COMPLAINTS HANDLING POLICY

NHS/HSC and private dental treatment

Document control	Details
Practice	The Village Dental Practice
Policy owner / Complaints Manager	Orla McCormick
Approved by	Practice Principal / Registered Manager
Effective date	14 July 2026
Review date	July 2027 or sooner if guidance changes
Status	Current – HSC MCHP implemented from 1 January 2026

We welcome complaints as an opportunity to put matters right, learn and improve. Complaints will be handled courteously, compassionately, fairly and promptly, without adverse effect on a patient's care.

1. Purpose and scope

This policy explains how the practice receives, records, investigates, responds to, reports on and learns from complaints. It applies to all staff, service users and representatives, and to complaints made verbally, in writing, electronically or through an advocate.

For NHS/HSC treatment delivered as a Family Practitioner Service, the practice follows the Health and Social Care Model Complaints Handling Procedure (MCHP), published on 1 July 2025 and mandatory from 1 January 2026. The MCHP replaced the previous Department of Health Guidance and Directions for complaints received on or after that date.

Complaints received before 1 January 2026 continue under the Department of Health procedure until concluded. Complaints solely about private treatment are outside the HSC MCHP and follow section 10 of this policy.

2. References

- The Health and Social Care Model Complaints Handling Procedure, NIPSO, 1 July 2025.
- Department of Health Guidance in relation to the Health and Social Care Complaints Procedure, updated April 2023, for transitional complaints only.
- Applicable HSC complaints directions, commissioning requirements, RQIA standards, data-protection legislation and General Dental Council standards.

3. Principles

- Focus on what matters to the complainant and clarify the outcome sought.
- Listen and acknowledge concerns; make it easy to complain and provide appropriate support.
- Resolve problems early and as close as possible to the point of service delivery.
- Be honest, open, fair and willing to apologise where something has gone wrong.
- Investigate proportionately and impartially, treating complainants and staff with dignity.
- Record, analyse and learn from complaints so that services improve.

4. Responsibilities and staff training

Orla McCormick is the practice Complaints Manager. She is responsible for complaint governance, Stage Two investigations, final responses, records, reporting, audit and learning. If she is absent or personally involved, the Practice Principal will appoint an appropriately senior and independent person.

- All staff must recognise an expression of dissatisfaction as a possible complaint, even when the word “complaint” is not used.
- Staff must listen, act on immediate safety concerns, record the complaint and notify the Complaints Manager promptly.
- Frontline staff may resolve straightforward matters within their competence at Stage One, but the complaint and outcome must still be logged.
- Clinical matters will normally be shared with the dentist concerned for factual input. The practice retains responsibility for the response.
- Staff receive complaints-handling training at induction and refresher training. Understanding is checked through discussion, scenarios and audit.

5. Definition and who may complain

A complaint is an expression of dissatisfaction by one or more members of the public about the practice’s action or lack of action, or about the standard of service provided by or on behalf of the practice.

Anyone who receives, requests, is directly affected by or comes into contact with the service may complain. A relative, parent, carer, advocate or other representative may complain on a patient’s behalf. Appropriate authority or consent will be obtained, taking account of parental responsibility, capacity, best interests and the circumstances of a deceased patient.

Anonymous complaints will be considered where there is enough information to make enquiries. Any decision not to investigate will be authorised and the reason recorded. Serious safety or safeguarding concerns will be routed immediately under the appropriate procedure.

6. Access, support and time limits

A complaint may be made in person, by telephone, letter, email, through a representative or by another accessible method. It does not have to be in writing. Staff will offer help to record an oral complaint and provide a copy of the record.

- Patients will be reassured that complaining will not adversely affect their care.
- Reasonable adjustments, interpretation and translation will be arranged where required, without charge.
- The Patient and Client Council may provide independent support for NHS/HSC complaints. SPPG may support Family Practitioner Service complaints through its Honest Broker role.
- Complaints should normally be made within six months of the event or becoming aware of it, and normally within 12 months of the event. A late complaint may be accepted where there is good reason and a fair investigation remains possible; the decision will be recorded.

7. Receiving and triaging a complaint

1. Listen without defensiveness, thank the person and establish whether immediate clinical care, safety, safeguarding or remedial action is required.
2. Record the patient and complainant details, representative authority, date and method received, issues, desired outcome, communication needs, preferred contact method, and whether the matter concerns NHS/HSC or private care.
3. Notify the Complaints Manager and decide whether the complaint is suitable for Stage One or Stage Two. Complex or serious complaints may move directly to Stage Two in exceptional circumstances and with the complainant's agreement.
4. Where another organisation is involved, help the person identify the correct body and, with consent, coordinate the response or agree a lead organisation. Clearly separate NHS and private elements.
5. Consider whether another procedure is required, including safeguarding, criminal investigation, significant event review, disciplinary action, legal claim, information-rights request or professional referral. Record any pause and keep the complainant updated. Continue unaffected issues where possible.

8. NHS/HSC two-stage procedure

Stage One – frontline response

- Aim to resolve the matter early and close to where the service was delivered.
- Resolve the complaint or provide a response within 5 working days.
- If required, extend once by up to a further 5 working days. Explain and record the reason and revised date.
- The response may be verbal or written as appropriate. Record the complaint, enquiries, outcome, actions and method of response.
- If unresolved, explain how the complainant can request Stage Two. NIPSO signposting is provided after Stage Two, not after Stage One.

Stage Two – investigation

- Acknowledge within 3 working days and confirm the issues, outcome sought, communication arrangements and reasonable adjustments.
- Appoint an investigator with suitable competence and independence. Gather relevant records, chronology, accounts and clinical input, keeping a clear investigation record.
- Provide the final response as soon as possible and within 20 working days of receipt at Stage Two.

- If more time is essential, discuss the extension, explain the reason and revised date in writing, obtain approval and record the rationale and work completed. Update the complainant and relevant staff at least every 20 working days.
- The final response will address every issue, explain findings, apologise where appropriate, state remedies and improvement actions, identify a contact for clarification, confirm completion of the practice procedure and signpost to NIPSO.

9. Investigation and response standards

- Investigations will be proportionate, evidence based, impartial and confidential. Conflicts of interest will be avoided.
- Relevant staff will be informed, supported and given a fair opportunity to comment. Clinical findings will be checked for factual accuracy.
- Possible remedies include explanation, apology, corrective treatment where clinically appropriate, refund or fee adjustment where justified, service change, training or systems review.
- The response will be clear and person-centred, avoid unexplained technical language, distinguish facts from professional judgement, and explain any disagreement. An apology is not an admission of legal liability.

10. Private treatment complaints

Complaints solely about private dental care are handled locally using the same accessible two-stage structure and target timescales wherever practicable. They are not HSC complaints and are not escalated to NIPSO under the HSC procedure.

- Stage One: frontline resolution, normally within 5 working days, with one extension of up to 5 working days where required.
- Stage Two: full investigation, acknowledged within 3 working days and normally concluded within 20 working days. Explain and record any extension.
- After completion of the practice procedure, unresolved private complaints may be referred to the Dental Complaints Service.
- RQIA may be contacted about the quality or safety of the regulated service. The General Dental Council considers serious concerns about fitness to practise and is not an appeal body for routine complaint resolution.

11. Records, confidentiality and retention

A confidential complaint file and central complaints register will be maintained separately from routine clinical notes, with a suitable cross-reference where necessary for safe care. Access is restricted. Records will be retained and disposed of under the practice retention schedule, contractual requirements and data-protection law, and secured where a review or investigation is anticipated.

Each record will include, where applipcable:

- date and method received; patient, complainant and representative details; consent or authority; NHS/HSC or private status; communication needs;
- all issues raised, desired outcomes, risk and safeguarding decisions, allocated stage, responsible person and deadlines;
- all communications, acknowledgements, meetings, progress updates and copies of correspondence;
- investigation plan and evidence, interview or meeting notes, clinical input, findings and conclusions;
- extensions, approvals and reasons; response date and method; whether resolved, upheld, partially upheld or not upheld;
- remedies, root cause, learning, actions, owners, target dates, completion evidence and effectiveness checks;
- escalation, SPPG reporting, NIPSO contact or outcome, and closure date.

12. Monitoring, audit, reporting and learning

The Complaints Manager reviews every closed complaint for learning and maintains an action tracker. Each improvement action must have an authorised owner, target date, completion evidence and, where appropriate, an effectiveness review.

- Quarterly: review the number of complaints, Stage One to Stage Two escalation, compliance with 5- and 20-working-day targets, average response times, outcomes, extensions, themes, trends, root causes and learning.
- At least every six months: review complaint outcomes and improvement actions, including whether they reduced recurrence.
- Annually: complete the required anonymised Family Practitioner Service report to SPPG, covering performance, trends, actions and lessons learned.
- At least annually: audit complaint files, staff knowledge and accessibility arrangements against this policy; agree actions and re-audit. Few or no complaints will prompt consideration of possible barriers to complaining.

13. Escalation and support contacts

Body	Use and contact
NIPSO	After NHS/HSC Stage Two. Complaints are normally brought within 6 months of the final response. 33 Wellington Place, Belfast BT1 6HN; 0800 34 34 24; nipso@nipso.org.uk; nipso.org.uk
SPPG Complaints / Honest Broker	Family Practitioner Service advice and support. complaints.sppg@hscni.net; 028 9536 3893
Patient and Client Council	Independent HSC advice and support. 0800 917 0222; info@pcc-ni.net
Dental Complaints Service	Unresolved private dental complaints. 020 8253 0800; dentalcomplaints.org.uk
RQIA	Quality or safety concerns about the regulated service. 028 9536 1990; info@rqia.org.uk
General Dental Council	Serious fitness-to-practise concerns. 37 Wimpole Street, London W1G 8DQ; gdc-uk.org

14. Review

This policy will be reviewed annually and sooner after a material complaint, audit finding, regulatory or contractual change, updated MCHP guidance or change to practice arrangements. Staff will be informed of revisions and training will be updated.

Appendix A – complaint record checklist

Required field	Record / evidence
Complaint reference and date received	
Patient and complainant details	
Representative authority / consent	
NHS/HSC, private or mixed	
Communication and accessibility needs	
Issues raised and outcome sought	
Immediate safety / safeguarding action	
Stage, owner and target date	
Evidence and people consulted	
Communications and progress updates	
Findings for each issue	
Outcome, response and remedy	
Root cause and learning	
Actions, owner, due date and evidence	
Escalation and closure date	

Appendix B – quarterly complaints audit

Measure	Quarter result / comments
Number received	
Number closed at Stage One	
Number escalated to Stage Two	
Percentage Stage One closed within 5 working days	
Percentage Stage Two closed within 20 working days	
Average response times at each stage	
Resolved / upheld / partially upheld / not upheld	
Extensions authorised at each stage	
Themes, trends and root causes	
Learning and improvement actions	
Overdue actions and effectiveness review	
Accessibility barriers or training gaps	

_Annual assurance: the Complaints Manager confirms that required SPPG reporting has been completed, complaint information is anonymised, improvement actions have been followed through, and this policy remains aligned with current HSC MCHP and regulatory requirements.