

Responding to complaints - Scotland

A complaint is any expression of dissatisfaction. These can be made verbally or in writing. They can be directed either to the organisation involved, such as a GP practice, or to the relevant NHS Health Board.

NHS complaints procedure and Timescales

The organisation that receives the complaint should investigate this locally first. All organisations must have a complaints lead, who is responsible for dealing with complaints and liaising with any other organisations involved.

In most cases, a response to the complaint should be provided (whether by phone, in person, or in writing) within five working days. This is known as 'Stage 1'.

If the complainant remains dissatisfied, the complaint moves to 'Stage 2'. Acknowledgement of a complaint at Stage 2 should be sent within three working days. A full response is required within 20 working days, unless there is clearly a good reason for needing more time. The complainant should be advised of the likely timescale at the outset and of any delays if these occur. Many organisations have their own timeframes, which should be set out in their complaints policy. A complaint which is clearly more complex or needs more detailed investigation may be reviewed at Stage 2 from the outset, without going through Stage 1.

If local resolution is not achieved, complainants have the right to seek an independent review by the Scottish Public Services Ombudsman (SPSO).

All complaints should be made within six months of the complainant becoming aware of a concern, but no longer than 12 months after the event. However, it is recommended that complaints outside of this timeframe are still investigated, unless it is no longer possible to do so.

Good medical practice and Complaints

All doctors have professional obligations in relation to responding to complaints. The GMC's guidance [Good medical practice](#) states: "*You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange*".

Patient Confidentiality

Where someone other than the patient has complained on their behalf, consent to respond must be provided by the patient. Where a patient lacks capacity to consent or is deceased, you need to ensure you can justify disclosure of information to the complainant in line with the GMC's guidance on [Confidentiality](#).

Decisions regarding disclosure of information can sometimes be complex and we recommend seeking advice from MDDUS if you are unsure.

Complaint Responses

A well written complaint response, demonstrating reflection and learning, can be instrumental in preventing a concern from escalating. Most complainants are looking for:

- A thorough investigation of their concerns
- A clear explanation of what happened
- Assurance that steps have been taken to learn from events
- An apology.

Your [professional duty of candour](#) requires you to be open and honest and apologise when something has gone wrong with a patients care or has the potential to cause harm or distress.

Investigation of Complaints

All complaints should be thoroughly investigated, ideally by someone not directly involved in the concerns. A holding response letter should include a summary of the complaint so that it is clear what will be investigated and provide a likely timeframe for a response.

When investigating a complaint, you should:

- Review the patient's records (in cases of clinical concerns), recorded phone calls or video consultations and any relevant policies or guidance.
- Give all individuals involved the chance to comment, either verbally or as a written statement. In doing so they should have access to the complaint and relevant clinical notes or recordings. Anyone providing a statement should include an account of their involvement and an answer to any specific questions from the complaint.
- Explore learning points and consider how they will be actioned.
- Undertake and document a more formal review, such as an SEA, where the concerns raised are significant, for example where the patient may have come to harm. This may be shared with the complainant, if requested.

When Not to Investigate a Complaint

Complaints and claims cannot run concurrently in Scotland. In accordance with the *Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012*, the NHS complaints procedure [must be suspended immediately](#) if the complainant has indicated in writing an intent to pursue legal proceedings (such as a claim for clinical negligence) or has already done so. However, the [2012 Can I help you? Guidance](#) advises caution in this regard, noting that "complaints staff should not infer that the person making the complaint has decided to take formal legal action, even if their initial communication is via a solicitor's letter."

The Final Response

One response. It is advisable that the complaints lead provides a detailed letter of response incorporating the comments of all those involved, rather than individuals providing separate responses.

The right tone. Try to keep your response professional, empathetic and objective. You should refrain from emotive or defensive language. Make sure it acknowledges and addresses all the concerns raised in the complaint. To set a conciliatory tone, it is helpful to start with an apology for the patient's concerns and reassurance that you have taken the complaint seriously. You should then explain what you have done to prepare the response.

Sequence of events. You should include a factual chronology of the care provided or the events, as they occurred. For any clinical consultations this should include an account of the history, any examination, the working diagnosis (together with any differential diagnoses) and management plan, including any advice given or referrals made.

Simple language. The response should be written in language the patient will understand. You should explain any medical terms and avoid abbreviations. Where included, you should set out whether observations and/or investigations were normal or abnormal.

Be specific. You should then answer any specific questions that the complainant has raised. You should however avoid speculation. It is OK to say you do not have an answer or will try to find out.

Learning points. The response should include evidence of reflection, and details of any specific learning points, together with how these will be addressed. This demonstrates the organisation has taken the complaint seriously and is willing to act on learning points identified to improve patient care.

Offer to meet. The letter should end with an offer to meet to discuss the response and include details of the complainant's right to seek an independent review of their complaint by the SPSO. The [NHS Scotland Complaints Handling Procedure](#) includes wording recommended by the SPSO to include in your response.

MDDUS review. It can be beneficial to have your response reviewed by MDDUS before you send it on. All patient-identifiable details should be removed from the correspondence before it is sent to MDDUS.

Appraisal Discussion

You should discuss any complaint you have been involved in at your appraisal. This should focus on the learning identified and any planned actions arising from your reflections. Reflective notes do not need to capture full factual details of an experience and should be appropriately anonymised. They should focus on the learning or actions taken from a case or situation.

Complaint Documentation

All correspondence relating to a complaint should be held securely in a complaint file, separate from the patient's records and should be kept in line with the NHS retention schedule. You should keep only the final version of any letter/s of response or witness statement/s and not draft versions.