

TALK TO US

Every patient has the right to leave feedback about the treatment or care they have received at Reach Healthcare.

We understand that we may not always get everything right and, by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

HOW TO LEAVE FEEDBACK

Where the issue cannot be resolved at this stage, please see our Reception Managers, who will try to resolve the issue and offer you further advice on the complaints procedure. If your problem cannot be resolved at this stage and you wish to make a formal complaint, please let us know as soon as possible by completing the form or emailing on

kmicb.feedback.reachhealthcare@nhs.net

PATIENT ADVICE SERVICES

PATIENT ADVISORY LIAISON SERVICE (PALS)
PALS provide a confidential service designed to help
patients get the most from the NHS. PALS can tell you
more about the NHS complaints procedure and may
be able to help you resolve your complaint informally.

NHS website - Find patient advice and liaison services (PALS)

POhWER support centre can be contacted via 0300 456 2370

Advocacy People gives advocacy support on 0330 440 9000

AGE UK on 0800 055 66112

OMBUDSMAN

If you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England.

0345 015 4033 or http://www.ombudsman.org.uk or Textphone (Minicom): 0300 061 4298

CONTACT INTEGRATED CARE BOARD

South East Complaints Hub NHS Frimley ICB Aldershot Centre for Health Hospital Hill Aldershot Hampshire GU11 1AY

Phone number: 0300 561 0290

Frimleyicb.southeastcomplaints@nhs.net

Feedback & Complaint Form

LET THE PRACTICE KNOW YOUR VIEWS

Partners

Dr S Lall
Dr B Sinha
Dr V Murthy
Dr M Carpenter

Please a take copy June 2024

Time frames for complaints The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you become aware of the matter about which you wish to complain. **FEEDBACK AND COMPLAINTS FORM** Name:_____ Address: Telephone:_____ Signature:

Date: