

# Whaddon Medical Centre

## Patient Complaint Form

If you have a complaint or concern about the concern the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice 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 Practice Manger (you can use the attached 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 (a separate leaflet giving more detail on confidentiality is available on request). 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 10 working 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 and 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 practice investigations.

## **TAKING IT FURTHER**

If you are unable to discuss your complaint directly with your provider, you can ask NHS England to look into your concerns. The contact details for NHS England are:

Telephone: 0300311 22 33

Email: [nhscommissioningboard@hscic.gov.uk](mailto:nhscommissioningboard@hscic.gov.uk)

Postal Address:

NHS Commissioning Board

PO Box 16738

Redditch

B97 9PT

This will direct you to a customer contact centre who will deal with your concerns and agree actions to resolve them.

### **NHS Complaints Advocacy Service**

POhWER provide a free, independent and confidential advocacy service to support people with their NHS complaint.

Telephone: 0300 456 2370

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: 0845 0154033

**Whaddon Medical Centre  
Patient Complaint – Third Party Consent**

Patients Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Enquirer / Complainant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**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 ..... (Insert date)

Signed: ..... (Patient only)

Date: .....

**Whaddon Medical Centre  
Complaint Form**

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Complaint Details: (Include dates, times, and names of practice personnel, if known)

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Signed: .....

Print Name: .....