Northern Ireland
Public Services
Ombudsman

Short Guide

for Providers of Family Practitioner Services

MCHP for Health and Social Care Sector

Summary

This guide sets out how Family Practitioner Services providers should implement the Health and Social Care (HSC) Model Complaints Handling Procedure (MCHP) in everyday practice. The MCHP aims to support a consistent, accessible and compassionate approach to complaints handling that listens well, responds fairly, and promotes service improvement through learning from complaints.

This guide is designed to help Family Practitioner Services providers to ensure their complaints handling procedure is compliant with the MCHP and to support implementation in their settings.

This guide outlines:

- The two-stage process for handling complaints with a focus on early resolution where appropriate
- The key responsibilities of staff for responding to and recording complaints
- The importance of recording, reporting and publishing complaints data and learning from complaints.

1. Introduction

Part 3 of the Public Services Ombudsman Act (Northern Ireland) 2016 provides the legislative basis for NIPSO to publish Model Complaints Handling Procedures (MCHP) for public bodies within its jurisdiction. The overarching Health and Social Care (HSC) MCHP was developed by NIPSO in partnership with an operational network of health and social care organisations and advocacy, governing and regulatory staff.

The MCHP and guidance for the HSC sector was published on 1 July 2025 and can be accessed here Model Complaints Handling Procedures | NIPSO. The HSC MCHP will replace the Department of Health Complaints Procedure Directions and Guidance and will become operational on **1 January 2026**.

All organisations are required to ensure that they have in place a Complaints Handling Procedure which meets the requirements of NIPSO's Complaints Handling Principles [Statement of Principles] as well as complying with the HSC MCHP.

To reflect the distinctive roles and operating context of Family Practitioner Services Providers (FPS), this guide was developed to help FPS ensure their Complaints Handling Procedure is compliant with the MCHP and to support implementation in FPS settings.

A flow chart of the MCHP can be found in Appendix One.

2. Who this guide is for

This guide is for the providers of Family Practitioner Services delivering publicly funded services to patients. Throughout this guidance the term Family Practitioner Services providers (FPS) is used to refer to general practitioner, or general medical, dental, ophthalmic and pharmacy services in Northern Ireland.

The term 'organisation' is used throughout this guide to refer to any FPS delivering publicly funded services. The published HSC MCHP only applies to services provided by FPS which are publicly funded by a Health & Social Care body. Private care, private treatment or any other privately paid for service (of any kind, personal payment or private insurance) does not fall under the remit of the MCHP.* Please note it is only complaints about publicly funded services that must be signposted to NIPSO at the end of the complaints process.

*Although providers may choose to apply the same process to any complaints they receive.

3. The language used

The term 'service user' is used throughout to describe any person receiving a service. In some places the term 'service user' is used in place of 'complainant'. When reading the guidance please note that a complainant will not always be a service user but may be a friend/family member or someone else bringing the complaint on their behalf.

4. What is this guide for?

This guide is to help FPS organisations ensure that their Complaints Handling Procedure is compliant with the MCHP. As such, the information in this guide focuses on how complaints should be managed to meet the statutory requirements of the MCHP. It is each organisation's responsibility to ensure that they meet any other regulatory, legal or statutory requirements including any additional recording or reporting duties as part of their contractual arrangements.

Organisations should ensure that staff have clarity about issues which can be dealt with through the complaints procedure and when other procedures should be followed, for example, police investigation, safeguarding, fitness to practice, staff disciplinary or a serious adverse incident review. Initiating these procedures does not always mean the complaints procedure should stop. Organisations should consider fully all aspects of the complaint and where possible, continue to address any issues that can proceed through the complaints procedure.

5. Key Compliance Aspects of the MCHP

To ensure compliance with the MCHP, the following elements of the MCHP must be met and should not be amended:

1. a definition of a complaint (which meets as a minimum the one provided in the MCHP)
2. the number of stages
3. timescales at each stage
4. the requirement to record, report and publish complaints information
5. the requirement to learn from complaints
6. ensuring information on how to complain is widely published
7. the provision of support to remove any barriers to complaining

6. A definition of a Complaint

Organisations must have a clear definition of what constitutes a complaint. This should meet, as a minimum, the definition below.

> *'An expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of an organisation.'*

This definition can be amended to provide greater detail or reflect the type of services provided.

Practices are encouraged to take a pragmatic approach when determining what constitutes a complaint under this definition and should work together to ensure consistency in approach. However, any changes must not restrict or limit the above definition of what an organisation will consider under its complaints handling procedure. Some examples of complaints are provided in Appendix 2.

Organisations may find it helpful to provide staff with examples of relevant complaints to help staff recognise and respond appropriately to complaints. This will also help staff understand what is not a complaint, and what can or cannot be dealt with by the complaints handling procedure. Staff should also understand 'who' can complain to the organisation and be aware of issues around consent.

Organisations must ensure that staff can explain to service users why something cannot be dealt with under the complaints handling procedure and signpost them (when needed) to the appropriate route to deal with the issue. This may include providing details of advocacy and support that is available to assist individuals.

Further detail about how to support complainants and reduce the barriers to complaining can be found here (HSC MCHP Page 15, Section 1.3 Supporting the Service User).

Examples of Stage 1 complaints can be found in Appendix Two.

7. The Number of Stages in the Complaints Process

The MCHP aims to provide a simple, accessible and compassionate two-stage process for responding to complaints with a focus on early resolution where possible. Section 8 looks at each stage in more detail.

The aim is, when appropriate, to provide an early frontline resolution to resolve the complaint to the service user's satisfaction at Stage 1. Where this is not possible, the complaint moves to investigation at Stage 2, at the end of which the service user should be provided with a clear and reasoned response to their complaint. Complaints should be managed in an open and transparent way which builds trust in the organisation's complaints handling process. Although the MCHP has two stages, a complaint can be closed as resolved at any time in the complaint handling process. In such cases, it must be recorded as a complaint, with 'resolved' as the outcome.

Complaints made at any stage are not required to be in writing and may be made in person, by phone, email or letter.

8. Stage 1 – Frontline Response

When a complaint is first received, this is called Stage 1 and will generally require a frontline response in the first instance. The focus at Stage 1 is to respond quickly and try to resolve the complaint by reaching a mutually satisfactory outcome. For example, this may require listening, understanding the complainant's concern and where appropriate, offering an apology for a delay or an error, or taking the time to explain a process or correct a misunderstanding. The time allowed for this stage is 5 working days - although in practice many complaints will be resolved in less time. The date of receipt is normally considered to be the day a complaint is received, unless it is received after normal business hours or is received on a weekend or bank holiday, in which case the date of receipt is the next working day. An extension of an additional 5 working days at Stage 1 is possible, but should only be in exceptional circumstances.

8.1 Resolved Complaints

Complaints **resolved** during Stage 1 do not require a written response and can be communicated by phone or in-person. Organisations should use their own judgement about whether a written communication would be useful for them or for the service user, **however, if the service user requests a written response, one should be provided.** A clear record of how the complaint was resolved, what action was agreed and the service user's agreement to the final outcome must be recorded.

8.2 Unresolved Complaints

If a complaint is **not resolved** at Stage 1 or the service user remains dissatisfied, the service user must receive a written response* explaining how to progress the complaint to Stage 2.

Organisations must:

- tell the service user the outcome of the complaint
- explain the reasons for the decision and/or any action taken to try and resolve the complaint
- explain to the service user that they can escalate the complaint to Stage 2 if they remain dissatisfied and explain how to do so.

A service user has a minimum of 30 days to request that a complaint be considered at Stage 2. However, organisations should use discretion and allow a longer period if there are good reasons for the delay e.g. poor health or a bereavement.

*Unless their preferred communication method is not in writing in which case use the preferred method.

9. Stage 2 – Investigation

Complaints can be investigated at Stage 2 when the complainant remains dissatisfied with the Stage 1 outcome. In exceptional circumstances, it may be appropriate to handle a complaint at Stage 2 from the outset. This must be discussed and agreed with the person bringing the complaint and a clear rationale for the decision recorded. However, this should only be in exceptional circumstances where frontline resolution is not possible or would be inappropriate.

An investigation aims to explore the complaint in more depth and establish all the relevant facts. A Stage 2 investigation should provide the complainant with a full, objective and proportionate response that represents the final position of the organisation. Wherever possible, complaints should be investigated by someone not involved in the issue(s) of complaint. The organisation should decide the appropriate level of authority to sign off a final Stage 2 complaint response.

9.1 Timelines and extension to the timelines at Stage 2

On receipt of a Stage 2 complaint the timescale is re-set and complaints must be acknowledged within **3 working days**.

A full response to the complaint should be provided as soon as possible but not later than **20 working days** from the date the complaint was received for investigation (note this includes the 3 working days to acknowledge the complaint). Regardless of how a service operates, working days excludes Saturdays, Sundays, bank and public holidays.

- Some complaints will need more than 20 working days to investigate and the timescale can be extended if needed. When this happens the service user must be informed, be provided with the reason why the extension is necessary and given an expected response date.

- Organisations should avoid repeated extensions as this can lead to a loss of trust and frustration for the service user. Other people involved (e.g. the person complained about if there is one) should also be advised of the extension to the timescale.

- Organisations should have in place appropriate arrangements for the approval of extensions and a rationale should be recorded on each occasion. There should be a clear record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved.

- A service user and any member(s) of staff complained about should be contacted at least **once every 20 working days** to update them on the progress of the investigation until the complaint is fully investigated and a final response is issued.

Examples of complaints at Stage 2 can be found in Appendix Two.

9.2 Complaints involving more than one part of the organisation or more than one organisation

Organisations must provide guidance to staff relating to the management of complaints which raise issues about two or more areas within the organisation. Key to managing such complaints is good communication between service areas and co-ordinated communication with the service user. This communication should clearly explain what the service user can expect from the process, what they should receive, when and from whom.

Where service users complain about the service of another organisation or public service provider, staff must help them to identify who can assist in dealing with their complaint. Where the issues raised in a complaint relate to the actions of more than one organisation, it is good practice to cooperate and issue a joint response. It is also good practice to identify a 'lead' organisation, who will be responsible for making sure the person who raised the complaint is kept involved and updated throughout.

If it is not possible to identify a 'lead', then each individual organisation must respond to the service user on the issues which relate to their service.

9.3 Closing the Complaint at Stage 2

Details of the complaint investigation must be recorded so that all records and information are available. A service user must always receive a written response to their complaint at Stage 2 (unless they have an alternative preferred method of contact which should therefore be used). The quality of the complaint response is important and in terms of good practice should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational
- avoid technical terms, but where these must be used, an explanation of the term should be provided
- address all the issues raised and demonstrate that each element has been fully and fairly investigated
- include an apology where things have gone wrong and any other action to be taken to put things right [see NIPSO-Guidance-on-issuing-an-apology]
- highlight any area of disagreement and explain why no further action can be taken
- indicate that a named member of staff is available to clarify any aspect of the letter

In the same correspondence, or within two weeks of the day the complaints procedure is exhausted/completed, the service user **must** be advised that:

- they have exhausted/completed the complaints procedure
- if they remain dissatisfied, they may bring their complaint to NIPSO [see Signposting-to-NIPSO.pdf]

10. Post-closure contact

A service user may contact an organisation for clarification once they have received a final response. Organisations are encouraged to have further discussion with the service user to explain the response and answer their questions (if needed). However, this is not an opportunity to reopen the complaint or to ask a different member of staff to investigate or re-consider the final decision. An organisation's final response to the complainant should always be the final response.

If a service user remains dissatisfied with the organisation's response or does not accept the investigation findings, then the organisation should explain that it has already given its final response on the matter and signpost them to NIPSO. It is important that the clarification of the organisation's response does not go on for a long period and unnecessarily prolong the complaints process.

11. FPS Complaints which sit outside of the MCHP

Some FPS involve private or self-funded arrangements, sometimes alongside publicly funded care. Complaints about privately funded care do not fall within the scope of the MCHP and should not be signposted to NIPSO at the end of the process. Organisations may wish, however, to apply the same two-stage process to all of their complaints. Regardless of how complaints about privately funded care are handled, organisations must provide clarity for all types of service users to help them understand their right to complain and how to do so. Organisations must have a clear policy and guidance to support staff and service users to understand how complaints will be responded to.

Further detail on complaints which may not fall within the scope of the HSC MCHP can be found here: HSC MCHP Page 21 'Section 1.8 Time limit for making complaints'.

12. Governance of Complaints Handling

NIPSO recommend that as part of introducing the MCHP, organisations review and update their complaints handling procedure and internal systems to ensure they are MCHP compliant. All FPS staff should be made aware of:

- the MCHP and how it is embedded in the organisation
- how to handle and record complaints at the frontline response stage
- who they can refer a complaint to internally, if they are not able to deal with the matter directly
- the need to try and resolve complaints early and as close to the point of service delivery as possible
- their clear authority to attempt to resolve any complaints they may be called upon to deal with.

Roles and responsibilities

The roles and responsibilities in each FPS organisation will vary depending on size, organisational structure, type of service provided and a host of other business considerations. FPS are unlikely to have a dedicated complaints team and the lead person for managing, coordinating and responding to complaints is likely to be a Practice Manager (or similar). This staff member is often responsible and accountable for the management of the investigation, is frequently involved in the investigation and in coordinating all aspects of the response to the service user. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.

This role must be supported by a clear, organisational culture which welcomes and values complaints. The most senior people in the organisation should demonstrate this culture through their leadership and provide a supportive environment where staff can respond to and investigate complaints fairly and thoroughly.

The following points provide general examples of the key responsibilities that an organisation should have in place. However, FPS organisations may manage complaints in the most efficient and effective manner for their own organisation as long as they remain compliant with the MCHP.

Organisations should have an appropriate manager or staff member to:

- sign off on the final decision of a complaint investigation. This provides assurance that this is the definitive response of the organisation and that the complainant's concerns have been fully investigated and taken seriously
- maintain overall responsibility and accountability for the management and governance of complaints handling, including quality assurance and complaint performance statistics.
- ensure learning from complaints information is used to improve services and is shared externally
- arrange complaints handling training as part of induction for new staff and ensure that existing staff have access to more in-depth or refresher training (appropriate to their role) on a regular basis.

13. Recording, Reporting and Publishing Complaints

13.1 Internal recording

All complaints must be recorded internally, as a minimum, the following should be recorded for each complaint:

- the date the complaint was received
- the service user's name and contact details
- the issue/nature of the complaint
- the service the complaint refers to (where applicable)
- staff member responsible for handling the complaint
- action taken and outcome at Stage 1 response
- any extension authorised at Stage 1 (if applicable)
- the date Stage 1 response was issued
- the date request for investigation at Stage 2 was received (if applicable)
- any extensions authorised at Stage 2 (if applicable)
- action taken and outcome of the Stage 2 investigation (if applicable)
- whether the complaint was resolved, upheld, partially upheld, not upheld
- date the investigation response was issued at Stage 2 (if applicable)
- the underlying cause of the complaint and any remedial action taken
- any organisational learning as a result of the complaint.

It is the responsibility of the individual FPS to ensure that in operating the MCHP, they also meet any other relevant regulatory, legal or contractual recording requirements.

13.2 Reporting of complaints internally within the organisation

FPS organisations must have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of areas where services need to improve.

Organisations must report internally at least **quarterly** to senior management (or equivalent) on:

- complaints performance statistics
- analysis of the trends and outcomes of complaints

Organisations should also report internally every **6 months** (as a minimum) information on complaints outcomes and actions taken to improve services i.e., good practice and lessons learned.

13.3 Publishing complaints information

To comply with the MCHP, organisations must externally publish complaints information on an annual basis. For FPS this will continue to be done through publication by the Strategic Performance & Planning Group.

In addition to this, FPS organisations must individually share externally how they are using their complaints information to learn and improve. This could take the form of a short anoymised, case study to show an example of good complaints handling with a positive outcome. This can be shared via a website, newsletter or notice board within the Practice.

13.4 Learning from Complaints

Learning from complaints is key to service development and improvement. Complaints provide an opportunity for organisations to learn about issues from a service user perspective – issues which may be less visible in regulatory, audit and inspection processes. Visit the link below to watch a short video on Learning from Complaints.

https://www.nipso.org.uk/media/1165

14. Expected Behaviours

The overall aim of the MCHP is to ensure a simple, accessible and compassionate complaints procedure with a focus on early resolution and learning from complaints. NIPSO anticipates that all organisations will have arrangements in place that emphasise to individual staff the importance of candour, honesty and openness when dealing with and investigating complaints. Similarly, an organisation should work hard to have a culture which is non-defensive, and where complaints are received with a willingness to listen and to learn.

Within their complaints procedure, organisations may wish to set out the behaviours they expect from staff when dealing with complaints. This may include a commitment that staff will behave in a professional manner and treat service users with courtesy, dignity and respect.

Likewise, many organisations will already have guidance or policy around how they expect the service users using their services to behave and express their views. A policy on 'Promoting Positive Engagement and Managing Unacceptable Behaviour' or equivalent, can help service users understand what may be expected of them during the complaints process. In relation to complaints, this may include requesting that:

- service users provide details of their key issues of concern including providing any supporting information they want to submit (it is important to recognise that some people will require support to do this and the need to ensure they are aware of the support that is available to them)
- those involved in the complaint process work together to ensure that there is an agreed
- understanding of the issues of complaint
- service users respond to reasonable requests for information

15. Unexpected or Unacceptable Behaviours

It is important organisations recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or serious life event can affect how a person expresses themselves. The circumstances leading to a complaint may also result in behaviour that staff find difficult or unacceptable. Organisations should provide staff with information and training to help manage such situations with empathy and to help de-escalate and reassure the person if possible.

Organisations are reminded that service users who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance. It is important that all complaints are taken seriously. However, NIPSO recognises that the actions of some service users may result in unreasonable demands on time and resources or unacceptable behaviour towards staff.

NIPSO anticipates that FPS will already have staff guidance on how to deal with behaviours from service users which it considers are unacceptable. This may be an Unacceptable Behaviour Policy, Positive Behaviour Policy or similar. Many organisations also have a Zero Tolerance Policy which is often displayed on the premises. Removing the barriers to complaining and providing support to service users who wish to complain is a key feature underpinning the MCHP. When managing unacceptable behaviour during a complaint process organisations are asked to:

- ensure any action taken in response to unacceptable behaviour is the minimum necessary and for the minimum amount of time.
- provide a mechanism to allow a service user to have this reviewed if they do not agree.
- ensure that any actions do not result in the service user's complaint not being dealt with, or the service user not receiving a response.
- ensure any actions to control an individual's access to the complaints procedure (e.g. agreeing they can contact one specific member of staff only or they can only make contact at a certain time/day) are proportionate and reviewed regularly and proactively by organisations to ensure that they are still necessary.

Some key points to consider which have featured in complaints about FPS brought to NIPSO are:

- An organisation's Zero Tolerance policy does not negate or override the regulations around de-registration.
- A patient cannot be de-registered because they have made a complaint. However, in making a complaint they may demonstrate behaviour or express views that go beyond what is deemed acceptable. Remember it is the unacceptable behaviour, assessed risk to staff or threats made to staff that may lead to a patient being de-registered, not the submission of a complaint.
- If a patient is de-registered (for any reason) other family members, who are patients, should not also be de-registered.

16. Customer-Facing Information and Removing Barriers

16.1 Accessibility

The MCHP Guidance found here (HSC MCHP) contains detailed information to help organisations develop their own customer-facing complaints information. Customer-facing information should be clear and concise and written in a way that is simple and straightforward. It is important to make service users aware of their right to complain and how to do so.

Information about the procedure should be easily accessible at all times, not just made available when a service user wishes to complain. How to make a complaint must be widely publicised, simple and clear, and made available in all areas of service provision. Organisations should consider the most effective ways to ensure maximum accessibility, this might be online, via a website, leaflets or a noticeboard.

16.2 Clarity

Clearly set out the complaints procedure and the timescales involved in the two stages. A sample diagram of this is provided here (HSC MCHP) at page 6. Describe what will happen at each stage so that a complainant knows what to expect and how long it should take. Ensure service users are aware that they have the right to bring their complaint to NIPSO if they remain dissatisfied at the end of the complaints process. Signpost complainants to NIPSO and provide NIPSO's contact details.

16.3 Support

Service users should also have the support they need to articulate their concerns and successfully navigate the complaints procedure. Organisations should proactively consider and advertise a range of methods for complaining – this might include verbal complaints, a staff member writing the complaint for the service user or providing an interpreter. Suitable arrangements should be made for the specific needs of those who wish to complain, including access to support or advocacy, information in a variety of formats and languages, and use of suitable venues and at suitable times. The information should make clear that adjustments are available, provide some examples of these and explain how they can be accessed or requested.

16.4 Learning

Use your complaints data to learn about accessibility and diversity in your area. Ask service users what kind of support they would find helpful. Externally share examples showing how you are using learning from complaints to improve your service.

This will demonstrate that you welcome and act on feedback which will help build trust and confidence with service users. This encourages service users to share their concerns with you early and create opportunities for early resolution.

17. The Honest Broker Service

The Strategic Planning and Performance Group (SPPG) Complaints Team can act as an "Honest Broker" at any stage during the complaints process involving FPS, such as GPs, dentists, pharmacists, and opticians.

The Honest Broker role and responsibilities include:

- **Neutral Intermediary:** The SPPG Complaints Manager serves as a go-between for the complainant and the practitioner to help resolve issues locally.
- **Facilitating Communication:** They may provide advice to both parties, act as a link or negotiator, attend and facilitate meetings.
- **Alternative Resolution:** This can include mediation or conciliation via separate or joint meetings.
- **Independent Support:** They may arrange for input from independent experts or lay persons to help resolve the complaint

Both the complainant and the practitioner must agree to the SPPG acting in this role. The Honest Broker role is not a substitute for local resolution or a complaint investigation in line with the HSC MCHP — it is about building trust and improving communication. They will ensure the service user is kept informed about the progress of their complaint.

If you're considering involving the SPPG as an Honest Broker, you can find more details at FPS Complaints - Role of SPPG - DOH/HSCNI Strategic Planning and Performance Group (SPPG) or contact them on Complaints.sppg@hscni.net.

