

## Wordsley Green Surgery

### Complaint Form for Patients

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Target Group	All Staff
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Relevant guidance	

Lead Author(s)	
Name	Position within the Practice
Lisa Morrall adapted from FPM	Practice Manager

Change History		
Version	Date	Comments
	October 2014	Reviewed policy changed response date from acknowledgement from 10 days to 15 working days.
	November 2015	Reviewed and details for NHS Complaints added
	March 17	Reviewed by DR changes made to page 2 first paragraph, first line- Removed NHS ENGLAND and added Dudley CCG.
	April 2021	Reviewed by LS no changes
	July 2024	Reviewed By LS <ol style="list-style-type: none"><li>1. Amended reference to Dudley CCG to Black Country Integrated Care Board</li><li>2. Added Writing to: Time2Talk, NHS Black Country Integrated Care Board (ICB) Civic Centre, St Peter's Square, Wolverhampton, WV1 1SH</li></ol>

Document complies with the Equality Act 2010	Yes
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## **PATIENT COMPLAINT 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 or exceeds 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 below.

### **WHAT WE WILL DO**

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 15 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. 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

### **TAKING IT FURTHER**

If you remain dissatisfied with the outcome you may refer the matter to NHS England, who commission local health services, or if you are still not satisfied by their response, the next step would be to contact the Parliamentary and Health Service Ombudsman (PHSO) to review how the complaint has been handled.

## **Complaints to NHS England**

If a complainant has concerns relating to a directly commissioned service by Black Country Integrated Care Board then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider. This is called by NHS England 'informal complaint resolution' and is in line with the recommendations of the Complaints Regulations of 2009.

If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service NHS England.

A complaint or concern can be received by mail, electronically or by telephone via these details;

By telephone: 03003 11 22 33  
By email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)  
By post: NHS England, PO Box 16738, Redditch, B97 9PT

Writing to: Time2Talk, NHS Black Country Integrated Care Board (ICB) Civic Centre, St Peter's Square, Wolverhampton, WV1 1SH

The Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

Tel 0345 0154033

If you are not happy with the Ombudsman's decision, then you can appeal directly to the PHSO, and details of this process can be found on their website;

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Once the Ombudsman or one of their senior staff has considered the complaint and sent a response, their decision is final. Unless you raise any new issues that they consider significant to the complaint, they will not send further replies (but will still acknowledge further correspondence).

The Complaint Form is on the next page >>>

**COMPLAINT FORM**

Patient Full Name:

Date of Birth:

Address:

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

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SIGNED.....Print name.....(Continue overleaf if necessary)

## PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_

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 only, 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: .....