

## **PATIENT COMPLAINTS POLICY**

Here at City Walls Medical Centre we aim to provide a high standard of care and service to you. However, there may be times when you feel that this has not happened.

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. All constructive criticism and comments are welcome.

We operate a practice complaint procedure as part of an NHS complaints system, which meets or exceeds national criteria.

### **HOW TO COMPLAIN**

We hope that we can sort most problems out quickly and easily, often at the time they arise and with the person concerned. If you are unhappy with the service you have received, please speak to a receptionist who will attempt to deal with your problem and try to resolve any difficulties for you immediately.

Should you remain dissatisfied and feel you wish to discuss your concerns further, please ask to speak to one of the following members of staff:

- Office Manager
- Practice Manager
- Medicines Manager (for repeat prescribing complaints)
- Saughall Office Manager

Verbal complaints are usually resolved in 24 hours. These will be recorded and actioned in written format if resolution is not reached within 48 hours from the time of the complaint being received.

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 Manager (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; 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.

## **IF YOU ARE NOT SATISFIED**

If you have a problem, we hope that you will use our practice complaints procedure. We believe this will give us the best chance of putting right whatever has gone wrong and is an opportunity to improve our practice.

If you feel you cannot raise your complaint with us and wish to discuss your concerns further, you can contact the Western Cheshire Clinical Commissioning Group:

Western Cheshire Clinical Commissioning Group  
Patient Experience Team  
1829 Building  
Countess of Chester Health Park  
Liverpool Road  
Chester  
CH2 1HJ

Telephone number: 01244 650 368

For formal complaints, you can choose to complain to NHS England (who have replaced the former Primary Care Trust):

NHS England  
PO Box 16738  
Redditch  
B97 9PT

Telephone Number: 0300 311 2233

## **HEALTH-WATCH ADVOCACY**

You may also wish to contact your local Health-Watch Complaints Advocacy Service. Health-Watch supports patients and their carers who wish to pursue a complaint about any NHS treatment or care.

Telephone Number: 0808 802 3000

## **TAKING IT FURTHER**

If you remain dissatisfied with the outcome you may refer the matter to the NHS Ombudsman and request that they review your case. This should be done within six months of the date of our final letter. The NHS Ombudsman is an independent body established to promote improvements in healthcare through the assessment of the performance of those who provide services:

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

Telephone Number: 0345 0154033  
Email: [Phso.enquiries@ombudsman.org.uk](mailto:Phso.enquiries@ombudsman.org.uk)  
Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**COMPLAINT FORM FOR CITY WALLS MEDICAL CENTRE**

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: .....

(Continue overleaf if necessary)

**PATIENT THIRD-PARTY CONSENT**

PATIENT'S 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 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: ..... (Patient only)

Date: .....