COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that NEWHALL SURGERY keeps strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so. A note signed by the person concerned will be required, unless they are incapable of providing this due to illness or disability.

There are two levels of consent access. Forms are available on our website and in the surgery.

COMPLAINING TO OTHER AUTHORITIES

The Practice Management team hope that if you have a problem, you will use the Practice Complaints Procedure. However, if you feel you cannot raise your complaint with us, or you are dissatisfied with the response received from us, you can contact any of the following see details

NHS ENGLAND

PO Box 16738, Redditch, B97 9PT Telephone :- 0300 311 2233

OMBUDSMAN

As a last resort, if you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England. You can call the Ombudsman's Complaints Helpline on 0345 015 4033 or Textphone (Minicom): 0300 061 4298. Please visit the following website to complete a complaints form http://www.ombudsman.org.uk and then post to:

Parliamentary and Health Service Ombudsman Citygate

47-51 Mosley Street Manchester

M2 3HQ

Or

Parliamentary and Health Service Ombudsman Millbank Tower 21 Millbank Westminster London SW1P 4QP

POHWER ADVOCACY SERVICE

POhWER is a National service that supports people who want to make a complaint about their NHS Care or treatment. Your local service can be found on www.pohwer.net

PO Box 14043, Birmingham B6 9BL

Tele: - 0300 456 2370

CONTACTING THE CARE QUALITY COMMISSION

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: http://www.cqc.org.uk

CONTACT

If you wish to make a complaint, please direct any correspondence to:

ddicb.newhallenquiries@nhs.net

or complete the complaints form available on the website or send your complaint to the surgery directly.

NEWHALL SURGERY

Complaints & Comments Leaflet

LET THE PRACTICE KNOW YOUR VIEWS

PARTNERS

Dr P Pillai Dr M Patel Dr A Mirza

Please Take a Copy

Newhall Surgery is proud to be an NHS training practice
NEWHALL SURGERY: FOR EXCELLENT INDIVIDUAL
CARE AT ALL STAGES OF LIFE
46-48 High Street, Newhall, Swadlincote, Derbyshire DE11 0HU
- T: 01283 217092 www.newhallsurgery.com

LET THE PRACTICE KNOW YOUR VIEWS

NEWHALL SURGERY is always looking for ways to improve the services it offers to patients. To do this effectively, the practice would like feedback about the services you receive. Tell us what we do best, where we don't quite meet your expectations plus any ideas and suggestions you may have. Only by listening to you can the practice continue to build and improve upon the service it offers.

TELL US ABOUT OUR SERVICE BY COMPLETING THE COMMENTS FORM IN THIS LEAFLET OR BY COMPLETING THE FRIENDS & FAMILY TEST ON OUR WEBSITE

- Could you easily get through on the telephone?
- Did you get an appointment with the practitioner you wanted to see?
- Were you seen within 20 minutes of your scheduled appointment time?
- Were our staff helpful and courteous?

Ratings and reviews - Newhall Surgery - NHS (www.nhs.uk) www.nhs.uk/services/gp-surgery/newhall-surgery/C81020/ratings-and-reviews

PRACTICE COMPLAINTS PROCEDURE

If you have a complaint about the service you have received from any member of staff working in this practice, please let us know. The practice operates a Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints system meets national criteria.

Note: If you make a complaint it is practice policy to ensure you are not discriminated against, or subjected to any negative effect on your care, treatment or support.

HOW TO COMPLAIN

In the first instance please discuss your complaint with a Practice staff member. Where the issue cannot be resolved at this stage, and you wish to make a formal complaint. Please let us know as soon as possible, ideally within a matter of days by contacting the Business Manager using the correct channels who will undertake an investigation with a view to addressing your concerns.

If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales:

6 months of the incident that caused the problem

OR

 6 months of discovering that you have a problem that is within 12 months of the incident.

The practice will acknowledge your complaint within 3 working days and aim to have undertaken an investigation and respond with a finding within 40 working days of the date it was received.

When the practice investigates your complaint it aims to:

- Ascertain the full circumstances of the complaint
- Make sure you receive an apology, where this is appropriate
- Identify what the practice can do to make sure the problem does not happen again
- Ensure that a full investigation is undertaken and the outcome is communicated in a robust & timely manner.

COMPLAINTS AND COMMENTS FORM

Name:
Address:
Telephone:
Date and time of complaint / comment:
Are you raising the complaint on behalf of someone else YES/NO
If YES please give their details
Name:
Address:
Telephone:
Details:-
Please use continuation sheet if necessary
Signed:

Complaints and

/ 'ammanta	
Comments	
Continuation Sheet	
Signature	
Date	
Additional Details:-	
Additional Details	

If you making the complaint on behalf of someone else we will need to ensure that they are aware you are making a complaint on their behalf, and we need their authority to deal with you directly. All correspondence will automatically copied to the patient involved.

Therefore the following statement needs to be signed and dated.

I..... hereby authorise the above complaint to be made on my behalf. I agree that members of the Practice Staff may disclose (in so far as necessary) confidential information about the complaint to the complainant.

'atients signature_		
-		

Date