**LITTLE HARWOOD HEALTH CENTRE**

**PATIENT COMPLAINT POLICY**

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**

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. You should address your complaint in writing to the Practice Manager (you can use the attached form). She will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

**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.

**WHAT WE WILL DO**

We will acknowledge your complaint within 5 working days and aim to have fully investigated within 40 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. 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:

**Independent Contractor complaints / concerns / enquiries**

With immediate effect **ALL** complaints, concerns and enquiries queries regarding Independent Contractor Services (e.g. GP, Dentist, Pharmacy, Opticians) should be directed to:

NHS England,

P.O. Box 16738

Redditch

B97 9PT

Tel: 0300 311 22 33 (Monday to Friday 8am – 6pm, excluding English Bank Holidays)

Email: england.contactus@nhs.net

**Complaints regarding commissioning decisions / issues e.g. individual patient funding requests and continuing health complaints**

Complaints should be directed to:

Customer Care Team

Midlands & Lancashire Commissioning Support Unit

Jubilee House

Lancashire Business Park

Centurion Way

Leyland. PR26 6TR

Tel: 0800 032 2424

Email: MLCSU.customercarelancashire@nhs.net

**COMPLAINT FORM**

Patient Full Name:

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| --- |
|  |

Date of Birth:

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|  |

Address:

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

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|  |

Please continue on a separate sheet if needed

SIGNED………………………………….Print name…………………………

DATE…………………………………….

**PATIENT THIRD-PARTY CONSENT**

PATIENT'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT 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, 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)

Date: …………………………………………..