

## **Complaints procedure**

### **Policy**

The Practice will take reasonable steps to ensure that patients are aware of:

- The complaints procedure.
- The time limit for resolution.
- How it will be dealt with.
- Who will deal with it?
- Their right of appeal
- Further action they can take if not satisfied.
- The fact that any issues will not affect any ongoing treatment from the surgery and they will continue to be treated.

If additional support is required by patients who may be vulnerable, have communications difficulties or are not fluent in English, the practice will do whatever it can reasonably do to facilitate the patient (or their authorised representative) in this matter.

### **Definition of a Complaint**

A complaint is defined as an expression of dissatisfaction, whether verbal or written, about the care or service provided by the Practice, which requires investigation and a formal response. Informal concerns that can be resolved at the time they are raised and to the patient's satisfaction will not normally be managed under this formal complaints procedure.

### **Responsibility for Complaints Handling**

Overall responsibility for the management of complaints rests with the Senior Partner (Lead GP).

The day-to-day management of the complaints process is delegated to the Practice Manager, who acts as the Complaints Manager.

The Complaints Manager is responsible for:

- Acknowledging complaints
- Coordinating investigations
- Ensuring timely responses
- Maintaining complaint records

The Senior Partner retains oversight of complaint handling, ensures appropriate clinical input, and is responsible for signing off final responses where appropriate.

## **Procedure**

### **Receiving of complaints**

The Practice may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Practice, or:

- 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 to 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 relative or other adult who has an interest in his/her welfare.

### **Period within which complaints can be made**

The period for making a complaint is normally:

(a) 12 months from the date on which the event which is the subject of the complaint occurred; or

(b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 30 days, although more complex issues may take up to 6 months.

When considering an extension to the time limit it is important that the Practice Manager or the GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

## **Action upon receipt of a complaint**

- It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point.
- If it is not possible or the outcome is not satisfactory the patient should be asked to put it in writing. This ensures that each side are well aware of the issues for resolution. If the patient does refuse to put it in writing, then it is advisable for the surgery to put it in writing and check that the patient is happy with the detail of the complaint.
- On receipt of a written complaint an acknowledgement should be sent confirming receipt within 5 working days and saying that a further response will be sent within 30 working days following an investigation of the issues. It should also say who is dealing with it i.e. GP or practice manager.
- If it is not possible to conclude any investigations within the 30 working days then the patient should be updated with progress and possible time scales.
- The complaint is brought to the Practice Meeting to discuss the complaint and then a doctor is chosen to write back to the patient with the outcome.
- It may be that outside sources will need to be contacted and if that is the case then a patient consent form will need to be signed to make such a request.

## **Unreasonable Complaints**

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions may apply, subject to the review of the practice partners, and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

Note that any such restrictions will be proportionate and documented. Patients will retain the right to appeal to any such restrictions that are implemented by contacting the Practice Manager in writing.

## Final Response

- This will include: A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put this right, or prevent repetition
- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail
- It should also advise on the next step in the process if the complainant is still not satisfied. That would normally be an offer of a meeting with the Lead GP and Practice Manager to try further reconciliation.
- If at that point resolution is still not achieved then either side can refer the matter to the Primary Care Governance Team.

Primary Care Governance Team  
1<sup>st</sup> Floor Maison Le Pape  
The Parade  
St Helier  
JE2 3PU  
[PCGT@health.gov.je](mailto:PCGT@health.gov.je)

## **Annual Review of Complaints**

The practice performs an annual review of complaints alongside significant events, which is used to inform clinical governance and quality improvement. This review generates an annual complaints report, which is available to any person who requests it.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Subject matter / categorisation / clinical care
- Learning points
- Any changes to procedure, policies or care which have resulted

## **Confidentiality**

All complaints must be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on his/her behalf of the investigation.

Should the handling of the complaint require the involvement parties outside of the practice, it should be noted that this may require the disclosure of information contained in those records to said parties. This will only be done with the patient's written consent.

The practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

## **Data Protection**

All complaints will be handled in accordance with the Data Protection (Jersey) Law 2018.

Information provided as part of a complaint will be used solely for the purpose of investigating and responding to the complaint and will only be shared with those directly involved in the investigation.

Where information needs to be shared outside the Practice, the patient's explicit consent will be obtained unless there is a lawful basis to do otherwise.

Complaint records will be retained in line with the Practice's records management policy.

The Policy and Forms can be found on our website at: <https://rdf.je>

**Reviewed:** 26/03/2026