Sefton Park MEDICAL CENTRE

Smithdown Road, Liverpool, L15 2LQ
www.SeftonParkMedicalCentre.nhs.uk
0151 295 8700

Partners: Dr O'Brien, Dr Lipton, Mr Turton **Doctors:** Dr Beswick, Dr O'Connell, Dr Oozeer, Dr Rose, Dr Smith

Complaints Procedure & Policy

Policy Owner and Complaints Manager: Simon Turton, Managing Partner

Responsible Person: Simon Turton

Approved by: Practice Partners

Version: 2026.2

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1. Purpose

Sefton Park Medical Centre welcomes feedback and complaints as opportunities to understand patients' experiences, resolve concerns, learn from problems and improve our services.

We aim to handle complaints:

- fairly and impartially
- sensitively and with empathy
- openly and honestly
- as promptly as reasonably possible
- in accordance with confidentiality and data protection requirements
- in a way that identifies meaningful learning and improvement

Making a complaint will not negatively affect a patient's future care or treatment.

This procedure reflects the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Parliamentary and Health Service Ombudsman's NHS Complaint Standards. (Legislation.gov.uk)

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2. What is a complaint?

A complaint is an oral, written or electronic expression of dissatisfaction that requires a response.

A person does not need to use the word “complaint” for their concerns to be treated as one. We will seek to understand:

- the issues being raised
- how the person has been affected
- whether they want the matter treated as feedback, a concern or a formal complaint
- what outcome they are hoping for

A complaint may concern:

- an action, omission or decision by the practice
- the standard of care or service provided
- the conduct or communication of a member of staff
- access, administration or practice processes
- clinical treatment or decision-making

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3. Concerns and feedback

Many concerns can be resolved quickly by speaking with the person concerned or another appropriate member of the practice team.

A person may:

- provide feedback without making a formal complaint
- raise a concern for informal resolution
- make a formal complaint
- provide feedback and make a complaint about the same experience

Where a verbal complaint can be resolved to the person’s satisfaction by the end of the next working day, it may be managed through early resolution without using the remainder of the formal complaints procedure.

We will confirm with the person that they are satisfied with the outcome before treating the matter as resolved.

If the matter cannot be resolved by the end of the next working day, or the person requests that it be handled formally, it will be managed under the formal complaints procedure.

Feedback will not automatically become a formal complaint solely because it cannot be resolved within one working day. We will clarify how the person wishes the matter to be handled.

Anonymous or unverified feedback may still be reviewed internally to identify possible risks or learning. However, our ability to investigate, act, or provide a response may be limited when we cannot identify the patient, event, or consultation concerned.

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4. How to make a complaint

Complaints can be made verbally, in writing or electronically.

Complaints should be addressed to the Complaints Manager using one of the following methods:

Email:
complaints.seftonpark@nhs.net

Telephone:
0151 295 8700
Please ask for a callback from the Complaints Manager.

Post:
FAO: Complaints Manager
Sefton Park Medical Centre
Smithdown Road
Liverpool
L15 2LQ

A complaint form can be provided:

- at the practice
- by post
- through the practice website

Complaint form:
www.seftonparkmedicalcentre.nhs.uk/media/bkdbfxpu/patient-complaint-form.pdf

A person does not have to complete a complaint form in order to make a complaint.

Where a complaint is made verbally, we will make a written record and provide the complainant with a copy so that they can confirm or correct our understanding of the issues raised.

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5. Accessibility and reasonable adjustments

We will make reasonable adjustments to help people raise and pursue complaints.

This may include:

- accepting complaints in an alternative format
- providing information in an accessible format
- arranging communication or interpretation support
- using the person's preferred communication method

- allowing additional time or assistance where appropriate
- involving an advocate or representative
- adjusting how meetings or telephone discussions are conducted

Any agreed reasonable adjustments should be recorded and followed throughout the complaints process. NHS complaint handling guidance requires organisations to consider accessibility and reasonable-adjustment needs. (NHS England)

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6. Independent support

Independent information, advice and support about raising a concern or making an NHS complaint is available from Healthwatch Liverpool.

Healthwatch Liverpool

Telephone: 0300 77 77 007
Available between 9:00am and 5:00pm, Monday to Friday

Text or WhatsApp: 07842 552878

Email: enquiries@healthwatchliverpool.co.uk

Website: www.healthwatchliverpool.co.uk

Post:
151 Dale Street
Liverpool
L2 2AH

An advocate may be able to help someone understand the complaints process, prepare correspondence and participate in discussions or meetings.

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7. Who can make a complaint?

A patient may complain about their own care or about a service, action or decision that has affected, or may affect, them.

A complaint may also be made by a representative acting on behalf of a patient.

There is no general restriction on who may act as a representative. However, where the patient has capacity, we will normally require:

- confirmation that the patient wishes to make or pursue the complaint
- the patient's consent for the representative to act on their behalf
- consent for us to disclose relevant confidential information to that representative

Consent may be provided:

- in writing
- verbally by telephone
- in person
- through the third-party consent section of the practice complaint form

We will not normally accept a formal complaint on behalf of an adult patient with capacity where the patient does not wish to complain.

We may nevertheless decide to review a concern internally where it raises questions about:

- patient safety
- staff conduct
- safeguarding
- service quality
- practice processes
- wider organisational learning

Without the patient's consent, we may be unable to disclose confidential information or provide a detailed response to the representative.

Whether an internal review proceeds before consent has been obtained will be considered case by case, taking account of the nature of the concern, the patient's interests, confidentiality and any potential risk.

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8. Complaints involving children and young people

Where a complaint is made on behalf of a child or young person, we will consider:

- their age and understanding
- whether they are able to raise or participate in the complaint themselves
- whether there are reasonable grounds for the representative to act
- whether the representative appears to be acting in their best interests
- the young person's wishes
- what information can appropriately be shared

Where appropriate, we will involve the child or young person in a way that reflects their maturity, understanding and wishes.

If we decide that a representative should not act on the child or young person's behalf, we will explain our reasons in writing.

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9. Patients unable to provide consent

Where a patient cannot provide consent because they:

- lack mental capacity
- have a significant physical or communication impairment
- are seriously unwell
- have died

we may agree to deal with a complaint made by a suitable representative.

We will consider:

- the relationship between the representative and the patient
- whether the representative has a legitimate interest in the patient's welfare
- whether they appear to be acting in the patient's best interests
- the patient's previously expressed wishes
- the nature and sensitivity of the information involved
- any legal authority held by the representative

A Lasting Power of Attorney must be relevant to the decision or information in question and, where required, properly registered.

For complaints concerning a deceased patient, we may respond to a family member, personal representative, or another person with a legitimate interest in the patient's welfare. Confidentiality continues after death and will be considered before information is disclosed.

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10. Time limit for making a complaint

Complaints should normally be made:

- within 12 months of the event complained about; or
- within 12 months of the complainant becoming aware of the matter

whichever is later.

We may consider a complaint made outside this period where:

- there were good reasons for the delay; and
- it remains possible to investigate the complaint fairly and effectively

When deciding whether to accept a late complaint, we may consider:

- the complainant's health or personal circumstances
- when they first became aware of the issue
- whether relevant records and evidence remain available

- whether staff involved can reasonably recall the event
- whether investigation may identify significant risk or learning

If we decide not to consider a complaint because it is outside the normal time limit, we will explain our reasons in writing and advise the complainant of their right to approach the Parliamentary and Health Service Ombudsman. The 12-month time limit and discretion to consider later complaints derive from the NHS Complaints Regulations. (Legislation.gov.uk)

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11. Complaining to the practice or the commissioner

A person may choose to complain about primary medical services either to:

- Sefton Park Medical Centre as the service provider; or
- NHS Cheshire and Merseyside Integrated Care Board as the commissioner

The same complaint should not normally be investigated separately by both organisations simultaneously.

If a complaint has been sent to the wrong organisation, we may seek the complainant's consent to forward it to the appropriate organisation.

If the complainant would prefer NHS Cheshire and Merseyside Integrated Care Board to handle the complaint, information is available at:

Website:
www.cheshireandmerseyside.nhs.uk/contact/complaints

Telephone:
0800 132 996

Post:
Patient Advice and Complaints Team
NHS Cheshire and Merseyside
No 1 Lakeside
920 Centre Park Square
Warrington
WA1 1QY

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12. Responsibility for complaint handling

Simon Turton, Managing Partner, is the practice Complaints Manager and is responsible for overseeing complaint handling.

In the Complaints Manager's absence, a suitably trained deputy may act on their behalf.

Overall responsibility and accountability rest with the practice's responsible person, normally the GP Partners.

Complaints will be allocated to a person with the appropriate authority, knowledge, and independence to investigate them fairly.

Where reasonably possible, the person leading the investigation will not have been directly involved in the matters complained about.

Where this is not possible, we will consider:

- whether another GP partner should review the matter
- whether an independent clinician should provide an opinion
- whether the Local Medical Committee or another suitable external professional should be consulted
- how any actual or perceived conflict of interest will be managed

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13. Acknowledging complaints

Formal complaints will be acknowledged no later than three working days after they are received. This may be done verbally or in writing, although written acknowledgement will normally be provided. (NHS England)

The acknowledgement will, as appropriate:

- thank the complainant for raising their concerns
- acknowledge the effect the experience has had
- confirm our understanding of the issues
- invite clarification or further information
- explain how the complaint will be investigated
- identify the Complaints Manager or other point of contact
- explain how the complainant can contact us during the investigation
- offer to discuss the complainant's desired outcomes
- identify any immediate action required
- provide or agree an anticipated response date
- explain how updates will be provided
- signpost to independent advice or advocacy

If a complaint concerns immediate clinical risk, safeguarding or urgent care needs, those issues will be addressed separately and without waiting for the complaints investigation to conclude.

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14. Response timescales

There is no single statutory deadline for completing every NHS complaint. The response period should be proportionate to the circumstances and the investigation required.

The practice aims to provide a full response within **20 working days** of receiving a formal complaint.

This is a local practice target rather than a fixed national or statutory deadline.

The anticipated response date will reflect:

- the seriousness and complexity of the complaint
- the number of issues raised
- the records and evidence requiring review
- the number of staff or organisations involved
- whether clinical advice is required
- the availability of relevant staff
- whether further information is needed from the complainant

A different target date may be agreed or set where the complaint is more complex.

If circumstances change and we cannot meet the anticipated response date, we will:

- contact the complainant before the deadline where possible
- explain the reason for the delay
- provide an updated target date
- explain any outstanding investigation steps
- continue to keep the complainant informed

Unless a longer period has already been agreed, if the complaint cannot be concluded within six months, the responsible person or an authorised senior manager will write to the complainant explaining:

- the reason for the delay
- the progress made
- what remains outstanding
- the likely completion date

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15. Clarifying the complaint

Before or during the investigation, we may contact the complainant to clarify:

- the specific issues they want investigated
- relevant dates, staff or services
- how they have been affected
- the outcome they are seeking
- any evidence they would like considered
- whether urgent remedial action is required

- their preferred method and frequency of contact

Where the complainant does not respond to a reasonable request for information, we may:

- investigate using the information available
- provide a limited response
- explain that we are unable to take the matter further
- retain an informal record for feedback, governance or risk purposes

A complainant will not be required to prove their complaint before it is investigated. However, sufficient information may be needed to identify the relevant patient, event or consultation.

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16. Conducting the investigation

Complaint investigations will be fair, proportionate and evidence based.

Depending on the issues raised, an investigation may include:

- reviewing the clinical record
- reviewing appointment and referral records
- reviewing correspondence, tasks, messages and forms
- listening to telephone recordings
- speaking with staff involved
- obtaining written staff accounts
- reviewing relevant policies, procedures or clinical guidance
- constructing a chronology
- reviewing audit information
- obtaining a suitably qualified clinical opinion
- contacting another organisation, with consent where required

The investigation will seek to establish:

- what happened
- what should have happened
- why any difference arose
- whether the complaint is upheld, partially upheld or not upheld
- what impact any failing had
- what can be done to put matters right
- what learning or service improvement is required

The outcome will be based on the balance of the available evidence.

Where evidence is incomplete, unavailable or conflicting, this will be acknowledged rather than assumptions being presented as fact.

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17. Clinical complaints

Where a complaint raises clinical issues, the records and clinical decision-making will be reviewed by a suitably qualified clinician.

Where reasonably possible, that clinician will not have been directly involved in the care complained about.

A clinical decision may be considered reasonable even where another appropriately qualified clinician might have taken a different approach.

The investigation should distinguish between:

- whether the clinical decision was reasonable
- whether communication and explanation were adequate
- whether the patient was appropriately involved
- whether documentation was sufficient
- whether safety-netting and follow-up were clear
- whether the patient's experience identified additional learning

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18. Staff involved in complaints

Staff who are complained about will:

- be informed of the complaint at an appropriate stage
- be given an opportunity to provide their account
- be treated fairly and respectfully
- be supported throughout the process
- be allowed to comment on relevant emerging findings
- be kept informed where appropriate
- have access to professional or representative support where needed

A complaint will not automatically be treated as evidence of misconduct or poor performance.

Where an investigation identifies a performance, conduct or disciplinary matter, this will be managed under the appropriate internal process.

Confidential employment, capability or disciplinary information will not normally be disclosed to the complainant.

19. Complaints involving other organisations

Where a complaint involves more than one organisation, such as:

- a hospital
- community service
- mental health service
- ambulance service
- pharmacy
- social care provider
- another GP practice

we will seek to coordinate the response where appropriate.

With the complainant's consent, the organisations involved will agree:

- which organisation will lead
- how information will be shared
- who will communicate with the complainant
- how a coordinated response will be provided

The complainant should normally receive a coordinated response rather than being required to manage multiple investigations themselves.

Guidance on complaints involving multiple organisations encourages coordinated handling and communication. (PHSO)

20. Complaints and other procedures

A complaint may raise issues that also require action under another process, including:

- patient-safety incident investigation
- safeguarding procedures
- duty of candour
- disciplinary or performance management
- professional regulatory referral
- legal proceedings or a potential claim
- police investigation
- coroner investigation
- information-governance or data-breach procedures

- data-protection or information-access rights
- removal from the practice list
- a clinical appeal or referral process

The existence of another process will not automatically stop the complaint investigation.

A complaint will normally only be paused where:

- the complainant requests or agrees to a pause; or
- the police, a coroner, a court or another legally authorised body formally requests that it be paused

We will explain:

- which process applies
- why it applies
- whether the complaint can continue
- what information can be shared
- where the complainant can obtain independent advice

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21. Confidentiality and information governance

Complaints will be handled confidentially and in accordance with:

- the UK General Data Protection Regulation
- the Data Protection Act 2018
- the common-law duty of confidentiality
- relevant professional standards

Information will only be shared with staff and organisations that reasonably need it to investigate or respond to the complaint.

Complaint correspondence and investigation records will be stored securely and, where practicable, separately from the main clinical record.

A clinically relevant outcome, consent status or factual correction may be recorded in the clinical record where appropriate. Complaint correspondence should not routinely be copied into the clinical notes unless there is a clear clinical or legal reason.

Complaint information may be anonymised for:

- learning
- audit
- governance reporting
- team discussion

- annual reports
- service improvement

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22. The final response

Once the investigation is complete, a written final response will be provided as soon as reasonably practicable.

The response will be signed by the responsible person or an appropriately authorised delegate, normally a GP Partner or Practice Manager.

Where appropriate, the final response will include:

- a summary of the issues investigated
- the outcome sought by the complainant
- how the investigation was conducted
- who was consulted
- the evidence considered
- the relevant factual chronology
- what happened
- what should have happened
- the conclusion on each material issue
- whether the complaint is upheld, partially upheld or not upheld
- an explanation of the reasoning
- acknowledgement of the impact on the patient
- an apology where something went wrong
- any remedy or practical action taken
- learning and service improvement
- how actions will be implemented or monitored
- confirmation that the local complaints procedure is complete
- information about approaching the Parliamentary and Health Service Ombudsman
- details of independent advice or advocacy

The response will be clear, balanced, evidence-based and written in respectful language.

It will distinguish between:

- established facts
- patient or staff recollections

- clinical opinion
- reasonable inference
- matters that cannot be determined from the available evidence

The PHSO's guidance expects the final response to explain the investigation, the findings and what will happen next. (PHSO)

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23. Outcomes

Complaint outcomes may be recorded as follows.

Upheld

The main concerns raised are supported by the evidence, or the investigation identifies a material failing in care, service, conduct or communication.

Partially upheld

Some concerns are supported or learning is identified, but other material elements of the complaint are not substantiated.

Not upheld

The investigation does not identify a material failing and the care or service provided was reasonable based on the available evidence.

A complaint may still identify learning even where it is not upheld.

An apology may be offered for a person's experience or the impact of events without necessarily accepting that the substantive complaint is upheld.

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24. Putting matters right

Where something has gone wrong, possible remedies may include:

- an explanation
- a meaningful apology
- correcting inaccurate information
- completing or expediting an outstanding action
- offering a further appointment or review
- reconsidering a decision
- improving communication
- changing a process or policy
- providing staff training or reflection
- carrying out an audit

- monitoring compliance
- sharing learning with the wider team

Actions should be specific, proportionate and capable of being checked.

Where appropriate, actions will have:

- a named owner
- a target completion date
- a method of confirming completion

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25. Learning and improvement

All complaints will be considered for learning, whether or not they are upheld.

Relevant complaints and learning will be discussed through appropriate governance arrangements, which may include:

- GP partner meetings
- clinical meetings
- reception or administrative meetings
- full-team meetings
- significant-event review
- prescribing or clinical audits
- individual supervision or appraisal
- policy review
- training sessions

Complaints will normally be anonymised for team discussion unless identification is necessary for meaningful learning and can be justified.

Learning should identify:

- what will change
- why it will change
- who is responsible
- when it will be completed
- how the practice will know whether the change has worked

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26. Complaint records and retention

The practice will maintain a secure complaint case file and complaints register.

The register will record, as appropriate:

- complaint reference
- date received
- acknowledgement date
- subject area
- summary of complaint
- complainant or representative status
- staff group involved
- target response date
- response date
- investigation summary
- outcome
- learning and actions
- action owner
- completion status
- whether the response was issued within the agreed timescale
- whether the matter was escalated externally

Complaint case files, including correspondence, investigation records and outcomes, will be retained securely for **10 years from closure**, in accordance with the NHS Records Management Code of Practice.

At the end of that period, records will be reviewed and securely destroyed where they are no longer required.

An anonymised complaints register may be retained for governance, monitoring, trend analysis and reporting in accordance with the practice's records-management arrangements.

The current NHS retention schedule specifies a 10-year retention period for complaint case files, followed by review and destruction where no longer required. (NHS England Digital)

27. Monitoring and annual reporting

The practice will monitor complaints for:

- recurring themes
- repeated service failures
- patient-safety risks
- communication issues
- equality or accessibility concerns
- clinical-governance concerns
- staff or process hotspots
- repeated complaints involving the same pathway
- completion of agreed actions
- response times

As soon as reasonably practicable after the end of each financial year, the practice will prepare an annual complaints report.

The report should include:

- the number of complaints received
- complaint subject areas
- outcomes
- response-time performance
- recurring themes
- significant learning
- service improvements
- outstanding actions
- complaints referred to the Ombudsman, where known
- priorities for the following year

The report may be shared with:

- GP partners
- the practice team
- the Patient Participation Group
- commissioners
- the Care Quality Commission

- other appropriate governance bodies

Patient-identifiable information will not be included unless there is a lawful and necessary reason.

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28. Persistent or unreasonable contact

A small number of complainants may communicate or behave in a way that becomes unreasonable, persistent, abusive or disproportionate.

Such cases will be managed under the practice's policy on persistent or unreasonable contact.

Before imposing restrictions, the practice will normally:

- make reasonable efforts to resolve the complaint
- consider whether communication difficulties, disability, distress or reasonable-adjustment needs are contributing
- explain the behaviour causing concern
- state what needs to change
- give a warning where appropriate
- ensure that any restriction is proportionate
- specify how and when the restriction will be reviewed

Restrictions on complaint contact will not prevent access to necessary clinical care.

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29. If the complainant remains dissatisfied

We will make reasonable efforts to answer further relevant questions and resolve outstanding concerns.

Where appropriate, we may offer:

- further written clarification
- a telephone discussion
- a local-resolution meeting
- review by another senior person
- confirmation of completed learning actions

Once the practice's complaints procedure is complete, the complainant may refer the matter directly to the Parliamentary and Health Service Ombudsman.

The Ombudsman is independent of the practice. The complainant is responsible for approaching the Ombudsman directly; the practice does not make that referral on their behalf.

Parliamentary and Health Service Ombudsman

Telephone: 0345 015 4033

Website: www.ombudsman.org.uk

Complaint information:
www.ombudsman.org.uk/make-a-complaint

The Ombudsman's service is free. Every final complaint response should explain the right to approach the Ombudsman where the person remains dissatisfied. (PHSO)

Where a complaint concerns detention, guardianship or a community treatment order under the Mental Health Act, the complainant may also be directed to the Care Quality Commission where appropriate.

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30. Review of this policy

This policy will be reviewed annually and sooner where required because of:

- legislative or national-guidance changes
- an Ombudsman decision or recommendation
- a significant complaint or patient-safety concern
- internal audit findings
- changes to practice structures or complaint-handling responsibilities
- identified shortcomings in complaint handling
- changes to relevant contact information

Amendments will be approved by the Practice Partners and communicated to relevant staff.
