



NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG  
29 March 1996

Dear Colleague

**IMPLEMENTATION OF NEW NHS COMPLAINTS PROCEDURES: DIRECTIONS UNDER THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

**Summary**

1. I attach a copy of Directions to Health Boards on primary care services practitioners complaints procedures made by the Secretary of State under section 2(5) of the National Health Service (Scotland) Act 1978. These Directions, together with Regulations which are being published separately, provide the legal framework for the new NHS complaints procedures detailed in the Final Guidance document published on 13 March 1996 under cover of MEL(96)24. Directions which cover complaints against Health Boards or about independent sector services purchased by them or by GP fundholders and Directions to NHS Trusts and Health Boards on hospital complaints procedures have been published separately.

**Action**

2. Implementation of the new complaints procedures should receive high priority. Board General Managers are asked to bring the Directions to the attention of managers responsible for complaints and associated training and to take appropriate measures locally to ensure successful implementation and development of the new procedures. Board General Managers are also asked to ensure that the Directions are brought to the attention of GP Fundholders within the

**Addressees**

For action:  
General Managers,  
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General Manager,  
Common Services Agency

General Manager,  
State Hospitals Board for Scotland

For information:  
General Manager,  
Health Education Board for Scotland

Executive Director, SCPMDE

Health Service Commissioner for  
Scotland

Scottish Association of Health  
Councils

Chief Officers/Secretaries  
Local Health Councils

Scottish Association of GP  
Fundholders

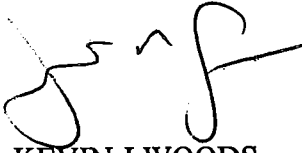
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Board area and the Secretary of the GP Sub-Committee of their Area Medical, Dental,  
Optical and Pharmaceutical Committees.

Yours sincerely

A handwritten signature in black ink, appearing to read 'KJ Woods', with a stylized flourish extending to the right.

PP KEVIN J WOODS  
Director of Purchasing

# **NATIONAL HEALTH SERVICE, SCOTLAND**

## **Directions to Health Boards on dealing with complaints about Family Health Services Practitioners**

The Secretary of State, in exercise of powers conferred by section 2(5) of the National Health Service (Scotland) Act 1978(a), hereby gives the following directions:—

### **PART 1**

#### **COMMENCEMENT AND INTERPRETATION**

##### **Commencement**

1. These Directions shall come into force on 1st April 1996.

##### **Interpretation**

- 2.— (1) In these Directions—

“the Act” means the National Health Service (Scotland) Act 1978;

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(a)Section 2(5) of the National Health Service (Scotland) Act 1978 was amended by the Hospital Complaints Procedure Act 1985, section 1(1), and by the National Health Service and Community Care Act 1990, Schedule 9, paragraph 19(1).

**“arrangements”** means the arrangements which are required to be made by these Directions;

**“complainant”** means a person who makes a complaint under a practice based complaints procedure, and **“complaint”** shall be construed accordingly;

**“complaints officer”** means the person appointed under article 7;

**“conciliation services”** means the services provided under Part III;

**“convener”** means a person appointed under article 19;

**“disciplinary proceedings”** means any reference by a Health Board of any matter under the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992(a);

**“family health services practitioner”** means a person (whether an individual or a body), undertaking to provide general medical services, general dental services, general ophthalmic services or pharmaceutical services under the National Health Service (Scotland) Act 1978(b), and **“family health services”** means the services so provided;

**“NHS Tribunal”** means the Tribunal established under section 29 of the National Health Service (Scotland) Act 1978;

**“panel”** means a panel appointed in accordance with Part V of these Directions;

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**(a)**S.I. 1992/434; the relevant amending instrument is S.I. 1996/938.

**(b)**Section 29 of the National Health Service (Scotland) Act 1978 was amended by sections 7 and 9 of the National Health Service (Amendment) Act 1995.

“patient” shall be construed in accordance with the definition of “patient” in the relevant terms of service, except in respect of the provision of general pharmaceutical services where “patient” means a person to whom a chemist has provided pharmaceutical services;

“person subject to complaint” means the family health services practitioner who has undertaken to provide the family health services which are the subject of the complaint;

“practice based complaints procedure” means a complaints procedure established in accordance with the relevant terms of service;

“put in writing” means either written by or on behalf of the complainant and, in either case, signed by the complainant;

“recognised fund-holding practice” shall be construed in accordance with section 87A of the National Health Service (Scotland) Act 1978;

“relevant local Health Council” means a Council established under section 7 of the National Health Service (Scotland) Act 1978 for the area of each Health Board;

“relevant Health Board” means the Health Board on one of whose lists a family health services practitioner’s name appears;

“relevant Area Professional Committee” means in relation to a family health service practitioner, the Area Medical, Dental, Optical or Pharmaceutical Committee as the case may be for the area of the Health Board, on whose list the practitioner’s name appears;

“relevant terms of service” means, in relation to a family health services practitioner, the terms of service set out in the Regulations specified in paragraph (2) which apply to that practitioner.

(2) The Regulations referred to in the definition of “relevant terms of service” in paragraph (1) are—

- (a) the National Health Service (General Medical Services) (Scotland) Regulations 1995(a);
- (b) the National Health Service (General Dental Services) (Scotland) Regulations 1996(b);
- (c) National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995(c);
- (d) National Health Service (General Ophthalmic Services) (Scotland) Regulations 1986(d);

(3) In these Directions a family health services practitioner is on a Health Board’s list if his name is included on that Board’s medical, dental, ophthalmic or pharmaceutical list.

(4) Unless the context otherwise requires, any reference—

(a) in these Directions—

- (i) to a numbered Part is a reference to the Part bearing that number in these Directions;

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(a)S.I. 1995/416.

(b)S.I. 1996/177.

(c)S.I. 1995/414.

(d)S.I. 1986/965.

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- (ii) to a numbered article is a reference to the article bearing that number in these Directions; and
- (b) in an article in these Directions to a numbered paragraph is a reference to the paragraph bearing that number in that article.

## **PART II**

### **GENERAL**

#### **Application of Directions**

3. These Directions apply to any complaint made on or after 1st April 1996.

#### **Arrangements in writing**

4. Any arrangements which are required to be made by these Directions shall be in writing and a copy of the arrangements shall be given, free of charge, to any person who makes a request for one.

#### **No investigation of complaint**

5. A matter which is the subject of a complaint shall not be investigated or shall cease to be investigated in any case where in relation to that matter the complainant has stated or states, orally or in writing, that he intends to pursue a remedy by way of proceedings in a court of law.

## **Objectives**

6. Arrangements shall be such as to ensure that complainants and practitioners are treated courteously and sympathetically by any person dealing with complaints and that complaints are properly addressed.

## **Complaints officer**

7. Every Health Board shall appoint a complaints officer to perform the functions of the complaints officer under the arrangements required to be made under Part III of these Directions.

## **Person who may make a complaint**

8.— (1) A complaint may be made by a patient or former patient of a family health services practitioner, or on such patient's behalf, with his consent, or

(a) where the patient is a child—

(i) by either parent, or in the absence of both parents, the guardian or other adult person who has care of the child; or

(ii) in the care of an authority under Part II of the Social Work (Scotland) Act 1968 or in the care of a voluntary organisation, by that authority or voluntary organisation; or

(b) where the patient is incapable of making a complaint, by a relative or other adult person who has an interest in his welfare.



(2) Where a patient has died a complaint may be made by a relative or other adult person who had an interest in his welfare or, where the patient was as described in subparagraph (a)(ii) of paragraph (1), by the authority or voluntary organisation.

## PART III

### CONCILIATION

#### **Requirement to provide conciliation**

9. Every Health Board shall make arrangements in accordance with the following provisions of this Part to provide, in any of the circumstances set out in article 12, conciliation services to the persons specified in article 8 and to the persons subject to the complaint.

#### **Appointment of conciliators**

10.— (1) Every Health Board shall, after consultation with the relevant Area Professional Committee appoint one or more persons to be known as conciliators, for a period to be agreed between the Health Board and any conciliator of not more than one year, (but without prejudice to any re-appointment), to conduct the process of conciliation.

(2) A person who is or has been a registered medical practitioner, a registered dental practitioner, a registered optician, a registered pharmacist or a person who is or has been included in the register maintained by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting under section 10 of the Nurses, Midwives and Health Visitors Act 1979 shall not be eligible to be appointed as a conciliator.

## **Nomination of professional advisers**

**11.— (1)** Every Health Board shall, after consultation with any relevant Area Professional Committee, establish and maintain a list of persons from among whom a conciliator may nominate a person to assist him, as necessary, in the process of conciliation in relation to any matter.

**(2)** A person nominated under paragraph (1), to be called a professional adviser, shall be a member of the same profession as the practitioner who is the person subject to complaint.

## **Circumstances in which conciliation to be provided**

**12.** The circumstances referred to in article 9 are that—

- (a)** a person wishes to make a complaint under a practice based complaints procedure and, in the opinion of the Health Board, it would be unreasonable in the circumstances of the case to expect the person to make the complaint directly to the family health services practitioner about whom the person wishes to complain;
- (b)** a complaint is in the course of investigation under a practice based complaints procedure;
- (c)** the investigation of a complaint under a practice based complaints procedure has been completed and the complainant is dissatisfied with the result of that investigation;
- (d)** the complainant has made a request to the convener under article 20(1) for a panel to be appointed and the convener considers that the matter subject to complaint is suitable for and likely to be resolved by conciliation,

and in each case both the complainant and the person subject to complaint have agreed that conciliation services should be provided.

### **Request for conciliation**

13. A request for conciliation services may be made, orally or in writing, by a person specified in article 8 or by the person subject to the complaint.

### **Reference of request to conciliator**

14. Where a request for conciliation services has been made under article 13, the complaints officer of the Health Board shall, as soon as practicable, refer the matter to the conciliator.

### **Conciliation procedure**

15. The conciliator may adopt such procedures as he determines are most appropriate for conducting the conciliation process.

### **Reports on conciliation**

16.— (1) The Health Board shall require the conciliator to submit to it, at such intervals as it shall determine, a report on all matters referred to him under article 14 during the period covered by the report.

(2) In relation to any matter reported on in accordance with paragraph (1), the report—

(a) shall include a statement of the result of the conciliation process; and

- (b) shall not identify the patient, any person who made the request for conciliation services on behalf of the patient or of the person subject to complaint.

### **Conclusion of conciliation**

17. On conclusion of the conciliation process the conciliator shall notify the results of the process in writing to the complainant and to the family health services practitioner.

## **PART IV**

### **CONVENING**

#### **Requirement to make arrangements for convener**

18. Every Health Board shall make arrangements in accordance with the following provisions of this Part for the appointment of a convener to consider whether a panel should be appointed to investigate a complaint further where the complainant is dissatisfied with the results of—

- (a) an investigation under a practice based complaints procedure; or
- (b) a conciliation process carried out under Part III.

#### **The convener**

19. Every Health Board—

- (a) shall appoint one of its non-executive directors; and

(b) may appoint any other person who is not an employee of the Board,

to carry out the functions of the convener under the arrangements.

### **Request for a panel**

20.— (1) A complainant who is dissatisfied with the result of an investigation of a complaint under a practice based complaints procedure, and whether or not a conciliation process has been carried out under Part III before or during an investigation, may request the convener, orally or in writing, within the period specified in paragraph (3), to consider whether a panel should be appointed to investigate the complaint further, provided that the condition specified in paragraph (4) is satisfied.

(2) The convener shall acknowledge in writing the receipt of a request made under paragraph (1).

(3) Subject to paragraph (5), the period referred to in paragraph (1) is twenty-eight days from the day on which the result—

(a) of the investigation of the complaint under the practice based complaints procedure is sent to the complainant under the relevant terms of service; or

(b) of the conciliation is sent to the complainant under article 17,

whichever is the later.

(4) Subject to paragraph (5), the condition referred to in paragraph (1) is that the complaint was made to the family health services practitioner—

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

- (b) six months from the date on which the matter which is the subject of the complaint came to the complainant's notice provided that the complaint was made no later than twelve months after the date on which the matter which is the subject of the complaint occurred.

(5) Where the convener is of the opinion that—

- (a) having regard to all the circumstances of the case, it would have been unreasonable to require the complainant to make a complaint within the period specified in paragraph (4) or to make a request within the period specified in paragraph (3); and
- (b) notwithstanding the time that has elapsed since the day on which the result of the investigation or the conciliation was sent to the complainant, it is still possible to investigate the complaint properly,

the complaint shall be treated as having been made within the period specified in paragraph (4), or the request shall be treated as having been received during the period specified in paragraph (3).

(6) The convener shall not take action with respect to the request until he has received a statement that has been put in writing setting out the complaint and why the complainant is dissatisfied with the result of the investigation or conciliation process referred to in paragraph (1).

(7) Where the matter which is the subject of the complaint occurred before 1st January 1996, the convener shall not take action with respect to a request made under paragraph (1) unless he is of the opinion that, having regard to all the circumstances of the case, it would have been unreasonable to require the complainant to make the complaint within thirteen weeks from the date on which the matter which is the subject of the complaint occurred.

(8) The convener shall send a copy of any statement referred to in paragraph (6) to the person subject to complaint and to any other person named in the complaint.

#### **Action by convener**

**21.— (1)** On receipt of a request for a panel and the statement referred to in article 20(5) a convener shall either—

- (a) having regard to the criteria specified in paragraph (4), determine that a panel should be appointed to investigate the complaint further;
- (b) ask the Health Board to consider whether the complaint discloses any matter which the Board considers should be referred to one or more of the following, namely, to the professional regulatory body of the family health services practitioner who is subject to complaint, to the NHS Tribunal or to the police;
- (c) where he is of the opinion that further action by the family health service practitioner or in the form of conciliation may resolve the complaint, refer it back to the family health service practitioner for further investigation or to the conciliator; or
- (d) determine that no further action be taken.

(2) The professional regulatory bodies referred to in paragraph (1) are—

- (a) the Council for Professions Supplementary to Medicine(a);
- (b) the Statutory Committee of the Pharmaceutical Society of Great Britain(b);

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(a)Section 1 of the Professions Supplementary to Medicine Act 1960.

(b)Section 7 of the Pharmacy Act 1954.

- (c) the United Kingdom Central Council for Nursing, Midwifery and Health Visiting(a);
- (d) the General Medical Council(b);
- (e) the General Dental Council(c);
- (f) the General Optical Council(d).

(3) Where a complaint consists of more than one separate item of complaint the convener may make different determinations under paragraph (1) in relation to the separate items.

(4) Subject to article 30(a), a convener shall not determine under paragraph (1)(a) that a panel be appointed if he is of the opinion that—

- (a) further action can be taken by the family health services practitioner towards satisfying the complainant without appointing a panel to investigate the complaint; or
- (b) the family health services practitioner has taken all the action which it is practical to take towards satisfying the complainant and no further benefit would be achieved by appointing a panel.

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(a)Section 1 of the Nurses, Midwives and Health Visitors Act 1979.

(b)Section 1 of the Medical Act 1983.

(c)Section 1 of the Dentists Act 1984.

(d)Section 1 of the Opticians Act 1989.



(5) Where a convener takes action under paragraph (1)(b) of this article and the Health Board determines that the matter should not be referred to the professional regulatory body, the NHS Tribunal or police, a panel may be appointed.

(6) Where the convener takes action under paragraph (1)(b) of this article and the Health Board determines that the matter should be referred to the professional regulatory body, the NHS Tribunal or the police, the convener shall cease to take any action in connection with any matter which is so referred but, as to any other matter which is a subject of the complaint, shall consider what action should be taken under paragraph (1)(a), (c) or (d).

(7) Investigation of a matter which has ceased under paragraph (6) may resume if it is decided by any body to which the matter has been referred that no action should be taken in connection with the matter.

(8) Where a complaint has been referred back to the family health services practitioner or the conciliator under paragraph (1)(c) and, after the further action has been taken, the complainant remains dissatisfied, he may make a request under article 20(1) for the appointment of a panel.

#### **Consultation by convener**

**22.— (1)** Before making a decision under article 21(1) the convener shall consult—

- (a) in any case where he considers that the complaint concerns, wholly or partly, the exercise of clinical judgment, a person whose name is included in a list of persons kept by the Health Board for the purposes of this article and who has been nominated by the relevant Area Professional Committee in relation to the family health services practitioner who is the person subject to complaint; and

- (b) in every case, a person nominated by the Health Board from a list of persons kept by the Board for the purposes of this article.

(2) Before making a decision under article 21(1) in any case which the convener considers may not concern, wholly or partly, the exercise of clinical judgment, the convener may consult the person referred to in paragraph (1).

#### **Notification of convener's decision**

23.— (1) The decision of the convener under article 21(1) shall be notified in writing to—

- (a) the complainant;
- (b) the person subject to complaint;
- (c) any person named in the complaint other than the person subject to complaint;  
and
- (d) the Health Board.

(2) Where the convener determines under article 21(3) that any part of the complaint should be investigated by a panel, his decision under paragraph (1) shall include a statement specifying the matters to be investigated by a panel.

(3) Where the convener determines under article 21(1)(a), (b) or (c) that further action should be taken he shall notify—

- (a) the persons referred to in paragraph (1) of the reasons for his determination;  
and

- (b) the complainant of his right to complain to the Health Service Commissioner under the Health Service Commissioners Act 1993.

### **Health Service Commissioner**

**24.— (1)** A decision not to exercise the discretion in article 20(5) (extension of time limits) or article 21(1)(a) (appointment of panel) in a complainant's favour may be reconsidered and a complaint continue to be investigated in accordance with these Directions if the conditions in paragraph (2) are satisfied.

**(2)** The conditions referred to in paragraph (1) are that—

- (a) a complaint has been made to the Health Service Commissioner that the discretion in either article 20(5) or article 21(1)(a) has not been exercised in the complainant's favour; and
- (b) the Health Service Commissioner has recommended that the decision not to exercise the discretion be reconsidered.

## **PART V**

### **THE PANEL**

#### **Interpretation**

**25.** In this Part of these Directions—

- (a) "the complaint" means either the statement of complaint referred to in article 20(6) or the item of complaint specified in the statement referred to in article 23(2) whichever is appropriate;
- (b) "participant" means the complainant or a person subject to complaint.

### **Requirement to make arrangements for panel**

26. Every Health Board shall make arrangements in accordance with the following provisions of this Part for the appointment of a panel to investigate a complaint further where a convener has determined that this should be done.

### **Appointment of Panel**

27.— (1) Where the convener has determined under article 21(1)(a) that a panel should be appointed, the Health Board shall appoint a committee of the Board in accordance with article 28 to perform the functions set out in article 30.

- (2) A committee appointed under this article shall be known as a panel.

### **Members of panel**

28.— (1) A panel shall consist of three members of whom—

- (a) two shall be persons nominated by the Health Board from a list of persons kept by the Board for the purpose of this article; and
- (b) the other member shall be the convener.

(2) One of the members appointed under paragraph (1)(a) shall be nominated as the chairman of the panel by the Health Board.

#### **Assessors**

29.— (1) Where the complaint concerns, wholly or partly, the exercise of clinical judgment, the Health Board shall appoint at least two assessors to perform the functions set out in article 31.

(2) At least two of the assessors appointed under paragraph (1) shall be persons nominated by the Health Board from a list of persons kept by the Board for the purposes of this article and who have been proposed by the relevant Area Professional Committee.

#### **Functions of the panel**

30. The functions of the panel shall be—

- (a) to investigate the complaint; and
- (b) to make a written report to the Health Board of the findings of its investigation.

#### **Functions of the assessors**

31.— (1) The functions of the assessors shall be—

- (a) to advise the panel on matters relating to the exercise of clinical judgment by the person subject to complaint; and

(b) to make a written report to the panel of their advice.

(2) The assessors may make a joint report under paragraph (1) or each assessor may make a separate report.

### **Procedure of panels and assessors**

**32.—** (1) In carrying out its investigation of the complaint under article 30(a) the panel may adopt such procedures as it determines are most appropriate for dealing with the complaint and in particular may determine that—

(a) the participants be interviewed together or separately;

(b) the assessors should interview the participants and that the participants be interviewed jointly or separately.

(2) The panel shall ensure that participants are given an opportunity to present their cases orally or, if a participant so wishes, in writing.

(3) Before the panel determines to adopt a procedure for dealing with a complaint, it shall consult the assessors.

(4) Where the panel or a member of the panel interviews any of the participants for the purpose of discussing matters relating to the exercise of clinical judgment, at least one of the assessors shall be present at the interview.

(5) In the event of any disagreement as to the procedure that should be adopted for dealing with the complaint, the decision of the chairman of the panel shall prevail.

(6) The panel or a member of the panel may interview any person who is not a participant and whom the panel considers may be able to provide information relevant to the complaint.

(7) At any interview or meeting with a panel member or assessor the complainant and any other person interviewed may each be accompanied by a person chosen by him, who may, with the chairman's consent, speak to the panel or the assessors, provided that, where such person is legally qualified, he does not act as an advocate for the person whom he accompanies.

(8) Any meeting of the panel or the assessors or of any member of the panel or individual assessor either with each other or with any of the participants shall be in private.

#### **Report of the panel**

**33.— (1)** The report of the panel shall include—

- (a) findings of fact relevant to the complaint;
- (b) the opinion of the panel on the complaint having regard to the findings of fact;
- (c) the reasons for the panel's opinion;
- (d) the report of the assessors; and
- (e) where the panel disagree with any matter included in the report of the assessors, the reason for its disagreement.

(2) The report of the panel may include suggestions which the panel considers, as a result of the findings of its investigation, would improve the services provided by the family health services practitioner who is the person subject to complaint.

(3) The report of the panel shall not suggest that disciplinary proceedings be taken against any person.

(4) Subject to paragraph (5) the report of the panel shall be sent to the General Manager of the Health Board who shall send a copy of the report to—

- (a) the complainant;
- (b) the family health services practitioner who is the person subject to complaint;
- (c) and any person interviewed under article 32(6);
- (d) the patient, where he is not the complainant;
- (e) the assessors;
- (f) the chairman of the Health Board;

(5) The panel chairman may withhold any part of the panel's report where, in his opinion, this is necessary in the interests of—

- (a) protecting the confidentiality of—
  - (i) a patient who is not the complainant;
  - (ii) any third party; or
- (b) the health of the complainant or a patient who is not the complainant.

(6) The report sent to the complainant shall be accompanied by a notice explaining their right to complain to the Health Service Commissioner under the Health Service Commissioners Act 1993.



## PART VI

### COMPLAINTS ABOUT USE OF ALLOTTED SUM

#### Interpretation of Part VI

34. In this Part of these Directions—

“allotted sum” shall be construed in accordance with section 87B of the Act;

“complainant” means a person who makes a complaint in relation to their use of the allotted sum by the members of a fund-holding practice and “complaint” shall be construed accordingly.

#### General

35. Part II of these Directions shall apply to a complaint about the use of their allotted sum by the members of a fund-holding practice.

#### Requirement to make arrangements for further investigation of complaints about use of allotted sum

36. Every Health Board shall make arrangements in accordance with the following provisions of this Part for the appointment of a convener and a panel to investigate further complaints about the use of their allotted sum by the members of a fund-holding practice

where the complainant is dissatisfied with the result of an investigation into the complaint under a practice based complaints procedure.

### **Convening**

**37.** Part IV of these Directions shall apply to a complaint about the use of their allotted sum by the members of a fund-holding practice as though for article 22(1)(a) there were substituted the following paragraph—

- “(a) a person nominated by the Secretary of State and whose name is included in a list of persons kept by the Secretary of State for the purposes of this article and who has the qualifications and experience which, in the opinion of the Secretary of State, best qualify him to advise the convener in the particular case.”.

### **The panel**

**38.— (1)** Part V of these Directions shall apply to a complaint about the use of their allotted sum by the members of a fund-holding practice with the modifications specified in paragraph (2).

- (2) The modification referred to in paragraph (1) are—

- (a) for article 29(2) there shall be substituted the following paragraph—

“The assessors appointed under paragraph (1) shall be persons nominated by the Health Board and whose names are included in a list kept by the Board for the purposes of this article and who have the

qualifications and experience which, in the opinion of the Board, best qualify them to act as assessors in the particular case.”;

(b) for article 33(3) there shall be substituted the following article—

“The report of the panel shall not suggest that disciplinary procedures be taken against any person or, where the use of the allotted sum complained of has been proper and reasonable, that any different use should be made of the sum.”; and

(c) after sub-paragraph (4)(f) in article 33 there shall be inserted the following sub-paragraph—

“(g) the Secretary of State.”.

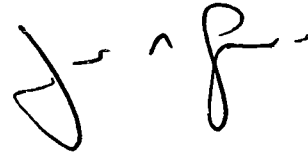
## PART VII

### PUBLICITY

#### **Publicity**

**39.** Every Health Board shall take such steps as are necessary to ensure that patients of any family health service practitioner on the list and any relevant local health council are fully informed of the arrangements for dealing with complaints about any such family health

service practitioner and are informed of the name of the complaints officer and the address where he can be contacted.

A handwritten signature in black ink, appearing to be 'J. A. P.' with a horizontal line through the middle of the letters.

Grade 5, Scottish Office  
Department of Health

Edinburgh  
29 March 1996