

Complaints Form

It is our policy to ensure a high standard of service in all aspects of our care

If you have any comments to make about this surgery, its doctors or staff, this form will give you information about our procedure.

If you would **prefer to discuss matters in person, please make an appointment** to see our Management Partner, Mrs. Julia Speight. Our complaints procedure is operated by Mrs. Speight as part of the NHS system for dealing with complaints. Our procedure meets national criteria.

How to complain

We hope that most problems can be resolved quickly, easily and at a local level. **Initially, we suggest you ask to speak to our Duty Manager, who will be able to deal with most grievances verbally.** We need to know the details of your complaint as soon as possible. This enables us to establish the facts more easily.

We need to be informed of the complaint **EITHER** within twelve months of the incident **OR** within twelve months of discovering that you have a problem. This timescale can be reviewed in exceptional circumstances.

To make a complaint you may **EITHER**:

- Ask to speak to the Duty Manager
- Make an appointment to see the Management Partner, Mrs. Speight
- Complete this form and hand it in to reception or post it to us:
The Green House Surgery, Redcar Primary Care Hospital, West Dyke Road, Redcar. TS10 4NW
- You can complain to Healthwatch, the Champion for Health and Social Care in England.

Name of Local Healthwatch:	Healthwatch Redcar & Cleveland
Website details:	www.healthwatchredcarandcleveland.co.uk
Telephone:	0800 989 0080
Address:	Healthwatch Redcar & Cleveland MVDA, St Mary's Centre, 82-90 Corporation Rd, Middlesbrough TS1 2RW
Email:	general@healthwatchsouthtees.org.uk

What we shall do

We shall acknowledge your complaint within **three working days** of receipt.

We aim to investigate your complaint at the earliest opportunity and advise you of our findings. As we are often liaising with a number of clinicians and/or outside agencies, some complaints can take several months to investigate. It is important that we conduct a thorough and comprehensive investigation and your patience is appreciated.

We aim to:

- ❖ Thoroughly investigate the events.
- ❖ Identify any areas of concern.
- ❖ Keep you informed of developments.
- ❖ Take action to rectify any problems with our service.

Complaining on behalf of someone else

We strictly observe the rules of medical patient confidentiality. If you are complaining on behalf of someone else, it is essential that you obtain the written consent from the patient to authorise us to deal with a third party. If you are unable to obtain consent from the patient, please contact our Management Partner for further advice.

Where to seek help and advice

The following agencies can provide assistance and advice to you:

1. Healthwatch (01642 688312)
2. Local citizens advice bureau

If you require assistance in making your complaint you can contact the Independent Complaints Advocacy:

ICA (Independent Complaints Advocacy Service)
Telephone: 0808 802 3000

What to do if you are still dissatisfied or feel that your complaint was handled badly?

If you are not satisfied with my response, you have the right to take your complaint to the Health Service Ombudsman. The Ombudsman is independent of government and the NHS. Her service is confidential and free. There are time limits for taking a complaint to the Ombudsman, although she can waive them if she thinks there is a good reason to do so.

The Green House Surgery
Tel: 01642 475157 Fax: 01642 470885
Web: www.thegreenhousesurgery.co.uk

If you have questions about whether the Ombudsman will be able to help you, or about how to make a complaint, you can contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk or fax 0300 061 400. Further information about the ombudsman is available at www.ombudsman.org.uk

You can write to the Ombudsman at:

The Parliamentary and Health Service Ombudsman, Citygate, 51 Mosley Street,
Manchester M2 3HQ (T: 0345 015 4033)

Complaints Form

Patient Details:

Name	
Address	
Telephone no.	
Date of Birth	

Please tick the box which reflects the patient's ethnicity.

This information is used to make sure that ethnic minorities have equal opportunities.

White	: British	
	: Irish	
	: Other white	
Mixed	: White & Black Caribbean	
	: White & Black African	
	: White & Asian	
	: Other mixed	
Asian or Asian British	: Indian	
	: Pakistani	
	: Bangladeshi	
	: Other Asian	
Black or Black British	: Black Caribbean	
	: Black African	
	: Other Black	
Other ethnic	: Chinese	
	: Other ethnic category	
Not stated		

Complainant Details (if differs from above):

Name	
Address	
Telephone no.	
Date of Birth	
Relationship to patient	

Please tick the box which reflects the complainant's ethnicity.		
This information is used to make sure that ethnic minorities have equal opportunities.		
White	: British	
	: Irish	
	: Other white	
Mixed	: White & Black Caribbean	
	: White & Black African	
	: White & Asian	
	: Other mixed	
Asian or Asian British	: Indian	
	: Pakistani	
	: Bangladeshi	
	: Other Asian	
Black or Black British	: Black Caribbean	
	: Black African	
	: Other Black	
Other ethnic	: Chinese	
	: Other ethnic category	
Not stated		

On this page, please give as much information about your complaint as possible, details such as names and dates are particularly important.

Please use additional sheets if necessary.

Date ----- Signature -----