

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 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). She 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 10 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:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
Tel 0345 0154033
www.ombudsman.org.uk

COMPLAINT FORM

Patient Full Name:

Address:

Date of Birth:

Contact Number:

Date:

Please describe in one or two sentences the issues that have led to this complaint – this will help us understand the key problems you have experienced. Please include dates, times and names of individuals involved (if known).

Has problem occurred previously? NO YES

Can you identify why the issue may have arisen?
For example – did this happen as a result of a communication problem, a personality conflict, conflicting information.

Are you looking for a specific outcome from this complaint? Common outcomes that help us improve our service include: training, improving communication, looking at ways to work differently or by simply apologising where your experience has not been as you had wished.

We would like to review this complaint as part of our practice complaints procedure to ensure our systems are as efficient as we can make them. This may mean the details of your complaint are discussed with all staff groups in the practice, not just those directly involved. If your complaint involves services external to Beechwood Medical Practice (e.g. Community Pharmacy, District Nurses, Health Visitors, Drug and Alcohol Workers) we will have to share your information with them. Please indicate that you consent to sharing of information by signing and dating below:

Name:

Today's date:

Please return via email to bnssg.beechwoodmedicalpractice@nhs.net or by posting to Beechwood Medical Practice, Fishponds Primary Care Centre, Beechwood Road, Fishponds, Bristol, BS16 3TD

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, 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: