

## **Chilwell Valley and Meadows Surgeries 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 most problems can be sorted out easily and quickly, often at the time they arise with the person concerned and this may be the approach you try first. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know as soon as possible after the event and ideally within a few days as this helps 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.

You can make your complaint:

**In person** – please ask to speak to the practice manager

**In writing** – some complaints may be easier to explain in writing – please be as specific and concise as possible, then send your complaint to the practice, for the attention of the practice manager, as soon as possible (you can use the attached form). We will make sure that we deal with your concerns promptly and in the correct way.

We hope that if you have a problem, you will use our practice complaints procedure. We believe that this will give us the best chance of putting right whatever has gone wrong and the opportunity to improve our practice. However, if you wish, you can direct your complaint to NHS England. The appropriate contact address for NHS England and POhWER, the NHS Complaints Advocacy Service who can help you with your complaint, are printed below.

NHS England  
PO Box 16738  
Redditch  
B97 9PT  
Tel. 0300 3112233  
e-mail –[England.contactus@nhs.net](mailto:England.contactus@nhs.net)

POhWER  
PO Box 14043  
Birmingham  
B6 9BL  
Tel. 0300 020 0093  
e-mail – [yourvoiceyourchoice@pohwer.net](mailto:yourvoiceyourchoice@pohwer.net)

### **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 shall acknowledge your complaint within 3 working days, either verbally or in writing and discuss the way forward. We will develop a plan of action for how the complaint will be handled and reasonable timescales for investigating and concluding the complaint. We will then investigate your complaint, within the timescale agreed in the plan, with the aim of

- finding out what happened and what went wrong.
- making it possible for you to discuss the problem with those concerned, if you would like this
- Identifying what we can do to make sure the problem doesn't happen again.

We shall contact you again when we have looked into your complaint. This will either be in the form of a written response or with the suggestion of a meeting with the complaints manager or the team member involved if you would prefer.

**The written response:**

This will normally include

- a summary of the complaint
- an explanation of the practice's view of the events
- an apology where appropriate
- the outcome of any meetings held
- details of what has been done to prevent a recurrence of the incident where appropriate
- suggestions as to what might happen next eg a further meeting or discussion

**Arranging a meeting**

Sometimes it is more appropriate and helpful to discuss issues with members from the practice. It is a good idea and we would welcome it for you to bring along a relative or friend although we will do all we can to make you feel at ease. You may choose to have any doctor or staff member you wish present and normally we would expect the complaints manager to be there.

The meeting will be arranged for as soon as we can practically arrange for the people you have specified to get together. Afterwards details of the meeting and decisions made will be sent to you.

**Confidentiality**

Even within the practice information relating to the complaint will be strictly kept on a need to know basis. All correspondence relating to the complaint will be held in a confidential file in the practice and not attached to the medical notes. They will be handled in a non-discriminatory manner.

**Monitoring of complaints**

All complaints are reviewed annually by the practice in an anonymous way. This is important so we can identify any recurrent themes or patterns of complaints. An annual complaints report is provided to the CCG.

**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  
Millbank Tower  
Millbank  
London  
SW1P 4QP  
Tel 0345 0154033  
[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

This complaint procedure will be reviewed every two years to ensure it is kept up to date with National and local guidelines.

**Last reviewed – September 2013 by L Allum**



**Chilwell Valley and Meadows Surgeries**  
**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 <small>(please continue overleaf if necessary)</small>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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.

I fully consent to my Doctor 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)

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