



Complaints Policy

1. Purpose of the Policy

Woodstock Bower Group Practice is committed to providing high-quality, safe, and patient-centred care. We recognise that concerns or complaints may arise and view them as an opportunity to learn, improve services, and strengthen patient trust.

This policy sets out a clear, transparent, and robust process for managing complaints in accordance with:

- NHS Complaints Regulations (England)
- Care Quality Commission (CQC) regulations
- NHS Integrated Care Board (ICB) requirements

The policy ensures that all complaints are handled fairly, consistently, confidentially, and in a timely manner.

2. Scope

This policy applies to:

- All patients registered with Woodstock Bower Group Practice
- Relatives, carers, or representatives acting on behalf of patients (with appropriate consent)
- All staff working within the practice (clinical and non-clinical)

It covers complaints relating to:

- Clinical care or treatment
 - Practice administration and systems
 - Staff attitude, communication, or behaviour
 - Any aspect of services provided by the practice
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3. Definitions

Complaint: An expression of dissatisfaction requiring a response, whether written or verbal.

Complainant: A patient or a person acting on behalf of a patient with their written consent.

Responsible Person: The individual accountable for ensuring the complaints process is followed and lessons are learned.

4. Principles of the Complaints Procedure

Woodstock Bower Group Practice ensures that:

- Complaints are managed with openness, honesty, and compassion
 - Complainants are treated with respect and courtesy
 - Complaints are investigated proportionately and objectively
 - There is no discrimination or adverse impact on care as a result of raising a complaint
 - Learning from complaints contributes to continuous quality improvement
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5. How to Make a Complaint

Complaints may be made:

- Verbally (in person or by telephone)
- In writing (letter, email, or complaint form)
- By a third party with written patient consent

Where possible, patients are encouraged to raise concerns informally with a member of staff to allow prompt resolution. Formal complaints will be managed under this policy when informal resolution is not appropriate or not successful..

6. Responsibilities

Practice Manager (Responsible Person)

- Overall accountability for complaints management
 - Ensures compliance with NHS and CQC requirements
 - Approves final complaint responses
 - Ensures learning and actions are implemented
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7. Timescales and Acknowledgement

In line with NHS Complaints Regulations and CQC expectations:

- **Acknowledgement:** Complaints will be acknowledged within **2 working days** of receipt
 - **Response:** A full written response will be provided within a **mutually agreed timeframe**, normally within **28 working days**
 - If delays occur, the complainant will be informed with reasons and updated timescales
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8. Investigation Process

All complaints will be:

1. Logged in the confidential complaints register
2. Risk assessed to determine severity and urgency
3. Investigated by an appropriate senior staff member
4. Supported by staff statements, clinical records, or meetings where necessary

The investigation will:

- Establish facts
 - Identify whether care or service standards were met
 - Determine contributory factors
 - Identify learning and improvement actions
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9. Response to Complaints

Responses will:

- Address all issues raised
- Provide an explanation and, where appropriate, an apology
- Detail actions taken or planned to prevent recurrence
- Be written clearly, respectfully, and compassionately

A sincere apology is not an admission of liability but reflects the practice's commitment to openness and learning.

10. Serious Incidents and Safeguarding

Where a complaint identifies:

- **A Serious Incident (SI)**
- Safeguarding concerns
- Significant patient safety risks

These will be escalated immediately and managed in line with the practice's Serious Incident, Safeguarding, and Clinical Governance policies. Serious incidents will be reported to the NHS ICB within **24 hours** where required.

11. Learning, Improvement and Governance

The Practice Manager will:

- Maintain records of complaints and outcomes
- Share anonymised learning at clinical governance and team meetings
- Ensure actions are implemented, monitored, and reviewed
- Report complaints data to the ICB annually

This supports compliance with the CQC Well-Led and Safe domains.

12. Escalation and Independent Review

If a complainant remains dissatisfied following local resolution, they may request an independent review by:

The Parliamentary and Health Service Ombudsman (PHSO)

Complaints Helpline: 0345 015 4033

Website: www.ombudsman.org.uk

The practice will fully cooperate with any external review.

13. Confidentiality and Record Keeping

All complaints are handled confidentially and in line with GDPR and information governance requirements. Complaint records are stored securely and separately from medical records unless clinical relevance requires otherwise.

14. Equality and Fair Access

The practice ensures that complaints procedures are accessible to all patients, including those with communication needs or disabilities, in line with the Accessible Information Standard.

15. Review and Monitoring

This policy will be reviewed:

- Every 12 months
- Following regulatory changes
- After significant complaints or learning events

Reviewed by Dr Ali and Dr Hussain January 2026
Next Review Due : January 2027