LONDON ROAD SURGERY
Policy

Complaints Policy

Receiving, handling, responding to and learning from complaints

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London Road Surgery · Internal

Document control

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Author	Kirstin Frost, Joint Practice Manager & Complaints Manager
Approved by	Dr Jaison Mathew, GP Partner & Responsible Person for Complaints
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Applies to	All staff, contractors and locums working for or on behalf of London Road Surgery, across all practice sites
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Contents

1. Purpose

This policy sets out how London Road Surgery receives, handles, responds to and learns from complaints about the NHS primary medical services we provide. It exists so that every patient who raises a concern is heard, treated with respect, and given a fair, timely and honest response — and so that what we learn is used to improve care.

A consistent approach matters. Handled well and early, a complaint is the most constructive route a patient can take, and the one where we can put things right ourselves before it travels further. A consistent process means complaints are acknowledged quickly, the right person owns each one, every point raised is answered, and the same issue is far less likely to happen again. An inconsistent approach risks slow or partial responses, avoidable escalation to the Integrated Care Board (ICB), the Parliamentary and Health Service Ombudsman (PHSO), the Care Quality Commission (CQC) or the General Medical Council (GMC), and lost opportunities to learn.

It also keeps us compliant with our legal duties under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the statutory duty of candour.

2. Scope

This policy applies to complaints about NHS primary medical services delivered by London Road Surgery, including (but not limited to):

- clinical care and treatment provided by the practice
- the attitude or behaviour of staff
- delays in treatment, referrals or appointments
- access and triage — for example difficulty using the online consultation form, assisted completion not being offered, waiting too long for a triage response, or disagreeing with a triage decision
- practice policies, procedures, premises, facilities or equipment

It applies to all staff, contractors and locums working for or on behalf of the practice, across all practice sites. Everyone is expected to follow it.

2.1 Who can complain

- Patients registered with the practice
- Former patients, where the complaint is made within the statutory time limit or where it is still reasonable and practicable to investigate
- A representative acting on behalf of a patient, with the patient's consent
- The personal representative of a patient who has died
- A representative of a patient who lacks capacity, where the complaint is made in that person's best interests

2.2 What is out of scope

To prevent ambiguity, this policy does not cover:

- complaints that are the responsibility of another organisation (for example the ICB, a hospital trust, a community service or a PCN-led service), although we will co-ordinate where a complaint spans more than one organisation — see section 8
- clinical negligence claims, litigation, inquests, safeguarding enquiries, fitness-to-practise matters and criminal allegations, which must be directed into the relevant procedure while the complaint route continues where appropriate
- the PHSO's own investigation once a complaint is escalated, except for our duty to co-operate, provide records and learn from the outcome

3. Background and context

This is version 2.0 of the policy. Version 1.0 was written in October 2023. This review was prompted by a review of our complaints process at the clinical meeting of 17 June 2026, informed by national evidence and our own data.

Three drivers shaped this update:

- **Complaints are rising.** Written complaints to GP practices rose by around 71% in four years, and the average practice now spends about 3.4 hours a week handling them, with one in five spending five hours or more. AI-generated complaint letters are adding to both volume and complexity.
- **Communication is the common thread.** Nationally, poor communication is the most frequent reason people complain. Our own complaints reflect the same pattern — patients telling us they felt unheard, dismissed, spoken to poorly, left confused or misinformed.
- **Our policy was overdue.** The previous version was nearly three years old and did not reflect current roles or our agreed way of working.

Our complaints over the 12 months to May 2026 confirmed the picture: of 47 complaints logged, 32 (68%) involved communication or staff attitude, and only four were fully upheld — most reflected how care felt rather than clinical error. The higher-risk cases clustered around delayed diagnosis and referral. The review also found that responses often missed their target date, the outcome the patient wanted was rarely agreed up front, acknowledgement was frequently slower than three working days, and complaints were not routinely brought back to the team for shared learning. This policy is designed to address each of those gaps.

4. Definitions

The following terms are used in this policy:

Term	Definition
Complaint	An expression of dissatisfaction about our services that requires a response, however it is made. There is no difference between a ‘formal’ and an ‘informal’ complaint.
Concern	Something a patient is worried about that can usually be resolved at the time it is raised. A concern may become a complaint if the patient is not satisfied.
Feedback (resolved next day)	A verbal concern or complaint resolved no later than the next working day. It is logged for learning but is not treated as a formal complaint under the Regulations.
Complaints Manager	The person who manages the day-to-day handling of complaints and is the patient’s single point of contact — Kirstin Frost.
Responsible Person	The partner accountable for ensuring the practice complies with the Regulations and that lessons are acted on, and who signs off responses — Dr Jaison Mathew.
Duty of candour	The statutory duty to be open and honest with patients when something goes wrong.
PHSO	Parliamentary and Health Service Ombudsman — the second-stage, independent reviewer of unresolved NHS complaints.
ICB	Integrated Care Board — the local NHS body a patient may complain to instead of the practice.
SEA	Significant event analysis — a structured team review of an event to identify learning.

5. Roles and responsibilities

Accountability for complaints rests on a named Complaints Manager, a named Responsible Person, and the wider expectation that all staff handle concerns well. The Regulations require that the response is signed off by the

Responsible Person — never by the person complained about. One person owns each complaint from start to finish, keeping it on track and the patient informed.

5.1 Complaints Manager — Kirstin Frost

The Complaints Manager is responsible for:

- logging and acknowledging every complaint
- agreeing the plan and the desired outcome with the patient
- acting as the patient's single point of contact throughout
- co-ordinating the investigation and chasing the agreed timescale
- drafting the practice's response and maintaining the complaint record
- escalating systemic issues to the Responsible Person

5.2 Responsible Person — Dr Jaison Mathew (GP Partner)

The Responsible Person is responsible for:

- ensuring the practice complies with the 2009 Complaints Regulations
- making sure lessons learned from complaints are acted on
- signing off every complaint response on behalf of the practice

Cover arrangements *When the Complaints Manager is on leave, Kate Brown (Deputy Practice Manager) will log and acknowledge new complaints within the three-working-day standard and hold them until the Complaints Manager returns or arrange cover for time-critical steps. Sign-off remains with the Responsible Person (or another partner who was not involved in the complaint).*

5.3 All staff

Anyone who receives a concern or complaint is responsible for:

- receiving it courteously and without defensiveness
- resolving simple issues at the point of contact where they can, and recording them
- passing anything not resolved by the next working day to the Complaints Manager with a full account of what happened
- co-operating fully and promptly with any investigation, including locums and staff who have since left
- reflecting on and acting on the learning that comes out of complaints

5.4 Clinicians named in a complaint

A clinician named in a complaint provides their account and comments and reflects on their own practice. They do not investigate the complaint or draft the reply. Responding is a practice task; a clinician reflecting on their own practice is a separate, personal responsibility that sits outside this process.

6. Principles

Our complaints handling is built on the following principles. The detailed procedure must always remain consistent with them.

- **A complaint is feedback we can act on.** We treat complaints as a constructive opportunity to put things right and improve, not as a threat.

- **Accessible.** Patients can complain in whatever way suits them — in person, by phone, in writing, by email or online — and we never insist a complaint is 'put in writing'. Reasonable adjustments, interpretation and translation are offered where needed.
- **Heard and answered in full.** We establish what the patient is actually raising and the outcome they want, and we answer every point — not just the easy ones.
- **Open and honest.** We apply the duty of candour, explain clearly in plain language, and apologise where something has gone wrong.
- **Fair and impartial.** Responses are signed off by the Responsible Person, never by the person complained about, so we never 'mark our own homework'. Clinical points are assured by a GP, ideally one not involved in the care.
- **Confidential.** Complaint records are kept separately from the patient's medical record and shared only with those involved in the investigation. A patient is never treated differently because they have complained.
- **Learning-focused.** Every complaint is brought back to the team so we learn together and turn it into 'you said, we did'.

7. Procedure

7.1 Approach

Our process follows a clear path from received to resolved, with one person owning each complaint end to end. It is designed around two evidence-based ideas: acknowledging by phone wherever possible, and agreeing with the patient — up front — what outcome they are hoping for. Resolving a concern within a working day means it is logged as feedback rather than a formal complaint; some practices settle as many as 90% of complaints this way. The detailed, step-by-step handling instructions for staff sit in the accompanying Complaints Procedure (England).

