# PATIENT COMPLAINT LEAFLET/FORM

Lyme Valley Practice operates a Practice Complaints Procedure as part of the local resolution process of the NHS Complaints Procedure. If you have a complaint or concern about the service you have received from the practice or any of the personnel working in this practice, please let us know.

#### 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 can be made either orally or in writing (using the attached form) to the Practice Manager. In the absence of the Practice Manager, you may make the complaint to the Senior Administrator.

# 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.

If you are complaining about a relative who has sadly passed away, you will need to confirm Next of Kin status for the patient before we can proceed to investigate. This could be provided at the same time as confirming the details of your complaint.

# HOW WE WILL HANDLE YOUR COMPLAINT

We will acknowledge your complaint within 3 working days either orally or in writing. All oral complaints will be recorded in writing by the practice and you may request a copy of the written record summarising your stated concerns.

We will aim to investigate and deal with all complaints efficiently and speedily. We will send you a written response as soon as reasonably practicable but normally within 10 working days. If we are unable to meet the response deadline, we will contact you to advise why and advise you of our proposed revised timescale.

We will offer you a meeting to discuss the outcome of our investigation and response to you. If you would prefer not to accept the offer of a discussion, the local resolution process will have been completed.

When we look into your complaints, we will aim to:

- Find out what happened and what went wrong
- Advise you what we will do to put the matter right
- Make sure you receive an apology where this is appropriate
- Identify what we can do to make sure the problem does not happen again.

#### IF YOU REMAIN DISSATISFIED

If you are not satisfied with the outcome of our investigation of your complaint, you can ask for an independent review of your case by writing to:

The Parliamentary and Health Service Ombudsman Millbank Tower Millbank London SW1P 4QP Or: Tel 0345 015 4033 Email: <u>phso.enquiries@ombudsman.org.uk</u> Website: www.ombudsman.org.uk

Once the Ombudsman or one of their senior staff has considered the complaint and sent a response, their decision is final. Unless you raise any new issues that they consider significant to the complaint, they will not send further replies (but will still acknowledge further correspondence).

You may also approach Patient Advice and Liaison Service (PALS) for help or advice on making a complaint. They are based at:

Staffordshire and Stoke on Trent ICB PALS Team New Beacon Building Stafford Education and Enterprise Park Weston Road Stafford ST18 OBF Or: Tel: 0808 196 8861 Email: <u>PatientServices@staffsstoke.icb.nhs.uk</u> Website: <u>www.staffsstoke.icb.nhs.uk</u>

# **Complaints to NHS England**

If a complainant has concerns relating to a directly commissioned service by NHS England, then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider. This is called by NHS England 'informal complaint resolution' and is in line with the recommendations of the Complaints Regulations of 2009. If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service NHS England.

A complaint or concern can be received by mail, electronically or by telephone via these details;

By telephone: 0300 311 2233 By email: england.contactus@nhs.net By post: NHS England, PO Box 16738, Redditch, B97 9PT

# CONFIDENTIAL - Complaint Form

Patient Full Name:	
Date of Birth:	
Address:	
Complaint details: (Include dates, times, and names of practice personnel, if kn	iown)
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Reviewed Jan 25, for further review Jan 26 Page	•• e 3 5

SIGNED.....(Patient or their representative)

Name.....(if complaining on behalf of the patient) (PLEASE NOTE SEPARATE CONSENT MAY BE REQUIRED)

Alternatively, you can email the practice via <u>lymevalley.admin@staffs.nhs.uk</u>

(Although please be aware that this email inbox is viewed by all administration staff so correspondence is not solely viewed by the Practice Manager)

Please address your written response to Practice Manager and mark any post Private and Confidential. An envelope can be obtained from reception if required.

# 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 clinician/s releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, 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)
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Date: .....