**PATIENT 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. If you prefer, you could discuss your problem with a member of staff.

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 have a problem.

With your case stated clearly, 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 separate 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:**

Practice Manager

Laindon Medical Group

Laindon Health Centre

High Road

Laindon

Basildon

Essex

SS15 5TR

**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.

Our patient Complaints Form available in this leaflet contains a section 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 directly with the patient or may be able to deal direct with the third party and this depends on the wording of the authority provided.

**What We Do Next**

We look to settle complaints as soon as possible.

We will acknowledge receipt within 3 working days and aim 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 try to liaise with that organisation so that you receive one coordinated reply. We may 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.

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.

**Laindon Medical Group**

**Patient Complaint Form**

**SECTION 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 2: COMPLAINT DETAILS**

Please give full details of the complaint below, including dates, times, locations and names of any practice staff (if known). Continue on a separate page if required.

|  |
| --- |
|  |

**SECTION 3: OUTCOME**

|  |
| --- |
|  |

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**SECTION 5: ACTIONS**

|  |
| --- |
| Passed to management YES / NO |

**Laindon Medical Group**

**Third Party Patient Complaint Form**

**SECTION 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 2: THIRD PARTY DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 3: DECLARATION**

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*.

Where a limited period applies, this authority is valid until ………./………./………. (insert date).

(\*Delete as necessary)

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**Taking it Further**

You have the right to approach the Ombudsman. The contact details are:

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Should you require independent support and advice to make your NHS complaint please contact:

**Cloverleaf advocacy - Tel: 0300 0124212**

Complaints about Primary Care can be made to

NHS England: Telephone 03003 112233,

email [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

or in writing: NHS England, PO Box 16738, Redditch, B97 9PT.

In British Sign Language (BSL) patients can talk to NHS England via a video call to a BSL interpreter

**Laindon Medical Group**

**Complaints Manager: Mr D Pieterse**