

PENKRIDGE MEDICAL PRACTICE

PATIENT INFORMATION LEAFLET

COMPLAINTS PROCEDURE

We aim to offer the highest standard of service at all times but we appreciate that, as in any organisation, mistakes can be made or misunderstandings arise. Most problems can be sorted out easily and quickly, often at the time they occur and with the person concerned. But if this is not the case, the practice operates a complaints procedure in line with NHS policy. This is set out below.

How to complain

If you have a concern about the service you have received from the doctors or any of the staff working in the practice, please let us know *as soon as possible* – preferably within a few days of the incident, because this will make it easier for us to establish what happened. If that is not possible for some reason, we ask you to do so within a 12-month period. This can be no more than 12 months after the incident occurred or no more than 12 months from when you were made aware of it.

There are three possible routes for complaints. You can **either:**

Option (a) - Ask reception to arrange an appointment with the Business Partner to discuss your concerns face to face.

or

Option (b) - Write to the Business Partner or to any of the doctors.

or

Option (c) - If you would prefer, you can contact Patient Services, Commissioning Support Unit – see details overleaf

If you chose either (a) or (b), we will ensure that the matter is dealt with promptly. It will be a great help if you are as specific as possible about your complaint. To ensure that we have all the necessary details, please use the attached Complaints Form.

What we shall do

Option (a)

The Business Partner will arrange an appointment with you as soon as possible

or

Option (b)

She will acknowledge receipt of your written complaint within 3 working days.

In both cases, she will aim to have looked into the matter within 10 working days. We shall then offer you:

- a. a meeting with the Business Partner and, if appropriate, those involved, or
- b. a written explanation of what happened

Where appropriate, we will make sure that you receive an apology. We shall also identify what we can do to make sure the problem does not arise again.

Complaining on behalf of someone else

If you are complaining on behalf of someone else, we need to know that you have their permission to do so. We need their signature on the Complaints form, unless they are incapable, through illness or incapacity, of providing this.

If you are not satisfied with the outcome

We hope that our practice complaints procedure will meet your needs. We feel this will give us the best chance to put right what went wrong and to improve our service to patients. But if you prefer or if, despite our best efforts, you are dissatisfied with how we dealt with the problem, you have a right to complain directly to the Parliamentary Ombudsmen. Patient Services at Staffordshire Commissioning Support Unit will be able to advise you how to proceed with this:

Freephone: 0800 030 4563 - There is also a 24 hour answer phone service.

Fax: 01782 298228

Freepost Address

Freepost Plus
 RTAA-XTHA-LGGC
 Patient Services
 Staffordshire Commissioning Support Unit
 Heron House
 120, Grove Road,
 Fenton
 Stoke on Trent
 ST4 4LX

| Option (a) | | Option (b) |
|--|----|---|
| Practice is notified of concerns | | |
| Verbally (in person or by phone) ↓ | or | In writing, using practice Complaints form ↓ |
| Practice Manager meets complainant to discuss problem as soon as possible and investigate complaint ↓ | or | Acknowledges receipt within 3 working days and investigates complaints ↓ |
| Meeting held to discuss problems with those concerned ↓ | or | Written explanation sent within 10 days/ or letter explaining why investigation will take longer ↓ |

Where appropriate, an apology is given to the complainant and, if different from complainant, to the patient involved



Action taken by Practice Manager to ensure that similar problems do not arise in future

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COMPLAINTS FORM

Complainant's details

Name:

Address:

.....
.....

Telephone number:

Patient's details if different from above.

Name:

Address:

.....
.....

Telephone number:

Brief summary of complaint

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.....
.....
.....
.....

Complainant's signature **Date**

.....

If the complainant is not the patient concerned, please ensure that the patient fills in this section

I (*fill in name*) authorise the complaint to be made on my behalf

Patient's signature **Date**

.....

Full details of complaint

Date

Time

Place

Practice staff involved

.....
.....
.....
.....

Please explain the circumstances giving rise to your complaint. Use additional sheets if necessary

