

## **PATIENT INFORMATION LEAFLET (COMPLAINTS)**

### **Practice Complaints Procedure**

If you have a complaint about the service you have received from the doctors or any of the staff working in the practice, please let us know. We operate a practice complaints procedure as part of an NHS system for dealing with complaints. Our complaints system meets national criteria.

### **How to Complain**

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know **as soon as possible** – ideally within a matter of days, or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- Within 12 months of the incident that caused the problem; or
- Within 12 months of discovering that you have a problem, provided this is within twelve months of the incident.

Complaints should be addressed to Mrs R Smith, Managing Partner, or any of the doctors. Alternatively, you may ask for an appointment with Mrs Smith in order to discuss your concerns. She will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint.

### **What we shall do**

We shall acknowledge your complaint within three working days and aim to have looked into your complaint within ten working days of the date when you raised it with us. We shall then be in a position to offer you an explanation or a meeting with the people involved. When we look into your complaint, we shall aim to:

- Find out what happened and went wrong
- Make it possible for you to discuss the problem with those concerned, if you, would like this
- Make sure you receive an apology, where this is appropriate
- Identify what we can do to make sure the problem doesn't happen again

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

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have their permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

### **Complaining to NHS England**

We hope that, if you have a problem, you will use our practice complaints procedure.

We believe this will give us the best chance of putting right whatever has gone wrong, and an opportunity to improve our practice. But this does not affect your right to approach the Patient Services Team at Rugeley or NHS England

if you feel you cannot raise your complaint with us **or** you are dissatisfied with the result of our investigation.

## **TAKING IT FURTHER**

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

NHS England  
PO Box 16738  
Redditch  
B97 9PT

Tel- 0300 311 22 33  
Email- [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

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

Tel - 0345 015 4033  
Email- [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

The Complaint Form is on the next page >>>



**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: .....