

Policy Document Control Sheet

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Date Ratified	Version Number	Status
August 2018	001	Archived
October 2019	001	Archived
October 2020	002	Archived
April 2021	003	Archived – Role Changes
October 2022	003	Archived
July 2023	004	Live – Handover from NHSE to ICB's

Riverside Surgery

Practice Complaints Procedure

If you have a complaint or concern about the service you have received from the doctors or any of the staff working in this practice, please let us know. We operate a practice complaints procedure as part of a NHS system for dealing with complaints. Our complaints system meets national criteria.

How to complain

We hope that most problems can be sorted out easily and quickly, often at the same time that they arise and with the person concerned, or by speaking to Office Manager Barbara Hall or Deputy Practice Manager, Miss Emma Bradburn. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know **as soon as possible** - ideally within a matter of days or at most a few weeks - because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- * within 12 months of the incident that caused the problem; or
- * within 12 months of discovering that you have a problem.

Complaints should be addressed to the Practice Business Manager, Mrs Kerrie Draco. You can do this by completing the complaint form **at Page 3 of this leaflet**, writing in or by making an appointment with her to express your concerns. It will be of help if you are as specific as possible about your complaint.

What we will do

We will acknowledge your complaint within two working days and aim to have investigated your complaint within ten working days of the date when you raised it with us. We will then be able to offer you an explanation. When we investigate your complaint, we will aim to:

- * Find out what happened and what went wrong.
- * Make it possible for you to discuss the problem if you wish to.
- * Make sure that you receive an apology, where this is appropriate.
- * Identify what we can do to make sure that the problem does not happen again.

Complaining on behalf of someone else

Please note that we keep strictly to the rule of medical confidentiality. **If you are complaining on behalf of someone else** we have to know that you have their permission to do so. **You will need to ask the patient concerned to complete the consent form at Page 5** unless they are incapable (because of illness) of providing this or are a child under the age of 12 and you are their parent or legal guardian.

Complaining to our local Integrated Care Board (ICB).

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.

Alternatively, you can complain to Wirral Local Integrated Care Board (ICB). Their contact details are:

Telephone: 0800 132 996

Email: enquiries@cheshireandmerseyside.nhs.uk

Writing: Patient Experience No 1 Lakeside, 920 Centre Park Square, Warrington, WA1 1QY

You may also wish to contact the Patient Advice and Liaison Service (PALS) for help. They can help you to summarise your concerns. Their address and telephone number are as follows:

Telephone: 0800 432 0251

Email: wuth.patientexperience@nhs.net

Writing: Patient Advice and Liaison Service (PALS), WIRED, Unit 7, Wirral Business Park, Arrowe Brook Road, Upton, Wirral, CH49 1SX

If you're still unhappy, you can refer the matter to the Health Service Ombudsman. You should contact:

Health Service Ombudsman

Telephone: 0345 015 4033

Website: <http://www.ombudsman.org.uk/>

Email: phso.enquiries@ombudsman.org.uk

You can also contact The Care Quality Commission:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

COMPLAINT FORM

(If completed by a representative then Page 5 also needs to be completed by the patient - if they are aged 12 or over - so that we know we have their agreement to us releasing information about them to their representative.)

Name _____

Address _____

Tel No _____

Date of Birth _____

Name_____

Address _____

Tel No _____

Relationship to the patient named above_____

Signed _____ Date _____

Please be as specific as possible about events, dates, and persons involved
Use continuation sheets as necessary, making sure to number each additional sheet.

[illegible]

[illegible]

Riverside Surgery

CONSENT FOR A RELATIVE/REPRESENTATIVE TO ACT AS COMPLAINANT ON BEHALF OF A PATIENT

PLEASE COMPLETE EITHER SECTION 1 OR SECTION 2

SECTION 1

To be completed by patient

I consent to.....acting as the complainant on my behalf, and to them receiving confidential information concerning my medical treatment if it is necessary in order to reply to the complaint.

Signed.....

Print name.....

Date.....

SECTION 2

To be completed by patient's relative/representative where the patient is unable to do so.

Name of representative.....

I confirm that..... is unable to consent to myself acting as the complainant because

.....

.....

and I am confident that the patient would give their consent if able to do so.

Signed.....

Print name.....

Date.....