

Queens Park Medical Centre Complaints Procedure

Making a Complaint

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first.

Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so, preferably **in writing** as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily. In any event, this should be:

- Within 12 months of the incident,
- or within 12 months of you discovering that you giving as much detail as you can.

If you are a registered patient you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. See the separate section in this leaflet.

We are able to provide you with a complaints form to register your complaint and this includes a third-party authority form to enable a complaint to be made by someone else. Please ask at reception for this. You can provide this in your own format providing this covers all the necessary aspects.

Send your written complaint to:

Graham Wynn
Practice Manager
Queens Park Medical Centre
Farrer Street
Stockton on Tees
TS18 2AW

What we will do.

We try to resolve complaints as soon as possible.

We will try to acknowledge receipt within 3 working days, and to have looked into the matter within 10 working days. You may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than this we will let you know, and keep you informed as the investigation progresses.

When looking into a complaint we attempt to see what happened and why, to see if there is something we can learn from this, and make it possible for you to discuss the issue with those involved if you would like to do so.

When the investigations are complete your complaint will be determined and a final response sent to you.

Where your complaint involves more than one organisation (e.g. social services) we will liaise with that organisation so that you receive one coordinated reply. We may

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need your consent to do this. Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

The final response letter will include details of the result of your complaint and also your right to escalate the matter further if you remain dissatisfied with the response.

Complaining on Behalf of Someone Else

We keep to the strict rules of medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm that they are unhappy with their treatment and that we can deal with someone else about it.

Please ask at reception for the Complaints Form which contains a suitable authority for the patient to sign to enable the complaint to proceed.

Where the patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the precise details of the circumstances which prevent this in your covering letter.

Please note that we are unable to discuss any issue relating to someone else without their express permission, which must be in writing, unless the circumstances above apply.

We may still need to correspond direct with the patient, or may be able to deal direct with the third party, and this depends on the wording of the authority provided.

Who can help me in making a complaint?

The North East Independent Complaints Advocacy (ICA) team can guide and support you through the complaints process. They can help you put your complaint in writing and attend meetings with you. However, the ICA team does not investigate complaints.

Support to residents of the North East is available from the North East ICA who can be contacted on 0808 802 3000.

For further information on the NHS complaints procedure, please visit website: <http://www.nhs.uk/choiceinthenhs/rightsandpledges/complaints/Pages/AboutNHSComplaints.aspx>

Healthwatch - Supports individuals by providing information about access to services and choice to help enable people to take more control of their own health, treatment and care and understand and use the choices available to them at the address below:

Healthwatch Stockton

Catalyst House,
27 Yarm Road,
Stockton on Tees,
TS18 3NJ.

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Tel: 01642 688312

NHS England - NHS England is the commissioner of primary care services (such as GP and dental practices) If you prefer not to send your complaint direct to the practice, you can send your complaint about these services to NHS England at the address below:

NHS England

PO Box 16738

Redditch

B97 9PT

Tel: 0300 311 22 33

Email: england.contactus@nhs.net

NHS Hartlepool and Stockton on Tees CCG - If your complaint is about a CCG commissioning or funding decision you should send this to:

NHS Hartlepool and Stockton-on-Tees CCG

Billingham Health Centre

Queensway

Billingham

TS23 2LA

Following your complaint , if you feel dissatisfied with the outcome of your complaint, you can contact

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Tel: 0345 0154033

Website: www.ombudsman.org.uk

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COMPLAINT FORM

Patient Full Name _____

Date of Birth _____

Address _____

Telephone Number _____

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

Continue over leaf if required

SIGNED _____

Print name _____

DATE _____

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PATIENT THIRD-PARTY CONSENT

Patient Full Name _____

Date of Birth _____

Address _____

Telephone Number _____

Name of Person complaining on patient's behalf _____

Telephone Number _____

Address _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR 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. YOU SHOULD NOTE THE PRACTICE MAY CONTACT THE PATIENT DIRECTLY TO CONFIRM THIS INFORMATION

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.

Signature of patient _____

Date: _____