



PATIENT COMPLAINT PROCEDURE

We always try to give you the best possible service but there may be times when you feel this has not happened. 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. We have a non-discriminatory approach to complaints and patients, carers and relatives will not be treated adversely as a result of having complained.

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. Complaints may be made in person, over the phone, ask to speak to the Patient Engagement and Complaints Manager, Stephanie Chapman, or in writing. Written complaints should be addressed to the Patient Engagement and Complaints Manager who will ensure that your concerns are dealt with promptly. We endeavour to contact you within 72 hours. We 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 wish, you can direct your complaint to NHS England. The appropriate contact address for NHS England and the Independent Complaints Advocacy Service (who can help you with your complaint) are printed below.

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.

WHAT WE WILL DO

We think it is important to deal with your complaints swiftly so we will acknowledge your complaint within 3 working days. You will normally be offered an explanation or, if appropriate, an appointment for a meeting to discuss the matter within 14 days. Occasionally, if we have to make a lot of enquiries it might take a little longer, but we will keep you informed. You may bring a friend or relative with you to the meeting. Should you make a complaint or claim, we may need to provide information about the patient, and treatment they have received, to insurers, indemnifiers or legal advisers.

Independent Complaints Advocacy Services:

East Midlands ICAS, PO Box 8519 Nottingham NG8 9AB Tel. 084556500088 Tel. 01623 414114

Complaints to NHS England

NHS England PO Box 16738

Redditch B97 9PT

Telephone : 0300 311 2233

Email: england.contactus@nhs.net

TAKING IT FURTHER

We will try to address your concerns fully, provide you with an explanation and discuss any action that may be needed. We hope that you will feel satisfied that we have dealt with the matter thoroughly. However, if this is not the case you may refer the matter to:

The Parliamentary and Health Service Ombudsman

Citygate, 51 Mosley Street, Manchester, M2 3HQ

Tel 0345 0154033 www.ombudsman.org.uk

WILLOWBROOK MEDICAL PRACTICE
Complaints Form

Personal Details

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone No.	<input type="text"/>

Patient's Details (if different from above)

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Date of Birth	<input type="text"/>

Details of Complaint

Date	<input type="text"/>	Time	<input type="text"/>	Place	<input type="text"/>
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Members of the practice involved with the complaint	<input type="text"/>
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Summary of Complaint (please continue overleaf if necessary)	<input type="text"/>
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Complainant's Signature	<input type="text"/>	Date	<input type="text"/>
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Where the complainant is not the patient:
I hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far as necessary) confidential information about me which I provided to them.

Patient's Signature	<input type="text"/>	Date	<input type="text"/>
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