

CHURCH ELM LANE MEDICAL PRACTICE

PATIENT COMPLAINT FORM

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 complaint procedure as part of an NHS complaints system.

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 doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form). He/she will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

If you do not want to complain to the Practice Manager directly you may contact the Patient Advice & Liaison Service (PALS) on 0300 555 1074.

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 available from reception.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated and respond back as soon as possible. If we expect it to take longer than 30 working days we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations

TAKING IT FURTHER

If you are not happy with how we have dealt with your complaint, and would like to take the matter further, you can contact the NHS Complaints Advocacy

POhWER

PO Box 14043

Birmingham

B6 9BL

Tel:0300 456 2370

<https://www.pohwer.net/>

Or the Parliamentary and Health Service Ombudsman which makes final decisions on unresolved complaints about the NHS in England. It is an independent service which is free for everyone to use. To take your complaint to the Ombudsman, visit: - www.ombudsman.org.uk/make-a-complaint or call 0345 015 4033.

Contact can also be made with the Ombudsman by Email: phso.enquiries@ombudsman.org.uk or by Fax: 0300 061 4000

If you would prefer to write, the address is:

The Parliamentary and Health Service Ombudsman Millbank Tower Millbank London SW1P 4QP

Further information about the Ombudsman is available at www.ombudsman.org.uk

COMPLAINT FORM

Patient Full Name:	
Date of Birth:	
Address	

Complaint details: (Include dates, times, and names of practice personnel, if known)

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SIGNED.....Print name.....(Continue overleaf if
necessary)
Date

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date: