

ADDENDUM OCTOBER 2026 TO MAYFIELD MEDICAL GROUP COMPLAINTS PROTOCOL

Under the NHS complaints process, patients have the right to make complaints and have them considered appropriately. A complaint cannot be dismissed solely because it appears to have been drafted using AI. Complaints must still be assessed on their content and substance.

The Practice recognises that patients may use third parties or digital tools, including artificial intelligence software, to assist them in drafting correspondence. Correspondence will be assessed on its content rather than the method by which it was prepared.

Where correspondence is excessively lengthy, repetitive, contains multiple duplicate requests, or seeks to conduct ongoing clinical consultations by email, the Practice may limit further written responses and direct the patient to the most appropriate consultation route.

Clinical concerns regarding diagnosis, treatment, test results, referrals, prescriptions, or ongoing management will be addressed through a face to face or telephone consultation with the relevant clinician and not through extended email exchanges.

1. Excessive, repetitive or unreasonable correspondence

Mayfield Medical Group will not engage in prolonged email exchanges regarding ongoing clinical matters. Where concerns have been acknowledged and a clinical appointment arranged, further correspondence repeating the same issues may be noted but may not receive additional responses.

2. Clinical matters must be discussed in consultation

Clinical assessment, diagnosis, treatment decisions, and interpretation of results cannot be conducted via email correspondence. These matters must be discussed during an appropriate telephone or face to face consultation with the patient and clinician.

3. Word and issue limits

Where correspondence exceeds 700 words (two sides of A4 pages) or raises multiple unrelated issues, the Practice may request that the concerns be summarised into specific questions or may arrange a meeting to discuss them.

4. Single point of contact

Where the practice is in receipt of an individual sending numerous lengthy emails – the Practice may nominate a single point of contact and provide responses at reasonable intervals rather than replying to each individual email.

5. Distinguish complaints from clinical queries

As mentioned above, correspondence relating to current diagnosis, treatment, test results, referrals, prescribing decisions, or management plans will be treated as clinical queries rather than complaints and will be addressed through the appropriate clinical consultation process.