideration may need to be given as to whether a complaint merits a fitness to practise referral.

Ordinarily, it will be the Senior Partner who will be responsible for initially discussing the complaint with the clinician involved before advice is sought from the relevant governing body such as the GMC, NMC, HCPC etc. if required.

Annex A – Legislation and further reading

The following links support complaints management:

- [The Apologies \(Scotland\) Act 2016](#)
- [The Data Protection Act 2018](#)
- [The Equality Act 2010](#)
- [The Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#)
- [The National Health Service \(General Medical Services Contracts\) \(Scotland\) Regulations 2018/66 \(Scottish SI\)](#)
- [The National Health Service \(Scotland\) Act 1978](#)
- [The Patient Rights \(Scotland\) Act 2011](#)
- [The Public Interest Disclosure Act 1998](#)
- [The United Nation Convention on the Rights of Children \(UNCRC\) \(Incorporation\)\(Scotland\) Act 2024](#)

Relevant Publications

- BMA guidance [Responding to concerns: a guide for doctors who manage staff](#)
- [Child Friendly Complaints Handling Principles](#)
- [Child Friendly Complaints Handling Process Guidance](#)
- [General Medical Council \(GMC\): Good Medical Practice](#)
- [GMS contract in Scotland 2018](#)
- [Scottish Government Complaints Directions 2017](#)
- [Scottish Public Services Ombudsman's Statement of Complaints Handling Principles](#)
- [The NHS Scotland Model Complaints Handling Procedure](#)
- [UNICEF UK - The UN Convention on the Rights of the Child](#)

Organisations providing support and advice

- [Children's Health Scotland](#)
- [Complaints Standards Authority](#)
- [The Children and Young People's Commissioner Scotland](#)
- [The European Association for Children in Hospital \(EACH\)](#)
- [The Patient Advice and Support Service \(PASS\)](#)
- [The Scottish Government](#)
- [The Scottish Human Rights Commission](#)
- [The Scottish Independent Advocacy Alliance](#)
- [The Scottish Public Services Ombudsman](#)

Annex B – Patient Complaint Form

SECTION 1: PATIENT DETAILS

Surname		Previous name	
Forename		Title	
Date of birth		Address:	
Telephone no.			
		Postcode:	

SECTION 2: COMPLAINT DETAILS

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

--

SECTION 3: SIGNATURE

Surname and initials		Title	
Signature		Date	

Annex C – Third Party Patient Complaint Form

SECTION 1: PATIENT DETAILS

Surname		Previous name	
Forename		Title (Mr, Mrs, Ms, Dr)	
Date of birth		Address:	
Telephone no.			

SECTION 2: THIRD PARTY DETAILS

Surname		Forename	
Title		Address:	
Telephone			

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 acting 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/...../..... (*Insert date*).

(*Delete as necessary)

SECTION 4: SIGNATURE

Surname and initials		Title (Mr, Mrs, Ms, Dr)	
Signature		Date	