

PATIENTS' COMPLAINT POLICY & 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. Please also read the enclosed complaints brochure.

HOW TO COMPLAIN

We hope that we can resolve most problems/complaints out easily and quickly, often at the time they arise and with the person concerned. We aim to deal with verbal complaints immediately either on the phone or in person however, if for any reason this cannot be done, the complainant will be informed accordingly and will be contacted as soon as possible. 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, **Mrs Isata Green** (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/consent 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. There is no limit on how long it should take to respond to your complaint however, we aim to fully investigate and respond to your complaint within 20 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.

There are two complaint managers at the practice:

1. **Mrs Isata Green** (Practice Manager) mainly investigates and responds to non-clinical complaints
2. **Dr Christopher Lukaszewicz** (A Senior Partner) investigates and responds to clinical complaints

(Please note that all complaints involving the Complaint Managers will be passed on to another Senior Partner, who has not had any dealings with you, for investigations).

Your complaint will be forwarded to the relevant Complaints Manager for full investigation. In order to help us deal with your concerns satisfactorily, you will be contacted to discuss and agree a plan and expected outcome for dealing with your complaint.

When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned if you would like this; make sure you receive an apology if this is appropriate, and take steps to make sure any problems identified does not arise again.

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

You may also approach Health Watch Surrey for help or advice;

Healthwatch Surrey provide confidential advice and support, helping you to sort out any concerns you may have about the care we provide and guiding you through the different services available from the NHS.

Please find below contact details for Healthwatch Surrey:

Health Watch Surrey
The Annexe
Lockwood Day Centre
Westfield Road
Guildford
GU1 1RR

Tel: 0303 303 0023
Email: enquiries@healthwatchesurrey.co.uk

You can also seek advice and support about making an NHS complaint from the Independent Health Advocacy Service, Surrey Independent Living Council. Please see contact details below:

Telephone: 01483 310 500
Text: 07704 265 377
Email: nhsadvocacy@surreyilc.org.uk
Website: <https://surreyilc.org.uk/advocacy>

By Post: Surrey Independent Living Council (SILC)
Astolat
Coniers Way
Guildford
Surrey
GU4 7HL

TAKING IT FURTHER

If you remain dissatisfied with the outcome, 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



the
fairlands
practice

FAIRLANDS MEDICAL CENTRE

COMPLAINT FORM

COMPLAINANT:

Mr/Mrs/Miss/Ms/Dr/Other:
(Full name)

Address:
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Date of Birth:

Subject of Complaint:

Date of Complaint:

Date of Incident:

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

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SIGNED.....Print name.....(Continue overleaf if necessary)

PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

Patient's Name	
Telephone No.	
Address	

Enquirer/Complainant Name	
Enquirer / Complainant's Relationship to patient	
Telephone No.	
Address	

Please confirm your consent to one or more of the following;

- Yes please, I would like to receive communications by email**
- Yes please, I would like to receive communications by telephone**
- Yes please, I would like to receive communications by mobile phone including text message**
- Yes please, I would like to receive communications by post**

You can grant consent to all the purposes of use, some of them, or none.

Where a patient does not grant consent then the Practice will not be able to use their personal data, except in certain limited situations, e.g. where required to do so by law, or to protect the public from serious harm.

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.

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 _____

Please confirm your consent to one or more of the following;

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- Yes please, I would like to receive communications by telephone
- Yes please, I would like to receive communications by mobile phone including text message
- Yes please, I would like to receive communications by post

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