7.2 Workflow at a glance

Stage	Trigger	Action	Outcome
1. Acknowledge fast	A complaint is received in any form	Log it; the Complaints Manager acknowledges within 3 working days, by phone wherever possible	Patient knows it is being taken seriously and by whom
2. Resolve early	The issue can be put right quickly	Resolve on the call or by the next working day	Logged as feedback, not a formal complaint
3. Agree the plan	The issue needs investigation	Agree with the patient the points to look at and the outcome they want; set a realistic timescale	A shared, written plan
4. Act & chase	Plan agreed	Liaise with everyone involved; gather accounts and records; follow up against the timescale	Investigation completed; patient kept updated
5. Respond & learn	Investigation complete	Send one co-ordinated response answering every point, signed by the Responsible Person; discuss at clinical meeting	Patient receives a full reply; team learns from it

7.3 Stage 1 — Acknowledge fast

- Log the complaint on the Complaints Log as soon as it is received.
- The Complaints Manager acknowledges within three working days — by phone wherever possible, because a conversation often resolves the issue and lets us shape the plan together.

- Check for any immediate action needed for the patient's care, and check consent if the complaint comes from a representative.
- Carry out an initial risk assessment (see section 11) and decide whether the issue can be resolved early.

7.4 Stage 2 — Resolve early

- If the issue can be put right on the call or by the next working day, do so and confirm the patient is satisfied.
- Record it as feedback for learning. It does not then need to be handled as a formal complaint, but the learning is still captured.
- If it cannot be resolved this quickly, move to Stage 3.

7.5 Stage 3 — Agree the plan

- Talk to the patient to confirm exactly what they are raising and — the key question — what outcome they are hoping for.
- Agree the issues to be investigated, who will be involved, how we will respond, and a clear, realistic timescale.
- Record the plan and send the patient a copy. Offer details of independent advocacy.

7.6 Stage 4 — Act and chase

- Liaise with everyone involved in the plan and gather their accounts and the relevant records.
- Each clinician named gives their own account and reflection; they do not investigate or draft the reply.
- Keep the patient updated on progress, and chase the investigation through to completion against the agreed timescale. If it will take longer, tell the patient why and when to expect the response, and remind them of their right to approach the PHSO.

7.7 Stage 5 — Respond and learn

- Draft one co-ordinated response from the practice that addresses every point agreed with the patient, states the conclusion reached on each, explains clearly in plain language, apologises where due, and confirms what will change.
- A GP — ideally one not involved in the care — assures the clinical accuracy of the response.
- The Responsible Person signs off and the response is sent. The final response explains the right to escalate to the PHSO.
- Every complaint is discussed at the clinical meeting so the team learns together.

8. Multi-agency and misdirected complaints

Some complaints involve more than one organisation, or relate to a service that is not ours.

8.1 Multi-agency complaints

There is a statutory duty to co-operate where a complaint spans more than one health or social care organisation. With the patient's consent, the organisations involved agree which will lead and co-ordinate a single response, and the lead agrees timescales with the patient. We will provide our part promptly and ask to see the co-ordinated response in draft so our contribution is accurately reflected.

8.2 Complaints about another service

Where a complaint is wholly about another organisation (for example a hospital, community service or the ICB), we will, with the patient's consent, help direct it to the right place and provide the relevant contact details, rather than send a template letter that risks adding to the patient's frustration. Many such complaints are valid but misdirected; we will treat the patient courteously and help them reach the organisation responsible.

8.3 Recording

Where a complaint is redirected or handled jointly, we record what was agreed with the patient, the consent obtained, and which organisation is leading, so nothing is lost between organisations.

9. Supporting templates and communications

This policy is supported by a set of standard documents that keep our communications clear, consistent and patient-centred. They are reviewed whenever this policy is reviewed.

9.1 Principles for our written communications

- a personalised, courteous opening
- a clear, plain-English explanation of each point, with any medical terms explained
- an apology where something has gone wrong, and what we will change
- a clear route to respond or ask questions
- for a final response, the right to escalate to the PHSO and details of advocacy support

9.2 Template inventory

Document	Purpose and when used
Complaints leaflet	Explains the process to patients; displayed at reception, on the website, and given to anyone who complains.
Acknowledgement letter template	Sent (or confirmed in writing after a call) within three working days of receipt.
Final response letter template	Used for the full written response once the investigation is complete, signed by the Responsible Person.
Patient complaint form / third-party form	Optional forms available at reception for patients who prefer to write; never required.
Complaints Log	Central register of all complaints, updates, dates and outcomes.

10. Managing open and in-progress complaints

Complaints should never be lost between stages. The Complaints Manager keeps the Complaints Log up to date as each step is taken, and reviews all open complaints at least weekly as a safety net — confirming completed actions are closed, picking up anything overdue, and identifying non-responses.

Status since last review	Action
Resolved on the call or next day	Log as feedback; confirm the patient is satisfied; close.
Investigation complete, response sent	Confirm sign-off recorded; close; carry learning to clinical meeting.
Still in progress	Confirm it is on track against the agreed timescale; update the patient if needed.
Overdue	Contact the patient to explain and agree a revised timescale; remind them of their right to approach the PHSO.
Patient has not responded	Follow up once; if no contact, record this and proceed or close as appropriate.

11. Escalation, risk and safeguards

11.1 Risk assessment

Each complaint is risk-assessed at the outset so the depth of investigation is proportionate to its seriousness, from a low-risk single resolvable issue through to serious matters involving potential harm. Higher-risk complaints — particularly those involving delayed diagnosis or referral — are flagged for a significant event analysis.

11.2 Serious complaints

Complaints involving serious harm, a potential safeguarding issue, or possible criminal activity are escalated to the Responsible Person without delay and directed into the relevant parallel process (safeguarding, the practice's defence organisation, the police, the CQC notification route, or the duty of candour) while the complaint route continues where appropriate.

11.3 Complaints citing legal action

If a complaint indicates an intention to take legal action, the complaint can still be investigated, but the Responsible Person seeks advice from the practice's medico-legal defence organisation, or NHS Resolution for incidents after 1 April 2019, before responding, so the handling does not prejudice any claim.

11.4 Persistent or unreasonable complaints

Persistent, unreasonable or abusive complaints are managed under the practice's Dealing with Unreasonable, Violent or Abusive Patients Policy, with advice from the ICB where appropriate.

11.5 Safeguards

No patient is ever disadvantaged in their care, or removed from the practice list, because they have complained. Any action taken is proportionate, recorded, and consistent with the principles in section 6.

12. Monitoring, audit and review

12.1 Ongoing monitoring

The Complaints Manager monitors complaints handling and reports themes to the practice. We track, in particular:

- acknowledgement within three working days
- responses sent within the agreed or notified timescale
- the proportion of complaints resolved early as feedback
- recurring themes — with communication and staff attitude tracked as our priority themes — and access/triage trends
- higher-risk (Amber/Red) cases and whether a significant event analysis took place

12.2 Learning and 'you said, we did'

Every complaint is discussed at the clinical meeting. Agreed changes are recorded, acted on, and shared with patients where appropriate, so the team and our patients can see what has changed as a result of feedback.

12.3 Reporting and annual review

We submit the annual KO41b complaints return to NHS Digital (reporting year 1 April to 31 March) and make an annual complaints summary available on request. This policy is reviewed annually by the Responsible Person and the Complaints Manager, and sooner if legislation, guidance or local circumstances change. The review considers performance against the measures above, themes and learning, any incidents or audit findings, and equity of access and outcomes.

13. Related documents and references

This policy should be read alongside:

- Complaints Procedure (England) — the detailed staff handling procedure
- Complaints leaflet, acknowledgement and final response templates
- Duty of Candour Policy; Significant Event and Incident Policy
- Dealing with Unreasonable, Violent or Abusive Patients Policy
- Information Governance Policy; Records Retention Schedule

Key external references:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16 and Regulation 20 (duty of candour)
- CQC GP mythbuster 103: Complaints management
- PHSO NHS Complaint Standards and Principles of Good Complaint Handling
- NHS Resolution, Responding to Complaints

14. Version history

Version	Date	Author	Summary of changes
1.0	October 2023	Kirstin Frost and Dr Jaison Mathew	First issue, adopted from Practice Index template and amended in March 2024 to reflect a template update.
2.0	17 June 2026	Kirstin Frost	Full review following the clinical meeting of 17 June 2026 and a review of the complaints process against national guidance. Rebuilt on the standard policy/protocol template. Updated roles (Complaints Manager: Kirstin Frost; Responsible Person: Dr Jaison Mathew). Introduced phone-first acknowledgement within 3 working days, early resolution as feedback, agreeing the desired outcome with the patient, one co-ordinated practice response with GP clinical assurance and Responsible Person sign-off, and routine team learning at clinical meetings.