

WESTBURY MEDICAL CENTRE

PATIENT COMPLAINT/FEEDBACK FORM

I think something has gone wrong ! I want to complain!

We are a busy Surgery and work hard to give the best possible service to our patients. On behalf of our nearly 11,000 patient, during an average month, we have around 3,000 clinical appointments, process 2,400 items of scanned correspondence, receive 1,200 pathology results and action approximately 1,200 repeat prescription requests. But even this is not all our work!

Although we try and apply the highest standard to each individual item of work, we know that things can go wrong. We encourage patients to inform us about any issue they feel might help us to improve our service still further. Please complete the enclosed complaint/feedback form and return to the Practice if you feel something has gone wrong; we will investigate all forms that are submitted and respond back to you.

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

HOW TO GIVE FEEDBACK OR COMPLAIN ABOUT THE PRACTICE

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 Manager (you can use the attached form). 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 WHEN WE RECEIVE A COMPLAINT

We will acknowledge your complaint/feedback within 3 working days. This may be by SMS text. We aim to have fully investigated the matter 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 or feedback, we will investigate the circumstances and discuss the matter with relevant members of staff. We will then respond with the outcome of the investigation. Where appropriate we will offer an apology. Similarly, where it is appropriate to do so, we will inform you of the steps taken to help ensure the problem does not recur. All complaints will be investigated in a timely and proportionate manner and will be reflected upon by the wider multidisciplinary team to establish any systemic learning points. It is not permitted for complaints to be used to bully or harangue individual practitioners or the Surgery.

I AM STILL NOT HAPPY. HOW CAN I TAKE MY COMPLAINT 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

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COMPLAINT or FEEDBACK FORM

Patient Full Name:

Date of Birth:

Address:

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

I have read the above section "What we will do when we receive a complaint"

SIGNED.....Print name.....Date.....

WESTBURY MEDICAL CENTRE

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, 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.....

Signed: (Patient only)

Date: