**Patient Information Leaflet – Concerns, Complaints and Compliments**

If you have a Concern, Complaint or a Compliment about the service you have received from practice, please let us know as soon as possible.

We appreciate all patient feedback and always work towards using this to help review and improve our services for all.

We aim to resolve problems at the point of being raised in a quick and efficient manner. Where this is not possible and you wish to make a complaint, please do so as soon as possible.

(Ideally this should be done as soon as possible to enable us to trace the events and remedy more swiftly).

How to raise a concern / make a complaint / provide a compliment

Please address your concern, Complaint or Compliment to the Site Manager.

Any complaints should be in writing and must contain your contact details, dates, times and names of personnel involved (where known).

*A form is attached for your convenience. Alternatively, you can send an email. Email contact details for all sites are included on the GPS website.*

Complaining on behalf of someone else

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 required, unless they are incapable of providing this, (because of illness or infirmity).

*A form is attached for your convenience.*

What we shall do

* We will share complements with the staff/team involved.
* We shall aim to acknowledge receipt of your complaint within 3 working days. We shall aim to fully investigate and provide a written response to your complaint within 30 working days.
* We may ask for an extension of time should the complaint be of a complex nature.
* We will identify how we may improve our service to stop this issue from occurring again.

What if you remain dissatisfied with the response

If you remain dissatisfied with the outcome of your complaint investigation you may refer the matter to NHS England, who commission local health services, or if you are still not satisfied by their response, the next step would be to contact the Parliamentary and Health service Ombudsman (PHSO) to review how the complaint has been handled.

|  |  |
| --- | --- |
| **Complaints to NHS England** | **The Parliamentary and Health Service Ombudsman** |
| 03003 11 22 33  [england.contactus@nhs.net](mailto:england.contactus@nhs.net)  NHS England, PO Box 16738, Redditch, B97 9PT | Millbank Tower, Millbank, London, SW1P 4QP  Tel 0345 0154033  [www.ombudsman.org.uk](http://www.ombudsman.org.uk) |

Concerns, Complaints & Compliments Form

|  |  |
| --- | --- |
| Patients Full Name |  |
| Patients Date of Birth |  |
| Patients Address |  |
| Date of event |  |
| *Please circle as necessary* | Concern Yes/No - Complaint Yes/No - Compliment Yes/No |

**Concern, Complaint & Compliment Details (Dates, Times, Names and Practice Personnel where known)**

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| *[Please attach further sheets if required]* | |
|  | |
| SIGNED | PRINT NAME |

Patient Third Party Consent Form

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 complete the following information and obtain the patients signed consent below:

|  |  |
| --- | --- |
| Patient Full Name |  |
| Patient Date of Birth |  |
| Patient Address |  |

|  |  |
| --- | --- |
| Enquirer / Complainant name |  |
| Telephone Number |  |
| Email Address |  |
| Address |  |

**Consent of Patient**

*(To be completed by patient)*

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 only, 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 | PRINT NAME | DATE |