

**Amersham Health Centre
Dr Gabe & Partners**

Patient Complaints Form

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

HOW TO COMPLAIN

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. You should address your complaint in writing to the Practice Manager (you can use the attached form). They will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

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.

WHAT WE WILL DO

We will acknowledge receipt within 3 working days and will respond to your complaint within 6 months as per NHS guidance. If you made a complaint but do not receive a response or decision for more than 6 months, you must be told the reason for the delay. You may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than this we will let you know, and keep you informed as the investigation progresses.

You will receive a final letter setting out the result of any practice investigations.

TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk

**DR GABE & PARTNERS
PATIENT THIRD-PARTY CONSENT**

Patient's Full Name:	
Telephone Number	
Address:	
Name of Enquirer/Complainant	
Telephone Number	
Address:	

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: