

# **Patient Complaint Procedure**

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this Practice, please let us know. We operate a Practice complaints procedure as part of the NHS complaints system, which meets national criteria.

### How to complain

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so as soon as possible – ideally within a matter of a few days. This will enable us to establish what happened more easily. If this is not possible your complaint should be submitted within 12 months of discovering you have a concern. You should address your complaint in writing to the Practice Manager (using the attached form if you wish). Please be as specific and concise as possible.

If you do not feel able to approach the practitioner or one of their staff, or are worried that if you do so you may be discriminated against, please contact the Complaints Team at NHS England, who will be able to help you.

#### Address:

For the attention of the Complaints Team NHS England PO Box 16738 Redditch B97 9PT

**Telephone:** 0300 311 22 33

Email: england.contactus@nhs.net

'Marked for the attention of the Complaints Team.'

### **Complaining on behalf of someone else**

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless

they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

#### What we will do

We will normally acknowledge your complaint within 3 working days of receipt and aim to have fully investigated within 10 working days of receipt. If we expect to take longer we will explain the reason for the delay and tell you when we expect to finish. When we look into a complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned if you so wish; make sure you receive an apology if this is appropriate and take appropriate steps to avoid any repetition of the problem.

You will normally receive a final letter setting out the result of any Practice investigation.

# Taking it further

If you remain dissatisfied with the outcome you may refer the matter to:

# The Parliamentary and Health Service Ombudsman

30 Millbank Tower
Millbank
London
SW1P 4QP

**Telephone:** 0345 0154033 **Website:** www.ombudsman.org.uk



# **Patient Complaint Form**

Patients full name:					
Date of Birth:					
Contact Number:					
Address:					
Complaint details: (in	ıcluding dates, tir	mes and names	of Practice Pers	onnel, if known)	
					(PTO)

Signed	
- 0	



# **Patient Complaint Form - Patient third party consent**

	Patients f	full name:	
	Telephon	е	
	number:		
	Address:		
	Complain	ant's	
	name:		
	Telephon	e number:	
	Address:		
٠£			
	•		on behalf of a patient or your complaint or enquiry involve
		•	atient then the consent of the patient will be required. Please
ok	otain the p	oatient's sigr	ned consent below.
ı f	fully cons	ent to my l	Doctor releasing information to and discussing my care and
	-	•	ne person named above in relation to this complaint and I wish
			on my behalf.
CII	is person	to complain	off my benam.
Th	nis autho	rity is for	an indefinite period/for a limited period only (delete a
ap	propriate	2)	
W	here a lin	nited period	applies, this authority is valid until/ _/ (insert date)
	Signed:		(patient only)
	Jigiicu.		(patient only)
	Date:		