

COMPLAINTS PROCEDURE

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AUTHOR/LEAD	Karen Acott
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Ratified By	Management Team
Date of ratification	21/02/2014
Governed by	Executive Team

VERSION	DESCRIPTION OF CHANGE	REASON FOR CHANGE	AUTHOR	DATE
2	New contact for NHS England	Change of NHS process	Karen Acott	October 2013
3	Added information on forms used as appendices	Consolidated forms used into this policy	Karen Acott	February 2014
4	Practice contact changed to Practice Operations Manager and contact will be made within 3 working days from receipt of complaint.	Staff Changes	L Harris	June 2015
5	Role name change to Practice Manager	Staff Changes	T Stevens	May 2017

COMPLAINTS PROCEDURE

We are always pleased to receive suggestions for improving our services and we like getting compliments as well. We hope you will never have cause for serious complaint but if you do, we have a complaints procedure aimed at quick resolution of problems. Please speak initially directly to your GP or Practice Manager and preferably follow this up in writing to the Practice Manager.

The doctors and staff working for the Wallingbrook Health Group strive to deliver high quality patient care at all times and in all areas of contact with the patient or patient's representative. Unfortunately there may be a time when less than efficient service is given or instances where the patient is less than happy with the service that has been received.

In order to attain and maintain high standards of care, feedback is needed from those to whom the care is delivered; one mechanism is the complaints procedure.

1. As a patient, you have a right to complain about any aspect of the service with which you are less than satisfied, and the Group has produced this Complaints Procedure and forms to assist you through this (see appendices 1 and 2).
2. Any complaint you wish to make can be accepted either in writing or verbally, and should preferably be addressed in either case to the Practice Manager. If you feel the doctor is the most appropriate person to approach, you are free to do so.
3. If your complaint is written, you will receive acknowledgment within three working days from receipt.
4. If your complaint is verbal, you will receive written acknowledgment within a similar time frame, with a factual statement of what is perceived to be the complaint.
5. Any complaint you make will be investigated and you will receive a written report from the Group as to the outcomes of the investigations and, where appropriate, the steps taken to ensure the situation does not recur.
6. If considered appropriate by all parties, you will be invited to attend the surgery to discuss the matter with the Practice Manager and, where appropriate, one or more of the doctors, following which you will receive a written statement from the Group as to the discussion and the outcome.
7. Where other parties are involved, you will be kept informed as to the steps being taken to obtain their statements.
8. The Group will strive to deal with complaints in a methodical and efficient manner in order to bring about an equitable conclusion.

It is sincerely hoped that any complaint you have about the Group can be dealt with by those responsible for ensuring patient care and delivery of services within the Group, but there are times when you may feel this is inappropriate, or you may not be happy with the results of the complaints procedure. For initial help and support you may wish to contact:-

NHS England on 0300 311 2233, by email: england.contactus@nhs.net

You may also contact the NHS Complaints Advocacy Service (SEAP). Telephone 0330 440 9000 or email info@seap.org.uk

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

The parliamentary and Health Service Ombudsman:

The contact details are:

**The Parliamentary and Health Service Ombudsman, Millbank Tower
30 Millbank, London. SW1P 4QP**

Tel: 0345 0154033

Website: www.ombudsman.org.uk

We do trust that you will never need to complain but we have provided a process to follow. However, should you wish to discuss any part of this document with the Practice Manager at either site, please ask the Patient Service Advisor or your doctor to arrange this.

Appendix 1

COMPLAINTS FORM

Please refer to the Complaints Leaflet (available at reception) for further information on how to make a complaint. If complaining on behalf of someone else, over 16 please complete a Third Party consent form also available at reception.

Patient Full Name:

Date of Birth:

Address:

Complaint details: *(please include details of dates, times and names of group personnel involved, if known)*

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(continue overleaf if necessary)

Signed:.....

Print name:.....

Appendix 2

PATIENT THIRD-PARTY CONSENT

If you are complaining on behalf of a patient or your complaint involves the medical care of a patient then the consent of the patient will be required. Please obtain the patients signed declaration below: For further details please refer to the Complaints Leaflet (available at reception).

Patient Full Name:

Address:

Telephone number:

Enquirer/complainant Name:

Address:

Telephone number:

Declaration:

I fully consent to my Doctor releasing information to, and discussing my care and medical records with (*insert name*) in relation to this complaint only, and I wish this person to complain on my behalf.

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

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

Signed:..... (patient only)

Print Name:..... (patient only)

Date:.....