

## **PATIENT COMPLAINT GUIDANCE AND FORM**

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.

### **HOW TO COMPLAIN**

Any complainant having concerns relating to a directly commissioned service by the NHS in England, e.g. GP surgery, the first step, where appropriate, is for complaints and concerns to be resolved on the spot with the practice. This is called '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, a complainant has the right to raise a formal complaint with either the service provider (GP surgery) **OR** the commissioner of the service, which will be your local Integrated Care Board.

We hope that we can resolve most problems easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint directly to the GP surgery, please do so as soon as possible - ideally within a matter of a few days. 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 should address your complaint in writing/email to the Patient Liaison Team (you can use the attached form). Please be as specific about your concerns as possible.

Correspondence details for letters of complaint:

Patient Liaison Team, The Roxton Practice, Pilgrim Primary Care Centre, Immingham, DN40 1JW

Email: [hnyicb-nel.roxtonpractice@nhs.net](mailto:hnyicb-nel.roxtonpractice@nhs.net)

Alternatively, if you wish to submit your complaint directly to the commissioner of the service, Humber and North Yorkshire Integrated Care Board, you can do so via these details:

Telephone: 01904 555999

Email: [hnyicb.experience@nhs.net](mailto:hnyicb.experience@nhs.net)

Post: The Experience Team, Humber and North Yorkshire ICB, Health Place, Wrawby Road, Brigg, DN20 8GS

## **COMPLAINING ON BEHALF OF SOMEONE ELSE**

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). 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.

## **WHAT WE WILL DO**

We will acknowledge your complaint within 3 working days. We will then fully investigate the matter and respond in a timely manner. In line with NHS complaints policy this will be no later than 6 months after the date it was received, though the majority of complainants should expect to receive a response in a much shorter timeframe. If we expect it to take longer than 6 months we will write to you to explain the reason for the delay. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations.

## **TAKING IT FURTHER**

If you remain dissatisfied with the outcome you may refer the matter to the Parliamentary and Health Service Ombudsman (PHSO) to review how the complaint has been handled. The Ombudsman is independent of the NHS and would normally expect to receive a request to review within 12 months of when you became aware of your concerns, although the Ombudsman does have the discretion to look at concerns after that time.

Further information is available on their website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk) or they can be contacted on: 0345 015 4033

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).

The Complaint Form is on the next page >>>

**COMPLAINT FORM**

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

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SIGNED .....

Print name .....

(Continue overleaf if necessary)

**PATIENT THIRD-PARTY CONSENT**

PATIENT 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 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 make the complaint on my behalf.

This authority is for a maximum period of 12 months.

Signed: ..... (Patient)

Date: .....