

Bassett Road Surgery 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 are regularly reviewed to ensure they meet 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 few days, to enable us to establish what happened more easily. If this 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 (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 attached.

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 you may expect a full response. When we investigate your complaint, we will look into 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 things further

We hope that, if you have a problem, you will use our practice Complaints Procedure; we believe that this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. However, if you remain dissatisfied following our investigation, you may refer the matter to: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP. Tel: 0345 015 4033. Email: Phso.enquiries@ombudsman.org.uk or web: www.ombudsman.org.uk.

Queries on the complaints process:

If your complaint is about your GP, dentist, optician, pharmacist, health visitor, community nurse or a screening service, you can complain direct to them or you can ask the BLMK ICB to investigate your concerns. They can be contacted at: The Enquiries & Experience Team, Office of CEO & Chair, 3rd Floor Arndale House, The Mall, Luton, LU1 2LJ. Telephone: 0800 148 88903. Email: blmkicb.contactus@nhs.net.

If you need further help in making your complaint, you can contact POHWER NHS Complaints Advocacy Service, who will assist you. You can contact them at: POHWER, Local Office - The Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP. Tel: 0300 456 2370. Email: pohwer@pohwer.net.

Also available is the Independent NHS Advocacy Service provided by VoiceAbility, an independent charity that is not part of the NHS. They provide free, independent and confidential support for people who wish to make a complaint about the care they've received from the NHS. An Advocate can explain the complaints process, give guidance on writing a complaint letter and offer 1:1 advocacy support where appropriate. Tel: 0300 303 1660 (freephone). Email: helpline@voiceability.org. Web: www.voiceability.org

COMPLAINT FORM

Patient full name:

Date of birth:

Home 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:

Home address:

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Telephone number: (home)(mobile)

Enquirer/complainant name:

Relationship to patient:

Home address:

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Telephone number: (home)(mobile)

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: