**Summary of Complaints to assist in the preparation of the Annual Report – Notes**

Under the provisions of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, pharmacy contractors are required to make arrangements for the handling and consideration of complaints. A mandatory part of these arrangements includes the requirement for each pharmacy contractor to prepare an annual report for each year, ending 31 March.

This Annual Report must:-

* specify the number of complaints which the pharmacy contractor received;
* specify the number of complaints which the pharmacy contractor decided were well-founded;
* specify the number of complaints which the pharmacy contractor has been informed have been referred to the Health Service Commissioner[[1]](#footnote-1) to consider under the 1993 Act; and
* summarise the subject matter of complaints that the pharmacy contractor received;
* summarise any matters of general importance arising out of those complaints, or the way in which the complaints were handled;
* summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.

It is advised that each pharmacy contractor complete a **Complaint Record Form** as each complaint is received. From the Complaint Record Form, each pharmacy contractor will be able to extract the relevant data into this **Summary of Complaints Form**. This form will then serve to collate the data necessary to fulfil this part of the **Annual Report**. So, when the Annual Report is due to be produced, this data can be easily and quickly transcribed into the pharmacy’s Report.

**Summary of Complaints to assist in the preparation of the Annual Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Area Team** |  | | | |
| **Pharmacy Details** | Contractor Name: | Trading Name (if different) : | | ODS code (F code): |
| Address: | | Telephone Number: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number** | **Date Received** | **Subject of Complaint** | **Was complaint well-founded?** | **Learning Points arising from investigation** | **Action points to be implemented** | **Complaint referred to Health Service Commissioner ₁** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. If the pharmacy contractor has been informed the complaint has been referred to the Health Service Commissioner [↑](#footnote-ref-1)