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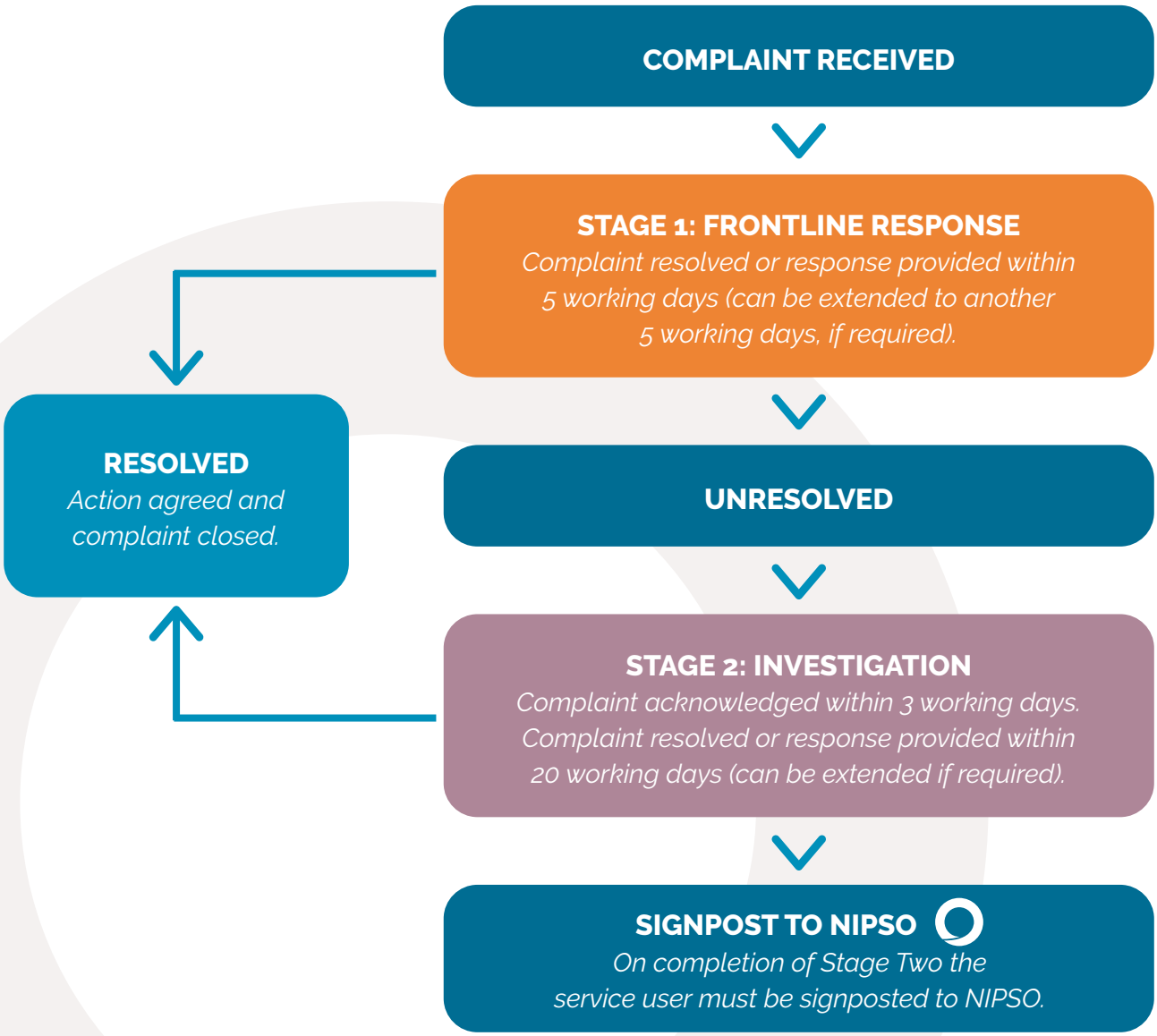
Appendix 1
The two-stage process



Appendix 2
Examples of Stage 1 and Stage 2 complaints

Examples of Pharmacy and Ophthalmic Services Complaints

Stage 1: Frontline resolution

COMPLAINT	POSSIBLE ACTIONS AT THE FRONTLINE
A patient arrives to collect a repeat prescription that was sent by the GP two days earlier. The pharmacy cannot find the prescription and advises the patient to come back later. The patient is frustrated and reports that this has happened on a regular basis.	• Apologise for the delay and the inconvenience caused. • Acknowledge the patient's frustration and reassure them you will check the system immediately. • Confirm whether the prescription has been received and clarify what has caused the delay (e.g. backlog, missing information, stock issue). • Offer a realistic timeframe for when the prescription will be ready or suggest alternatives (e.g. partial supply, call patient when prescription is ready). • Explain what the pharmacy is doing to prevent this happening again. • Record the interaction as a Stage 1 complaint and offer to escalate if the patient remains dissatisfied. • Communicate any learning or service improvements to be made as a result of the complaint to the patient and staff with a clear timeframe for completion.

Stage 2: Investigation

COMPLAINT	POSSIBLE STAGE 2 ACTIONS

A patient submits a complaint that their new prescription glasses have caused them to suffer headaches and experience blurred vision. They report returning twice, being told the prescription was correct, but were not offered a retest or given any other advice. They are now considering paying a different provider for a new eye test.	• Acknowledge receipt of the complaint and set out the investigation process and timeframe.
	• Review the patient's clinical records, prescription details and dispensing notes.
	• Speak to the optometrist and dispensing team to understand what advice (if any) was given.
	• Consider whether a reassessment should have been offered sooner based on symptoms described.
	• Respond in writing with:
	  • The main findings and an explanation of what went wrong.
	  • An apology and offer to carry out another eye test.
	  • Confirmation of any improvements made (e.g. clearer patient aftercare guidance, prompt retest offer if/when symptoms persist) and the timeframe for any further improvements (if applicable) to be made.
	  • A named contact and contact details for further support/clarification.
	  • Signpost to NIPSO and include NIPSO contact details (if the service is publicly funded).
	• Record the details of the complaint for learning and monitoring purposes.
	• Communicate any learning or service improvements to be made as a result of the complaint to the patient and staff with a clear timeframe for completion.

Examples of Dental Complaints

Stage 1: Frontline Resolution

COMPLAINT	POSSIBLE FRONTLINE ACTIONS
A patient complains at reception that they were charged more than expected for a routine dental check-up and cleaning. As an NHS patient they had not anticipated this and the costs were not clearly explained before their treatment.	• Apologise to the patient for the confusion and any distress caused by the unexpected cost. • Check the treatment notes, ensure the charges applied were correct and if so, explain the charges. • Clarify the practice's pricing policy and when/how patients are informed of treatment costs. • If the charges were incorrect, offer a refund and apologise for this and the poor communication. • Reassure the patient that the issue will be raised with the staff member/team to ensure there is a clearer explanation of costs in future. • Record the issue and resolution for learning purposes. • Communicate any learning or service improvements to be made as a result of the complaint to the patient and staff with a clear timeframe for completion.

Stage 2: Investigation

COMPLAINT	POSSIBLE STAGE 2 ACTIONS

A patient complains that a dental procedure has caused them ongoing pain and that they were not informed by the dentist of the risks of this happening before treatment. They report returning twice to the dental practice for advice but were dismissed when they requested to be treated by another dentist or referred for further investigation.	• Acknowledge receipt of the complaint and explain the investigation process and timeframe.
	• Review the patient's records to gather information on any pre-treatment advice regarding post-treatment side effects provided, consent, initial appointment and follow up visits, pain management, any aftercare advice provided, any requests for a referral to another dentist or for further investigation, etc.
	• Speak with the dentist involved to understand any communication of risks, advice provided, actions taken to manage the patient's pain and any clinical decisions as to the reasons the patient was not provided further investigation referral.
	• Check if consent for the initial treatment was properly documented and whether the follow-up assessments/treatment/advice were appropriate.
	• Respond in writing with:
	  • A clear explanation of findings
	  • An apology for the pain suffered by the patient and where care or communication fell short, if appropriate
	  • Details of any corrective actions taken to prevent recurrence (e.g. staff training, changes in consent or referral procedures)
	  • Options for further care or referral, if required
	  • Contact name and details for ongoing support from the practice
	  • Signpost to NIPSO and include NIPSO contact details (if the treatment is publicly funded).
	• Record the details of the complaint for learning and monitoring purposes.
	• Communicate any learning or service improvements to be made as a result of the complaint to the patient and staff with a clear timeframe for completion.

Examples of GP Complaints

Stage 1: Frontline Resolution

COMPLAINT	POSSIBLE FRONTLINE ACTIONS
A patient complains that the GP receptionist asked them to explain their symptoms when they called to book an appointment. The patient felt uncomfortable and questioned whether it was appropriate for a non-clinical staff member to ask personal health questions. They want to raise concerns about confidentiality because they felt the request was intrusive.	• Thank the patient for raising their concern and apologise that the interaction caused them discomfort. • Explain that the reception staff are trained in care navigation to help ensure patients are directed to the right care, whether that is a GP, nurse, or another service. • Clarify that this process helps prioritise clinical need and manage high demand safely and fairly. • Reassure the patient that all staff, including receptionists, are bound by the same strict confidentiality rules as clinical staff. • Offer the patient the option of requesting a private conversation if they prefer not to share details at the front desk or over the phone. • Consider how best to remind or explain this process to patients (on signage or the practice website) explaining why staff ask for information and how it's kept confidential. • Record the complaint, steps taken and outcome for future review and learning. • Communicate any learning or service improvements to be made as a result of the complaint to the patient and staff with a clear timeframe for completion.

Stage 2: Investigation

COMPLAINT	POSSIBLE FRONTLINE ACTIONS
The patient complains in writing that their earlier concern about a receptionist asking for medical details was not taken seriously. They state they felt judged, were overheard by others in the waiting room and that no action was taken despite raising it with the practice. They request a full investigation.	• Acknowledge receipt of the complaint and explain the investigation process and timeframe. • Review the original Stage 1 handling, including what was said, who responded, and any notes made. • Interview the staff involved and review relevant training records, confidentiality policies and any available call logs or appointment system notes. • Assess whether procedures for care navigation and confidentiality were followed, including how patient information is protected in reception areas. • Invite the patient to discuss their concerns in more detail if they wish and offer a meeting once the review is complete. • Confirm any staff feedback or training outcomes, and any changes to improve patient experience. Provide a written final response that addresses the main findings, any actions taken or improvements made, include a contact name and details for ongoing support/clarification, signpost to NIPSO and include NIPSO contact details (if the treatment is publicly funded). • Record the details of the complaint for learning and monitoring purposes. • Communicate any learning or service improvements to be made as a result of the complaint to the patient and staff with a clear timeframe for completion.

Appendix 3

FREQUENTLY ASKED QUESTIONS

1. Do I need to follow the MCHP every time a patient says they are not happy about something?

This is not something that can be easily answered as every context and patient interaction is different. You should be mindful and prepared to treat every expression of dissatisfaction as a potential complaint under the MCHP. However, in practice sometimes people want to be listened to, to have their experience acknowledged and are not expecting a record of the interaction to be made or the conversation to be counted as a complaint. Examples of these might be – someone has had to wait in a long queue to collect a prescription or didn't get through to the practice by phone first time. NIPSO encourages practices to consider the definition of a complaint, be clear about what this means in their context and develop guidance for staff about when and how to implement the MCHP. The HSC MCHP includes examples of what is and what is not a complaint which staff may find useful.

2. Can I go straight to investigation at Stage 2?

The MCHP is a two-stage procedure, and the time should always be taken at Stage 1 to try and resolve the complaint if possible. The experience of other jurisdictions using an MCHP is that the majority of complaints can be handled effectively at Stage 1.

In exceptional circumstances where a complaint is very serious and complex and it is clear from the outset that an investigation will be needed to ascertain the facts (e.g. there has been a serious or sensitive incident, and other organisations and/or a variety of people will need to be involved) you should carefully discuss and agree with the service user whether to initiate a Stage 2 investigation. In other circumstances, the service user may demand that a Stage 2 investigation is appropriate. In these circumstances, you should take the time to carefully discuss with the service user the need and benefit of a Stage 2 investigation, focusing on the outcome the service user is seeking and whether a Stage 2 investigation can achieve this. Complaints that move straight to Stage 2 should be an exception and a clear written rationale must be recorded.

3. Do I need to respond in writing to all complaints at the end of Stage 1?

Complaints resolved at the end of Stage 1 **do not** require a written response unless the service user requests one. As an organisation, you may decide a written response is useful for you or the service user, but it is not a requirement under the MCHP. The MCHP expects that if a complaint is ***resolved*** at Stage 1, it must be recorded, and a record made of what was agreed with the complainant.

4. If a service user involves the Honest Broker service does this affect the time-scale?

No. This should not affect the timescale. The MCHP allows 5 working days for a frontline response at Stage 1 and a further 20 working days if the complaint moves to Stage 2. If you need more time to investigate the complaint you can extend this and update the complainant. However, Honest Broker involvement alone is not a reason to automatically extend the timescale.

5. What if everything has been investigated fully at Stage 1 but the complainant is still dissatisfied?

If the complaint has been fully investigated at Stage 1 and the complainant insists the complaint is moved to Stage 2 – the complaint should progress to Stage 2. This is a good opportunity for a colleague to check that the complaint has been fully understood, and review what was completed at Stage 1. Investigating the complaint at Stage 2 could provide additional time to consider the complaint more fully, or an issue that wasn't previously fully considered. It also provides an opportunity to get a new perspective from a different staff member. However, if the organisation has done everything it can; has gathered and considered all the relevant information at Stage 1, there may not be anything additional to add at Stage 2. If this is the case, your final written response at Stage 2 should clearly, detail the investigation, finding(s), rationale(s), outcome and signpost (providing contact details) the service user to NIPSO if they remain dissatisfied.

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