



Patient Complaint Procedure

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

Making a Complaint

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. In any event this should

- be within 12 months of the incident that caused the problem or
- be within 12 months of discovering that you have a problem
- state your case clearly, giving as much detail as possible

You should address your complaint in writing to:

Catherine Fox
Patient Services Manager
Gibson Lane Practice
Gibson Lane
Kippax
LS25 7JN

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

We look to settle complaints as soon as possible.

We will acknowledge your complaint within 3 working days and aim to have fully investigated 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 investigate your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate and take steps to make sure any problem does not arise again. You will receive a final letter setting out the result of any practice investigations

What you can do next

We hope that if you have a problem, you will use our practice complaints procedure. We believe that this will give us the best chance of putting right whatever has gone wrong and the opportunity to improve our practice.

However, this does not affect your right to complain directly with your primary care provider.

Contact the West Yorkshire Integrated Care Board (ICB)

Please contact by:

Email: wycb.complaints@nhs.net

Telephone: 01924 552 150

In writing: Complaints Team, West Yorkshire Integrated Care Board, White Rose House
West Parade, Wakefield WF1 1LT

Monday to Friday 9 to 5 p.m. excluding bank holidays. Out of hours: Please leave a voice message about the best time to contact you to discuss the details.

PALS – 0800 0525 270 (Freephone)

The Independent Complaints Advocacy Service (ICAS) is a free, confidential and independent service which can help you make a formal complaint about NHS services. PALS will be able to provide you with the details of your local ICAS office

If you remain dissatisfied with the responses to your complaint, you have the right to approach the Ombudsman

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk

The Complaint Form is on the next page >>>



Complaint Form

Patient Full Name: _____

Date of Birth: _____

Address: _____

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

(Continue overleaf if necessary)

SIGNED _____ Print name _____

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 that 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 _____ (insert date)

Signed: _____ (Patient only)

Date: _____