

# The Bridge Surgery Complaints Process



## **Practice Statement**

We value all feedback from our patients and are committed to taking complaints seriously. Where there are opportunities for improvement, we strive to implement meaningful changes.

However, we acknowledge that some concerns may arise from circumstances beyond our control. In such cases, we understand that patients may express frustration, and we want to assure you that your voice is still heard.

That said, we encourage patients to consider whether our practice continues to align with their expectations and needs. You are not obligated to remain with a particular provider, and we fully support your right to seek care that best suits you.

We sincerely hope you choose to remain with us as your healthcare provider, but should you decide to transfer to another practice, we will respect and understand your decision. Your well-being and satisfaction remain our highest priority.

## **Talk to us**

Every patient has the right to make a complaint about the treatment or care they have received at The Bridge Surgery.

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

## **Who to talk to**

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a concern and they will assist you where possible. Alternatively, ask to speak to the Practice Manager, but note this may need to be a booked appointment.

## **How can I make a complaint?**

A complaint can be made in writing.

A complaints form is available from reception. Additionally, you can complain via email to [hwicb.bridgesurgery.prescriptions@nhs.net](mailto:hwicb.bridgesurgery.prescriptions@nhs.net)

## **I want to complain to a third-party**

If for any reason you do not want to speak to a member of our staff, then you can request that the Integrated Care Board (ICB) investigates your complaint.

They will contact us on your behalf:

NHS Hereford and Worcestershire ICB

Enquiry Line: 0330 053 4356 Ext 8111

Email: [hwicb.complaints@nhs.net](mailto:hwicb.complaints@nhs.net)

## **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.

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The Practice Manager will respond to within three business days to acknowledge your complaint. We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint

## **Investigating complaints**

We will investigate all complaints effectively and in conjunction with extant legislation and guidance.

## **Confidentiality**

We will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record.

## **Third party complaints**

We allow third parties to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party patient complaint form is available from reception

## **Final response**

We will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint

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## Annex D – Patient complaint form

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### SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

### SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

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**SECTION 3: OUTCOME**

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**SECTION 4: SIGNATURE**

Surname & initials		Title	
Signature		Date	

**SECTION 5: ACTIONS**

Passed to management    Yes / No
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## Annex E – Third party patient complaint form

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### SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

### SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

### SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act 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 ...../...../.....

### SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

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