

Comments, Suggestions, and Complaints

Talk to us

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

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 experiences.

Procedure

If you have a complaint or concerns about the service you have received from the Doctor or any of the staff working in the Practice, please let us know. We operate a Practice Complaints Procedure as part of the national NHS complaints system which is compliant with the national regulations.

Complaints and Suggestions

If you have a complaint, please complete the attached form.

If this is possible, please let us have all the details of your complaint on this form:

- Within 6 months of the incident that caused the problem or
- Within 6 months of discovering that you have a problem provided this is within 12 months of the incident.

For any suggestions or you have been pleased with our care, we would like to hear from you, preferably in writing. Please send them by email to lscicb-fw.thorntonpractice@nhs.net, where they will be dealt with appropriately.



If a complaint is unable to be resolved within the Practice, or you do not wish to discuss your complaint with the Practice, please contact either:

Lancashire and South Cumbria Integrated Care Board



0300 373 3550



Lscicb-fw.patientexperience@nhs.net

Advocacy Support

Advocacy Support

- POhWER support centre
 - 0300 456 2370
 - <https://www.pohwer.net>
- The Advocacy People gives advocacy support
 - 0330 440 9000
 - <https://www.theadvocacypeople.org.uk>
- Age UK
 - 0800 055 6112
 - <https://www.ageuk.org.uk/>
- The Local Council can give advice on local advocacy services
 - <https://www.lancashire.gov.uk/>
 - <https://www.wyre.gov.uk/>
- Other advocates and links can be found on the Getting advice and support | Parliamentary and Health Service Ombudsman (PHSO)
<https://www.ombudsman.org.uk/making-complaint/getting-advice-and-support>



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The Thornton Practice



Complaint Form

In order for the practice to be able to address your concerns or complaint please complete the form to assist our team

Patient Details	
Full Name:	
Date of Birth:	
Address:	
Phone:	
email:	

Complaint Details	
Staff Member Name / or Team (if applicable):	
Date of incident:	

Reason (s) for Complaint Please tick all that apply and provide details below	
<input type="checkbox"/>	Difficulty accessing the service / booking an appointment
<input type="checkbox"/>	Long waiting times
<input type="checkbox"/>	Inappropriate treatment or advice
<input type="checkbox"/>	Misdiagnosis or delayed diagnosis
<input type="checkbox"/>	Staff rudeness or unprofessionalism
<input type="checkbox"/>	Lack of communication or poor explanation
<input type="checkbox"/>	Breach of confidentiality
<input type="checkbox"/>	Other (please specify) _____

For more information visit www.thedoctors.co.uk / ask at reception / e-mail iscicb-fw.thorntonpractice@nhs.net

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Description of the Complaint (please describe the issue in detail, including what happened, when, and any individuals involved):

Desired Outcome Please tick all that apply and provide details below:	
<input type="checkbox"/>	An explanation and/or apology
<input type="checkbox"/>	A review of policies or procedures to prevent recurrence
<input type="checkbox"/>	Reassessment or second opinion on treatment
<input type="checkbox"/>	Disciplinary action (if appropriate)
<input type="checkbox"/>	Other (please specify): _____

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Declaration:	
I confirm that the information provided in this complaint is accurate to the best of my knowledge.	
Signature:	Date:

Third Party Declaration:	
I hereby authorise the individual detailed below 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/...../.....	
Signature:	Date:
Name:	Address:
DoB	Telephone:

For GP Practice use only	
Date Complaint received:	
Complaint Manager:	
Response Date	
PI: Ref Number:	

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