**Roundwood Surgery**

**Patient Complaint Procedure**

We always try to give you the best possible service, but there may be time when you feel this has not happened. If you have a complaint or concern about the service you have received from any of the doctors or personnel working in this practice, please let us know. We operate a practice complaints procedure as part of an NHS complaint system, which meets national criteria. We have a non-discriminatory approach to complaints from patients, parents/carers and relatives will not be treated adversely as a result of having complained.

**How to Make a Complaint**

We hope that we can resolve most problems easily and quickly, often at the time they arise and with the person concerned involved.If you would like to make a formal complaint, this should be submitted in writing within 12 months of the incident to the Practice Manager (Mrs R Reavill)**.** Upon receipt of your written complaint, we will contact you within 72 hours. We will make sure that we deal with your concerns promptly.

**Complaining On Behalf Of Someone Else**

We adhere strictly to the rules of medical confidentiality; If you are not the patient and complaining on their behalf, you must have their permission to do so. A consent form signed by the patient authorising you to deal with their complaint is required if you are not already authorised by the patient to do so.

**What We’ll Do**

The complaint will be acknowledged within 3 working days. The practice will respond, after investigation, within the timeframe specified to you at the acknowledgement stage of the process. Some complaints may take longer to address but you will be informed of a response time. If this cannot be met, the practice will keep you informed.

Please be assured making a complaint will not adversely affect your ongoing healthcare at the practice. We will deal with you fairly, compassionately and will endeavour to resolve the situation to a satisfactory conclusion.

Wherever possible, we aim to learn from complaints and take action to avoid similar occurrences.

**TAKING IT FURTHER**

GP Practices would prefer to have the opportunity to answer complaints ourselves in the first instance. However, you may pass your complaint directly to:

Patient Experience Team

Nottingham and Nottinghamshire Integrated Care Board

Civic Centre

Arnot Hill Park

Nottingham Road

Arnold

Nottingham

NG5 6LU

Tel: 0115 8839570

Email: nnicb-nn.patientexperience@nhs.net

If you would like further information please follow the link to the ICB website: [Patient Experience and Complaints - NHS Nottingham and Nottinghamshire ICB](https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/)

***However, please note, patients cannot raise the same complaint with the practice and ICB****.*

**Is there a time limit?**

A complaint must be made within 12 months of the date of the incident that caused the problem or the date of discovering the problem.

Please remember, the quicker you complain, the easier it will be to investigate the facts.

**If you are not satisfied with the outcome?**

You can contact the Parliamentary and Health Service Ombudsman (PHSO) on 0345 015 4033.

For more information see their website [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**Other useful contacts**

POhWER, NHS Complaints Advocacy, on 0300 456 2370.  For more information see their website [www.pohwer.net](http://www.pohwer.net/)

**Where The Complainant Is Not The Patient:**

I, , hereby authorise the above complaint to be made and I agree that the members of the practice staff may disclose relevant confidential information about me which I have provided them.

Patient’s Signature: Date:

**Roundwood Surgery**

Complaints Form

**Personal Details**

**Name:**

**Address:**

**Telephone No:**

**Details of Complaint**

**Date: Time: Location:**

**Members of Staff Involved:**

**Summary of Complaint:**

**(continue overleaf if necessary)**

**Complainant’s Signature: Date:**

**Where the Complainant is NOT the Patient**

I, hereby authorise the above complaint to be made and I agree that the members

of the Practice Staff may disclose the relevant confidential information about me which I have provided them.

Patient’s Signature: Date: