

**Churchfields Surgery**  
**PATIENT COMPLAINT PROCEDURE**

If you have any concerns or feedback regarding the service provided by any member of our staff at the Surgery, please do not hesitate to inform us. We operate a comprehensive complaint procedure in accordance with the NHS Complaints System, meeting all national standards and criteria.

Your input is valuable to us and helps our continuous efforts to improve the service we offer. As a practice, we take all complaints very seriously and by addressing the issues raised, we will ultimately help to improve the care our patients receive in the future.

**HOW TO MAKE A COMPLAINT:**

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 has happened easily.

If doing this is not possible, your complaint should be submitted within 12 months of the incident that caused the complaint, or within 12 months of the event coming to your notice. If your complaint cannot be resolved verbally, you should address your complaint in writing to the Practice Manager using the attached form; please be as specific and concise as possible. The management team will ensure that we deal with your concerns promptly and efficiently.

**COMPLAINING ON BEHALF OF SOMEONE ELSE:**

At Churchfields Surgery, we comply to the strictest rules of medical confidentiality. If you are complaining on someone else's behalf, you must have their permission to do so. An authority signed by the person concerned will be needed for any complaints being made on behalf of someone else, except in cases of incapacity due to illness or disability. A Third-Party Consent Form is attached should you need this.

**WHAT WE WILL DO NEXT:**

We will acknowledge your complaint within 3 working days and aim to have fully investigated it within 30 working days of the date it was received. If we expect investigations to take longer than this, we will inform you and keep you updated as the investigation progresses.

When investigating a complaint, we analyse the events and underlying causes to understand what occurred and why, with the aim of learning from these experiences. This also provides you with a formal apology and the opportunity to discuss the matter with those involved if you wish to do so, ensuring any steps are taken to make sure a problem does not arise again.

At the final stage, you will receive a response letter outlining any Practice investigations into your complaint. Below are some options on taking this further, should you be dissatisfied with it.

**COMPLAINING TO OTHER AUTHORITIES:**

Our Practice Management team encourages you to utilise our practice complaints procedure if you have any concerns about the service received at the Surgery. If, for any reason, you are unable to do so, you can contact the following official bodies:

**NHS England (NHSE):**

**Post:** NHS England, PO BOX 16738, Redditch, B97 9PT

**Email:** [England.contactus@nhs.net](mailto:England.contactus@nhs.net)

**Phone:** 0300 311 22 33

**Independent Complaints Advocacy Service (ICAS):**

ICAS provides advocacy support to people who wish to make a complaint about the service they have received from the NHS – your local service can be found online at [www.pohwer.net](http://www.pohwer.net) or you can contact them via:

**Post:** POhWER, PO Box 14043, Birmingham, B6 9BL

**Phone:** 0300 456 2370

**Hereford and Worcestershire Integrated Care Board (ICB):**

**Email:** [hwicb.complaints-GP@nhs.net](mailto:hwicb.complaints-GP@nhs.net)

**Phone:** 0330 053 4356

**TAKING IT FURTHER:**

If you are dissatisfied with the response you have received from the practice or other NHS bodies, you have the right to approach the Parliamentary and Health Service Ombudsman.

**The Parliamentary and Health Service Ombudsman:**

**Post:** Millbank Tower, Millbank, London, SW1P 4QP

**Website:** [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**Phone:** 0345 0154033

**PATIENT COMPLAINT FORM**

**Patient Full Name:**

**Date of Birth:**

**Address:**

**Complaint details:**

Include dates, times, and names of practice personnel, if known

(Continue on a separate sheet if necessary)

**Signed and Dated:**

**Print name:**

<b>PATIENT THIRD-PARTY CONSENT</b>	
<b>PATIENT'S NAME:</b>	<b>ENQUIRER / COMPLAINANT NAME:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>TELEPHONE NUMBER:</b>	<b>TELEPHONE NUMBER:</b>

**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.....

Signed: ..... (Patient only)

Date: .....