

# **OLD HALL SURGERY**

## **COMPLAINTS PROCEDURE (FORM 1)**

WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART OF THE N.H.S. SYSTEM FOR DEALING WITH COMPLAINTS. OUR SYSTEM MEETS NATIONAL CRITERIA.

OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR.

OUR PATIENT INFORMATION LEAFLET WILL TELL YOU HOW YOU SHOULD COMPLAIN AND HELP YOU THROUGH THE PROCESS.

HELP US TO HELP YOU.

PLEASE FIND ENCLOSED THE FOLLOWING:

1. PATIENT INFORMATION LEAFLET (FORM 2).
2. PATIENT COMPLAINT FORM (FORM 3).
3. COMPLAINT FORM ON BEHALF OF PATIENT (FORM 4).
4. ENVELOPE ADDRESSED THE PRACTICE COMPLAINTS MANAGER

# **OLD HALL SURGERY COMPLAINTS PROCEDURE**

## **PATIENT INFORMATION LEAFLET ( FORM 2)**

### **PRACTICE COMPLAINTS 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 complaint procedure as part of an 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 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). 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.

Complaints should be completed on the enclosed appropriate form as follows:-

**If you are complaining about a problem you have had, then please complete the "Patient complaint form" (Form 3)**

**If you are complaining on behalf of someone else, then please complete the "Complaint Form on behalf of a Patient" (Form 4)**

### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

We keep strictly to the rules of medical confidentiality. If you are not the patient, but are complaining on their behalf, you must have their permission to do so and you will need to complete Form 4 "complaint form on behalf of patient".

### **WHAT WE WILL DO**

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 25 working days of the date it was received. If we expect it to take longer 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

### **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 is an opportunity to improve our practice.

If you feel you cannot raise your complaint with us you can choose to complain to NHS England (who have replaced the former Primary Care Trust).

Telephone number: 0300 3112233. Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

Write to: NHS Commissioning Board, PO BOX 16738, Redditch, B97 9PT

You can also contact the Customer Solution Centre (formally PALS) at this address.

**MERSEYSIDE AND CHESHIRE HEALTH ADVOCACY SERVICE.**

You may also wish to contact your local Merseyside and Cheshire Health Advocacy Service. This service supports patients who wish to pursue a complaint about any NHS treatment or care. You can contact the Service by telephoning 080880 10389.

**TAKING IT FURTHER**

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

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

Tel 0345 0154033

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

INTRANET/PROTOCOL/COMPLAIN





**COMPLAINT FORM ON BEHALF OF PATIENT (FORM 4)**

**Please sign and date each page**

**COMPLAINANT'S DETAILS:-**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT TELEPHONE NO: \_\_\_\_\_

**PATIENT'S DETAILS (WHERE DIFFERENT FROM ABOVE):-**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT TELEPHONE NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ USUAL PRACTITIONER: \_\_\_\_\_

**WHERE COMPLAINANT IS NOT THE PATIENT:**

I authorise the complaint set out above to be made on my behalf (name) \_\_\_\_\_  
and I agree that the practice may disclose to (name) \_\_\_\_\_ (only in so far as is necessary  
to answer the complaint) confidential information about me which I provided to them.

PATIENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**DETAILS OF COMPLAINT (INCLUDING DATE(S) OF EVENTS AND PERSONS INVOLVED):-**


Contd. ....

**Signed .....**      **Date .....**

