

Hanscombe House Surgery
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Dr Anita Oates ♦ Dr Hemantha Abeywickrema ♦ Dr Adnan Hussain
Dr Funlayo Subair ♦ Mrs Janine Ellis – Managing Partner

PATIENT COMPLAINT INFORMATION

We endeavour to give you the best service possible at all times, but there may be occasions when you feel you wish to express dissatisfaction. The purpose of this leaflet is to explain what to do 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.

We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

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. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem.

HOW TO COMPLAIN

LOCAL RESOLUTION – First Stage of the Complaints Process

A complaint may be made to either the practice by addressing your complaint in writing to our Practice Manager Janine Ellis (you can use the attached form) or if you are unable to discuss your complaint directly with us you can ask Hertfordshire and West Essex ICB to look into your concerns.

The Contact details for Hertfordshire and West Essex ICB are:

Write: Hertfordshire & West Essex ICB Patient Experience Team, First Floor, Kao Park 2, London Road, Harlow, CM17 9NA

Email: hweicbwe.patientfeedback@nhs.net

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 will acknowledge your complaint within 3 working days and aim to fully investigate and provide you with the findings as soon as we can. We will provide regular updates regarding the investigation of your complaint if it takes longer than expected. When we look into 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

INDEPENDENT REVIEW – Second Stage of the Complaints Procedure

If you are unhappy with the responses you have received to your complaint under Local Resolution, you can ask the Health Service Ombudsman to look into your concerns. The Ombudsman is completely independent of the NHS and Government, and can be contacted at:

Millbank Tower
Millbank
London
SW1P 4QP

☎ 0345 015 4033

✉ phso.enquiries@ombudsman.org.uk

www.ombudsman.org.uk

You may also approach Healthwatch or the Independent Health Complaints Advocacy for help or advice;

The local Healthwatch can be found at:

<http://www.healthwatch.co.uk/>

The IHCA is able to be contacted at: <http://www.seap.org.uk/services/nhs-complaints-advocacy/>

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

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

Dotted lines for writing the complaint details.

(CONTINUE OVERLEAF IF NECESSARY)

SIGNED

PRINT NAME

DATE

THIRD-PARTY CONSENT FORM

PATIENT'S NAME:

TELEPHONE NUMBER:

ADDRESS:

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ENQUIRER / COMPLAINANT NAME:

TELEPHONE NUMBER:

ADDRESS:

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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 THE 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: