**West Bridgford Medical Centre**

**PATIENT COMPLAINT INFORMATION LEAFLET**

**Practice Complaints Procedure**

Patient feedback is important to us as it helps us to improve the service we provide to patients. We take patient complaints seriously and will attempt to address your concerns to your satisfaction.

**How do I make a complaint?**

If you wish to complain please contact the Practice Manager Kathryn West either in person, by phone or in writing:

Tel: 01158837380

Address: 97, Musters Road, West Bridgford, Nottingham, NG2 7PX

If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so.

**What Happens Next?**

The complaint will be acknowledged within 3 working days. The practice will respond, after the 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.

**How do I complain to someone Independent?**

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

Sir John Robinson House

Sir John Robinson Way

Arnold

Nottingham

NG5 6DA

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/)

**West Bridgford Medical Centre**

**PATIENT COMMENTS, COMPLIMENTS & COMPLAINTS**

West Bridgford Medical Centre will attempt to respond to your comments or complaint within 10 working days. Occasionally, if we have to make a lot of enquiries it may take a little longer, but we will try to keep you informed.

Please note that we have to respect our duty of confidentiality to our patients and a patient’s consent will be required if a complaint is not made by that patient in person.

I wish to: Make a comment

 Pay a compliment

 Make a complaint

**Date: ………………………………………………………………………………………………………**

**Name: …………………………………………………………………………………………………….**

**Address: …………………………………………………………………………………………………...**

**………………………………………………………………………………………………………………..**

**Phone Number: …………………………………………………………………………………………..**

**E-Mail Address: ...............................................................................................................................**

Are you a patient of the Practice: Yes

 No

If not please provide us with the following patient’s details:

**Name: ……………………………………………………………………………………………………….**

**Address: …………………………………………………………………………………………………...**

………………………………………………………………………………………………………………..

Details of your comment, compliment or complaint:

|  |
| --- |
|  |

Please return this form to: Practice Manager, West Bridgford Medical Centre, 97 Musters Road, West Bridgford, Nottingham, NH2 7PX

**West Bridgford Medical Centre**

**Third Party Complaint Consent Form**

**Where the complainant is not the patient:**

**Relationship to patient**:­­­­­­­­­­­­­­­­­­ ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to make a complement, comment, complaint on my behalf and I agree that the Practice may disclose confidential medical information regarding myself (only insofar as is necessary to answer the complaint)

**Patient’s signature:** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s full name and address:**

­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_