SEYMOUR MEDICAL CENTRE

PATIENTS COMPLAINTS/ FEEDBACK FORM

As a surgery we apply the highest standard to each individual item at work, however, we know that things can go wrong. We like to encourage patients to inform us about any issues that they feel might help us improve the service we are providing.

Please complete the enclosed complaints/feedback form and return to the practice if you feel something has gone wrong; we will investigate all forms that have been submitted and we'll respond back to you as soon as possible.

We operate a practice complaints procedure as part of an NHS complaints system, which meets national criteria.

HOW TO GIVE FEEDBACK OR COMPLAIN ABOUT THE PRACTICE

We hope we can sort out most problems quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do as soon as possible- ideally within a matter of a few days. They will allow us to establish what happened more easily. If doing so is not possible, then your complaint must be submitted within 12 months of the incident. You should address your complaint in writing to the Practice Manager (you can use the form attached). She will ensure that the problem is dealt with promptly or you can contact NHS England:

NHS England PO Box 16738 Redditch B97 9PT

Tel: 0300 311 22 33

Email: england.contactus@nhs.net

COMPLAINING ON BEHALF OF SOMEONE ELSE

As a surgery we keep strictly to the rules of medical confidentiality. If you are not the patient but you are complaining on their behalf, you must have their consent to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of their illness or infirmity) of providing this. Please find enclosed a third party consent form.

PROCESS FOR COMPLAINTS

In such circumstances, the following procedure applies:-

- Complaints should be made in writing and addressed to the Practice Manager. If you
 are unable to write the complaint yourself the Practice Manager will make a note of
 the complaint for you to sign.
- 2) The Practice Manager will confirm receipt of the complaint in writing within THREE working days and provide the Complainant with a copy of the Complaints Procedure.

- 3) If the complaint is not by the Patient, the consent of the patient must be sought if it involves any personal information about the patient.
- 4) Full investigation takes place between staff, Practice Manager and clinicians.
- 5) Depending on the nature of the complaint, the Practice Manager will try to resolve the matter to the satisfaction of the complainant.
- 6) You will be informed of the result of the complaint within twenty five working days. Sometimes due to the complexity or seriousness of the complaint more time may be needed to investigate the complaint and look at ways to rectify the situation if required and take appropriate action. We will inform you of the reason for the delay and the anticipated date for resolution.
- 7) The complainant can, at any time, meet with the Practice Manager to discuss the complaint and offer conciliation.

If you need any help from an independent body you may wish to contact the Voiceability Independent Complaints Advocacy Service, telephone number 0300 330 5454. They may write letters for you and assist you to present your case if you wish and their service is free of charge. Text phone Number: 0786 002 2939.

The independent regulator of all health and social care services in England is the Care Quality Commission (CQC). All GP Practices should meet national standards of quality and safety. The Care Quality Commission can be contacted on Tel: 03000 616161 or you can view their website at www.cqc.org.uk. A leaflet detailing the standards you should expect from the regulation of your GP Practice is available at Reception.

If you are unhappy with the Practice's response to your complaint, you can ask the Healthcare Commission for an independent review of your case. The Healthcare Commission is an independent body established to promote improvements in healthcare through the assessment of the performance of those who provide services. You can contact the Commission as follows:

Waltham Forest POhWER

Tel: 0300 456 2370

Email: pohwer@pohwer.net

I AM STILL NOT HAPPY, HOW CAN I TAKE MY COMPLAINT 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 0154 033); www.ombudsman.org.uk

SEYMOUR MEDICAL CENTRE COMPLAINT/FEEDBACK FORM

Patient Full Name:

Date of Birth:
Address:
Complaint/feedback details: (include dates, times and names of practice personnel, if known)
SIGNED: PRINT NAME: Date:

SEYMOUR MEDICAL CENTRE

PATIENT THIRD PARTY CONSENT

Patients name:
Telephone number:
Address:
Enquirer/complainant Name:
Telephone number:
Address:
IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQURING INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUERIED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.
I fully consent to my Doctors surgery releasing information to, and discussing my care and medica 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
SIGNED: (Patient only)
DATE: