Internal Complaints Handling SOP

Staff procedure – dental, practice and patient finance complaints

Effective date	Version	Review date
31 August 2026	1.0	August 2027
Document owner	**Practice**	**Legal entity**
Practice Owners / Feedback and Complaints Officer	Dentistry at The Crown	Anderson Dentistry Limited

Internal document
This SOP is for the dental team and should not be published as the patient-facing complaints procedure. The public website should contain the separate Complaints and Feedback Procedure and Patient Finance Complaints Procedure.

1. Purpose

To provide a consistent, fair and auditable system for recognising, recording, triaging, investigating, responding to and learning from complaints received by Dentistry at The Crown.

The objectives are to:

- resolve concerns early where this is appropriate;
- ensure serious or complex complaints receive formal investigation;
- meet the Scottish NHS complaints framework for NHS dental complaints;
- identify finance complaints promptly and apply the relevant financial-services process;
- protect confidentiality and maintain clear records;
- identify patient-safety, indemnity, safeguarding, data-protection or regulatory issues that need separate escalation; and
- capture learning and implement improvements.

2. Scope

This SOP applies to all staff and to complaints made verbally or in writing by patients, representatives or other eligible complainants about:

- private dental care;
- NHS dental care;
- service, administration, appointments, facilities or staff;
- patient finance or finance applications; and
- mixed complaints involving both dental care and finance.

3. Roles and responsibilities

Role	Primary responsibility	Key points
Leanne McKerchar – Feedback and Complaints Officer	Owns the complaints process, log, deadlines and coordination.	Normally receives and coordinates both practice and finance complaints.

Role	Primary responsibility	Key points
Dr Iona Cairns / Dr Chris Cairns – Practice Owners	Senior escalation, oversight, final review where appropriate.	One owner handles any complaint about Leanne. Seek independent handling where a conflict exists.
Beth – finance administration	May receive finance concerns and assist with factual information.	Pass any expression of dissatisfaction about finance to Leanne promptly. Do not decide whether it is "formal enough" to count as a complaint.
Treating clinician / relevant team member	Provides factual records, chronology and clinical explanation.	Should not obstruct or alter records. Complex complaints should be coordinated centrally.
All staff	Recognise and escalate complaints.	A complaint can be verbal. Do not promise an outcome or dismiss a concern as "not a complaint".

4. Recognising a complaint

Treat any expression of dissatisfaction about the practice, care or service as a potential complaint, whether it is made verbally or in writing and whether or not the patient uses the word "complaint".

Finance complaints need particular care. Under FCA terminology, a complaint can include an oral or written expression of dissatisfaction about the provision or failure to provide a financial service which alleges financial loss, material distress or material inconvenience. If there is any doubt, record and escalate it rather than screening it out.

5. Immediate triage

On receipt, identify which category or categories apply:

Category	Examples	Action
A – Practice / private dental complaint	Treatment, service, staff, fees, appointments, administration, facilities or other non-NHS practice issue.	Use the practice two-stage process. DCS may be an external route for eligible private dental complaints.
B – NHS dental complaint	Complaint about care provided under NHS arrangements.	Use the practice two-stage process and NHS Scotland timescales. Ensure NHS escalation/PASS/SPSO information is available.
C – Patient finance complaint	Concern about finance information, introduction, application, administration or another finance-related activity.	Start the finance complaint pathway immediately. Check whether Medenta, the lender or a regulatory principal must be notified/receive the complaint.
D – Mixed dental and finance complaint	The complaint concerns both the treatment and the finance used to pay for it.	Open one master complaint record but identify separate workstreams and deadlines. Do not assume one route replaces the other.
E – Special escalation	Potential negligence claim, serious patient-safety issue, safeguarding, data breach, criminal allegation, discrimination, staff grievance or legal proceedings.	Escalate to a Practice Owner promptly and obtain appropriate indemnity/legal/regulatory advice. Continue appropriate complaint communication unless advised otherwise.

6. Complaint logging – same day where possible

Create or update the complaint record as soon as the complaint is received. Record at minimum:

- unique complaint reference;
- date and time received;
- patient/complainant name and contact details;
- whether the complaint is made on behalf of another patient and any consent/authority required;
- how the complaint was received;
- summary of each issue raised;
- category: private / NHS / finance / mixed / special escalation;
- staff or clinicians involved;
- desired outcome if known;
- assigned complaint handler;
- all applicable response deadlines;
- contacts, correspondence, investigation steps and evidence reviewed;
- outcome, any remedy/redress and date closed;
- learning points and actions; and
- whether the complaint was notified or forwarded to another body.

Keep the complaint log separate from the clinical record. Where information about the complaint is clinically relevant, make an objective entry in the patient record without copying unnecessary complaint-management material into the clinical notes.

7. Practice complaints pathway

Stage 1 – Early resolution

- Aim to resolve straightforward complaints within five working days.
- Acknowledge the concern, listen, establish the facts and desired outcome, and take proportionate action.
- A suitable response may include explanation, apology, correction of an administrative error, arranging a review, or another reasonable remedy.
- An additional five working days should only be used exceptionally and, for NHS complaints, with the complainant's agreement.
- If unresolved, serious or complex, move to Stage 2.

Stage 2 – Investigation

- Acknowledge in writing within three working days.
- Define the complaint points and outcome sought.
- Appoint an appropriate investigator. Avoid conflicts of interest.
- Review the contemporaneous clinical and administrative records, relevant correspondence, photographs/radiographs where relevant, laboratory/finance records and factual accounts from involved staff.
- Provide a full written response within 20 working days where possible.
- If more time is needed, explain why, agree or discuss a revised timescale and keep the complainant updated.
- The response should address each complaint point, explain findings, apologise where appropriate, set out any remedy or action, and provide the correct external escalation route.

8. NHS complaint-specific requirements

- Normal complaint time limit: within six months of the event or of becoming aware of the reason to complain, provided this is no later than 12 months after the event. Consider whether an exception is justified.

- Offer information about PASS where support is needed.
- If the complainant remains dissatisfied after the local process, provide SPSO information.
- If the matter is outside the NHS complaints procedure because another process applies, explain this clearly and signpost appropriately.

9. Finance complaints pathway

> **Do not delay finance complaint escalation**
> A verbal complaint can count. The clock starts when the complaint is received by the business, not when Leanne later reads it. Staff receiving a finance complaint should notify Leanne promptly and record the original receipt date/time.

1. Log the complaint immediately and identify the original date of receipt.
2. Notify Leanne. If Leanne is the subject of the complaint, notify Iona or Chris instead.
3. Check the current Medenta/finance-provider agreement and any principal instructions for mandatory complaint notification, forwarding, approval or reporting. These contractual requirements take priority over assumptions in this SOP.
4. Decide whether the complaint concerns the practice's finance-related activity, the lender/finance provider, a regulatory principal, or more than one party.
5. Where another respondent is solely or jointly responsible, forward the relevant complaint or part promptly where permitted/required and inform the complainant appropriately.
6. If a complaint subject to the applicable FCA rules is resolved by close of the third business day after the day it was received, issue or arrange the required summary resolution communication.
7. If not resolved within that period, send a prompt written acknowledgement where required, investigate fairly, keep the complainant informed and issue or arrange a final response as soon as possible and normally within eight weeks.
8. Do not issue an FCA final response or make regulatory-status statements unless the practice is authorised to do so under the applicable arrangement. Where a principal or finance provider controls the final response, follow that process.
9. Where FOS rights apply, make sure the final response contains the required FOS information and time-limit wording. Normally the complainant has six months from the date of a valid final response to refer the matter to FOS.
10. Retain FCA complaint records for at least three years where DISP 1.9 applies, and comply with any longer contractual or practice retention requirement.

10. Mixed finance and treatment complaints

A mixed complaint must not be forced into only one pathway. Examples include a patient alleging that treatment financed by credit was not provided as agreed, or that they were given misleading finance information alongside dissatisfaction with the treatment itself.

Use one master log entry with clearly separated complaint points. Apply the relevant deadline to each part and coordinate responses so the patient receives a coherent explanation. Notify/forward the finance element as required while separately investigating the clinical or service element.

11. Investigating well

- Preserve original records. Do not retrospectively alter clinical notes or create misleading entries.
- Build a chronology from contemporaneous evidence before reaching conclusions.
- Separate facts, professional opinion and assumptions.
- Address every substantive point raised by the complainant.

- Consider whether an immediate patient-safety action is needed before the complaint investigation is complete.
- Seek indemnity advice promptly where allegations may amount to negligence, compensation is sought, legal action is threatened/started, or there is a significant professional risk.
- An appropriate apology or expression of regret can form part of good complaint handling. Avoid admissions about legal liability unless appropriately advised.

12. Communication standards

- Be courteous, calm and non-defensive.
- Acknowledge the patient's experience without prejudging facts.
- Use clear, plain English and avoid unnecessary clinical or regulatory jargon.
- Do not argue by email or telephone.
- Do not promise refunds, free treatment, compensation or disciplinary action before authority and facts are established.
- Confirm important verbal discussions in writing where appropriate.
- Offer reasonable adjustments or support where needed.

13. Complaints about a member of staff

The complaint handler should be sufficiently independent from the subject of the complaint. A complaint about Leanne must be handled by Iona or Chris. Where a complaint concerns one Practice Owner, the other owner should lead where practical. Consider external advice where both owners are materially involved or there is a significant conflict.

A patient complaint and an internal employment/disciplinary matter are separate processes. Do not disclose confidential employment action to a complainant.

14. Closing the complaint

Before closing, confirm that:

- all complaint points have been addressed;
- the response has been sent through the appropriate route;
- external escalation information is correct;
- any agreed action or remedy has an owner and completion date;
- the complaint log is complete;
- any safety or governance actions have been recorded; and
- learning has been considered and shared with the team where appropriate.

15. Learning and governance

Leanne and the Practice Owners should review the complaints log periodically for recurring themes, delays, communication problems, clinical risks, finance-process issues and opportunities for improvement. Actions should be assigned and followed through. Significant learning should be discussed at a team meeting and, where appropriate, reflected in training, policies or patient information.

16. Quick reference contacts

Practice complaints officer	Leanne McKerchar – leanne@dentistryatthecrown.co.uk – 01887 820441

NHS Tayside	0800 027 5507 – TAY.feedback@nhs.scot
PASS	0800 917 2127 – https://pass-scotland.org.uk/
SPSO	0800 377 7330 – https://www.spso.org.uk/
Dental Complaints Service	020 8253 0800 – https://dcs.gdc-uk.org/
Financial Ombudsman Service	0800 023 4567 – https://www.financial-ombudsman.org.uk/

This SOP was reviewed in August 2026 against the NHS Scotland complaints framework, current DCS information and FCA/FOS complaints-handling requirements. For finance complaints, always follow any current mandatory notification, forwarding, approval or reporting instructions supplied by Medenta, the lender or the regulatory principal.