## COMPLAINTS AND COMPLIMENTS PROCEDURE

Spring Hall Group Practice aims to provide the best service it possible can to all patients and their families and positively encourages feedback on its performance.

## Receipt of complaints

The Practice may receive a complaint made by, or with his/her consent on behalf of, a patient, or former patient, who is receiving or has received treatment at the Practice, or:

(a) Where the patient is a child:

* by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;
* by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
* By a person duly authorised by a voluntary organisation by which the child is being accommodated.

(b) Where the patient is incapable of making a complaint:

* by a relative or other adult who has an interest in his/her welfare.

## Making a Complaint

The period for making a complaint is normally:
(a) 12 months from the date on which the event which is the subject of the complaint occurred; or

(b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

All complaints will be passed directly to one of the complaints Managers.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 5 working days of receipt.

 The Practice Manager will then investigate the matter and where appropriate refer to the responsible partner for guidance. Once investigated, a full response will be sent to the complainant within 28 days of the original complaint. If the response is delayed for any reason, you should be kept informed.

Action must be identified that can be taken to ensure that a further complaint of the same nature should not be received again. If relevant the issue will be placed on the relevant meeting agenda to ensure staff are aware.

If you are still unhappy after receiving a response from the Practice Manager then you can take this further by contacting:

## Annual Review of Complaints

The practice will undertake an annual review of complaints and produce a summary report for discussions with all staff. This will include brief details of the complaint, actions taken and lessons learnt.

## Compliments

Written compliments will be copied and placed on the notice board in the staff room. The practice will be advised by notification and any staff member mentioned will be praised and a copy of the compliment placed in their staff file for mention at their next appraisal.

## IF PATIENT / PATIENTS REPRESENTATIVE WISHES TO MAKE A COMPLAINT DIRECT TO NHS WEST YORKSHIRE ICB BOARD:

West Yorkshire Integrated Care Board Complaints Team,

White Rose House West Parade,

Wakefield

WF1 1LT

Tel: 01924 552150 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

Email: wyicb.pals@nhs.net

## Final contact (also if West Yorkshire ICB are already involved):

The Ombudsman at:

Parliamentary & Health Service Ombudsman

Citygate
Mosley Street
Manchester
M2 3HQ

Email phso.enquiries@ombudsman.org.uk

Tel: 0345 015 4033

Website: [www.ombudsman.org.uk/make-a](http://www.ombudsman.org.uk/make-a) complaint

**FORM 1 - PATIENT COMPLAINT FORM**

Please note that we can only investigate issues with patient consent. If you are completing this form on behalf of an adult, we require their consent to proceed.

**Your Details**

Name:

DOB:

Address:

**Summary of Complaint**
Please describe the events leading to your complaint to help us understand your experience

Please tell us (in your own words) why you think these events occurred?

**Have you experienced this issue before?**
…either at this surgery or at another healthcare provider. Please provide details if it was previously resolved.

**Can you help us understand what you think should have happened?**

**Please tell us what you want to achieve from this complaint?**
Common outcomes from complaints include improving our service through training, saying sorry when we have made a mistake, addressing a communication problem or exploring the issues with you in more detail.

**Next steps and what you can expect from us**

We would like to review this information as part of our ongoing commitment to improving our services. We would hope to reach a positive outcome for you and the practice and ensure that our systems are as effective as we can make them.

Would you like us to review this feedback going forward as part of our learning? YES NO

Would you like us to arrange a face-to-face meeting with you and a Practice manager? YES NO (please circle)

Please sign to indicate your consent (signature and printed name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are completing this for somebody else, please write your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_