

COMPLAINTS LEAFLET & FORM

PRACTICE COMPLAINTS PROCEDURE

If you have a complaint about the service you have received from any member of staff working in this practice, please let us know. The practice operates a Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints system meets national criteria. If you do not feel comfortable to complain directly to the Practice,

- **NHS England**

PO Box 16738, Redditch, B97 9PT By email to: england.contactus@nhs.net

By telephone: 0300 311 22 33

HOW TO COMPLAIN

In the first instance please discuss your complaint with the staff member concerned. Where the issue cannot be resolved at this stage, please contact the Practice Manager or GP Partner who will try to resolve the issue and offer you further advice on the complaints procedure. If your problem cannot be resolved at this stage and you wish to make a formal complaint, please let us know as soon as possible, ideally within a matter of days. This will enable the practice to get a clear picture of the circumstances surrounding the complaint.

If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales: within 12 months of the incident that caused the problem, or within 12 months of discovering that you have a problem

The practice will acknowledge your complaint within two working days and aim to have looked into your complaint within ten working days of the date you raised it with us. At this stage you should be offered an explanation or a meeting with the person(s) involved. When the practice looks into your complaint it aims to:

- Ascertain the full circumstances of the complaint
- Make arrangements for you to discuss the problem with those concerned, if you would like this
- Make sure you receive an apology, where this is appropriate
- Identify what the practice can do to make sure the problem does not happen again

If you make a complaint it is practice policy to ensure you are not discriminated against, or subjected to any negative effect on your care, treatment or support.

COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that Custom House Surgery keeps strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so. A note signed by the person concerned will be required, unless they are incapable of providing this due to illness or disability.

COMPLAINING TO OTHER AUTHORITIES

The practice management team hope that if you have a problem you will use the Practice Complaints Procedure. However, if you feel you cannot raise your complaint with us, or you are dissatisfied with the response received from us, you can contact any of the following bodies:

- Healthwatch Newham which is an Independent Complaints Advocacy Service, telephone: 020 3828 8245 or by email: advocacy@healthwatchnewham.co.uk
- **Care Quality Commission**

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: <http://www.cqc.org.uk>

OMBUDSMAN

As a last resort, if you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England. You can call the Ombudsman's Complaints Helpline on 0345 015 4033 or <http://www.ombudsman.org.uk> or Textphone (Minicom): 0300 061 4298

Patient Name: Date of Birth:
Address
Home Tel: Mob Tel:

Name:

Address:

Home Tel: Mob Tel:

You will need to provide written consent from the patient before we can discuss / action your complaint

Date of Incident (if applicable):

Written ☐Verbal ☐

Complaint details:

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

(Please continue on a separate sheet if necessary)

Complainant Signature: **Date:**

We value your feedback

We would like to invite you to join our Practice Patient Participation Group which meets quarterly

Name: Date of Birth:

Address: Postcode:

Home Tel: Mob Tel: Email address:

1

Yes I would like to join / require further information