

PARKSIDE MEDICAL PRACTICE

Chester Road North, Brownhills, Walsall, West Midlands, WS8 7JB

Tel: 01543 728748 Fax: 01543 377741

Email: walsallccgmp@nhs.net

PATIENT COMPLAINT 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 or exceeds 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). He/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 can be provided by the practice.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 10 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.

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

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TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to NHS England, who commission local health services, or if you are still not satisfied by their response, the next step would be to contact the Parliamentary and Health Service Ombudsman (PHSO) to review how the complaint has been handled.

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: 03003 11 22 33

By email: england.contactus@nhs.net

By post: NHS England, PO Box 16738, Redditch, B97 9PT

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Tel 0345 0154033

If you are not happy with the Ombudsman's decision, then you can appeal directly to the PHSO, and details of this process can be found on their website;

www.ombudsman.org.uk

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(Continue overleaf if necessary)

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

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 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)

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Signed: (Patient only)

Date: