

## **Compliments/Concerns/Complaints/Feedback**

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**Complaints and Compliments Managers are the Operations Manager and Practice Manager**

**Fakenham Medical Practice,  
Meditrina House, Trinity Road, Fakenham, Norfolk, NR21 8SY, Telephone 01328 851321**

### **Compliments and Feedback**

Fakenham Medical Practice is always looking for ways to improve the services it offers to its patients. To do this effectively, we need to know what patients think about the services they receive. Tell us what we do best, when we don't meet your expectations and any ideas you may have to improve our services.

Please complete the Compliments/Concerns/Complaints/Feedback form which is included in this leaflet.

### **Complaints**

We have an in-house complaints procedure, which is part of the wider NHS system for dealing with complaints and meets the national criteria, although it does not deal with matters of legal liability or compensation. Also, we must adhere to the rules of medical confidentiality, and we cannot/may not be able to provide confidential information without the appropriate authority if you are not the patient in question, your complaint will be acknowledged verbally or in writing within 3 working days of receipt. A full written response will be provided within 31 days of the original complaint.

This procedure does not affect your right to make a formal complaint to the NHS Complaints Ombudsman.

If you make a complaint it is our policy to ensure that you are not discriminated against, a complaint will not have any impact on the care, treatment or support provided by the practice.

Most problems can be sorted out quickly and easily, often at the time they arise with the person/s concerned and this should be the approach you try first.

However, when the issue cannot be resolved at this stage, it is important that you contact the Operations Manager or Practice Manager as near to the event as possible ideally within 7 days, this will enable them to investigate the event whilst it is still current, and information is clear.

If appropriate, we may request a meeting with you to discuss the complaint and to agree how the complaint is to be investigated and to define expectations and timescales.

The purpose of the investigation of the complaint is to ascertain the full circumstances of the complaint, to make arrangements for a meeting to discuss the complaint with those concerned if appropriate and if you would like to, to apologise if appropriate and to identify what the practice can do to make sure lessons are learnt and to prevent the problem from happening again.

If you would like any independent support in pursuing your complaint you are entitled to seek free assistance from the NHS Complaints Advocacy Service, who can be contacted on the following number 0330 440 9000.

You may also contact the Parliamentary and Health Service Ombudsman (PHSO) by visiting [www.ombudsman.org.uk](http://www.ombudsman.org.uk) or calling 0345 015 4033 or email [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk) or writing to The Parliamentary and Health Services Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP.

**Compliments/Concerns/Complaints/Feedback**

Please complete the below form in as much detail as possible. This will allow us to appropriately action your compliment/query/concern/complaint/other.

| Compliment   | Query | Concern                                    | Complaint                      | Other     |
|--|-------|--|--------------------------------|-----------|
| <b>Date completed:</b>   |       | <b>Name of person completing the form:</b> |                                |           |
| <b>Persons Address:</b>  |       |  |                                |           |
| <b>Persons telephone number:</b>   |       |  | <b>Person's email:</b>         |           |
| <b>Patient Name if different to above person:</b>                                |       |  | <b>Person/Patient address:</b> |           |
| <b>Patient/Person telephone:</b>   |       |  | <b>Patient/Person email:</b>   |           |
| <b>Has the patient consented to the person enquiring acting on their behalf?</b> |       |  | <b>Yes (include evidence)</b>  | <b>No</b> |
| <b>Details of compliment/query/concern/complaint/other</b>                       |       |  |                                |           |

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**For office use only**

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| <b>Passed to for action:</b>                       | <b>REF:</b>  |
| <b>Action completed/identified</b>                 |  |
| <b>Date completed:</b>                             | <b>Completed By:</b>   |
| <b>Is further follow up or action required?</b>    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>If further action required, please specify:</b> |  |