

PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received from any of the team 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 Complaints Manager or you can use the attached form.

The Complaints Manager will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

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. 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 acknowledge your complaint within 3 working days and aim to have fully investigated within 10 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 investigate 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

We hope that if you have a problem, you will use our practice complaint procedure. We believe this will give us the best chance of addressing what has gone wrong and provide an opportunity to improve our practice.

If you feel that you cannot raise your complaint with us or that you are dissatisfied with our response to your complaint you can contact

NHS England

P.O. Box 16738

Redditch

B97 9PT

Tel: 0300 311 2233 (Mon – Fri 8am – 6pm, excluding English Bank Holidays)

Email: england.contactus@nhs.net

Complaints regarding commissioning decisions / issues e.g., individual patient funding requests and continuing health complaints should be directed to:

Customer Care Team

Lancashire Commissioning Support Unit

Lancashire Business Park

Jubilee House

Centurion Way

Leyland

PR26 6TR

Tel: 0800 032 2424

Email: customer.care@lancashirecsu.nhs.uk

You also have a right to approach the Ombudsman in writing

Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Tel 0345 015 4033

www.ombudsman.org.uk

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

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

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

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, 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: