

COLLEGE STREET MEDICAL PRACTICE

86 College Street
Long Eaton
Nottingham
NG10 4NP

Tel: 0115 973 4502

Fax: 0115 946 1775

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 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. 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). The Practice Manager will endeavour that the Practice deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

What will we do

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 40 days of the date it was received. Whilst carrying out our investigations we will aim to:

- Find out what happened and what went wrong, conduct a full investigation into the circumstances
- 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 and fully 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.

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.

Healthwatch

Healthwatch is a new independent consumer champion for Health and Social Care which launched across England in April 2013. Residents of Derbyshire will have a powerful; voice locally and nationally through Healthwatch Derbyshire. Healthwatch give an independent and collective voice. Whilst they do not act on specific individual issues they do offer a signposting service and provide advice and information to the public about accessing Health and Care Services.

Visit the website at www.healthwatchderbyshire.co.uk

Complaints to NHS England

If you do not wish to make a complaint directly with the Practice you can contact NHS England. If NHS England handles the complaint they will take responsibility for the stages above.

Complaints to the Ombudsman

Should you remain dissatisfied with the outcome of the complaint investigated by the Practice or NHS England please contact the Health Service Ombudsman for England. 0345 0154033, fax 03000614000 or visit the website at www.ombudsman.org.uk

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Full Address:

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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 Full Name:

Date of Birth:

Full Address:
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Enquirer / Complainant Name:

Full Address:
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.....

Telephone Number:

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, 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: