

# 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 complaint 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:

Complaints Manager
Laindon Medical Group
Laindon Health Centre
High Road
Laindon
Basildon
Essex
SS15 5TR

Or Email: laindon.healthcentre@nhs.net



### **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 28 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: COMF	PLAINT DETAILS				_
	ails of the complaint below, own). Continue on a separa		, locatio	ns and names o	of any
SECTION 3: OUTC	OME				
SECTION 4: SIGN	ATURE				
Surname & initials		Title			
Signature		Date			
SECTION 5: ACTION	DNS				

YES

Passed to management

/

NO



### **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//			

### **SECTION 4: SIGNATURE**

Surname & initials	Title	
Signature	Date	



To make a complaint about primary care services to the commissioner, please contact Mid and South Essex integrated care board instead of NHS England.

The contact details are as follows:

- Telephone: 01268 594444
- E-mail: Mseicb.complaints@nhs.net
- Writing to us at: Mid and South Essex Integrated Care System Phoenix House, Christopher Martin Road, Basildon, Essex, SS14 3HG

Should you remain dissatisfied with the findings of this investigation then you may also complain in writing to the Parliamentary and Health Service Ombudsman (PHSO) either:

Milbank Tower Citygate
Milbank Mosley Street
LONDON MANCHESTER
SW1P 4QP M2 3HQ

The PHSO may be contacted via telephone on 0345 015 4033. Further details on how to make a complaint to PHSO can be sought at <a href="https://www.ombudsman.org.uk">www.ombudsman.org.uk</a>

Email: phso.enquiries@ombudsman.org.uk

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

Cloverleaf advocacy - Tel: 0300 0124212

**Laindon Medical Group** 

**Complaints Manager:**