

PATIENT COMPLAINTS

If you have a complaint or concern about the service you have received, please let us know. We operate a Federation complaint procedure as part of an NHS complaints system, which meets 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 matter of a few days. This will enable us to establish what happened more easily. If doing that 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 Senior Responsible Manager or ask at reception for a complaints form. He/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. 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 provided below.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 28 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 we expect to finish. When we look into your complaint, we will investigate 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 Federation investigations

TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk



COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of Federation personnel, if known)

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SIGNED.....

Name.....
 (Continue overleaf if necessary)



THIRD PARTY CONSENT FORM

Patient's name.....

Patient's NHS No.

Patient's surgery

Patient's telephone no.

Patient's address.....

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Acting Complainant's name

Relationship to patient

Preferred method of communication post / email / telephone (circle as appropriate)

Contact details.....

If you wish to submit a complaint on behalf of the above-named patient, then the consent of the patient will be required. Please obtain the patient's signed consent below and ask an independent witness to countersign the consent form.

I fully consent to WF GP Federation Services releasing information to and discussing my care and the service they have provided to me with, the above-named person in relation to this complaint, and I wish this person to complain on my behalf.

This consent is for an indefinite period / for a limited time only (circle as appropriate) Where a limited time applies, this consent is valid until (insert date)

Signed (patient)

Date

Signed(witness)

Address.....