Complaints Process Information

1. Practice Complaint Procedure. If you have a complaint or concern about the service you have received you have the right to complain. As part of an NHS system we operate a practice complaints procedure; this system meets national criteria. We hope that most problems can be resolved easily and quickly, often at the time they arise and with the person concerned. If this is not the case and you wish to make a complaint please let us know as soon as possible, ideally within a matter of days.

2. Time limits. Your complaint must be within 12 months of the incident that caused the problem. The Practice Manager will retain the discretion to investigate complaints brought later than this if there are good reasons for the delay and it is possible to carry out an investigation.

3. Can I complain on behalf of someone else? We abide by strict medical confidentiality. If you are complaining on behalf of someone else, we must have evidence of that person’s permission. A note signed by the person concerned is acceptable unless they are incapable (due to medical grounds i.e. illness or incapacity) of providing this. If permission is not granted then we cannot deal with you for the complaint.

* 1. 4. How to complain. Any of the following methods are accepted:
     1. a. Email. Kindly complete the form below and email this to [nencicb-cd.a83037-eds@nhs.net](mailto:nencicb-cd.a83037-eds@nhs.net) with "FAO Complaints Officer".
        1. b. Written Letter. Please address this to the Complaints Officer.
        2. c. Complaints Form. Fill out a complaint form which can be obtained from our reception and this will be sent to the Complaints Officer.
  2. c. Verbally. Contact the surgery and ask to speak to the Assistant Practice Manager who will triage the complaint.

5. Post complaint submission. We will formally acknowledge your complaint within three working days, either verbally or in writing. We will inform you how the complaint will be handled, who will handle the complaint and issue an estimated timescale for completion.

6. What will the surgery’s response include? An explanation of how the complaint has been considered, any conclusion reached and what action (if any) will be taken because of the complaint.

7. What if I am still not satisfied? Most complaints are resolved at this stage but if you feel too uncomfortable to do this then you can complain directly to commissioner of the services instead. NHS services are commissioned, planned, and paid for by either NHS England or Clinical Commissioning Groups (CCGs). Our surgery's commissioner is County Durham CCG whose contact details are: NHS County Durham Clinical Commissioning Group, Sedgefield Community Hospital, Salters Lane, Sedgefield, TS21 3EE. Telephone number: 0191 371 3222, or email: [cdccg.enquiries@nhs.net](mailto:cdccg.enquiries@nhs.net).

You also have the right to ask the Parliamentary Health Service Ombudsman to carry out an independent investigation into your complaint. If you feel you have suffered because you have received poor service or treatment or were not treated properly or fairly, the Parliamentary Health Service Ombudsman may be able to help. You can contact them on: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP; Telephone number: 0345 015 4033, website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk) or email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk).

Section A – Your details

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | House No &  Street |  |
| First Name |  |
| Surname |  | Town/City |  |
| Date of Birth |  | Postcode |  |
| Contact number |  | Email |  |

Section B – About the person you are making the complaint for (if this is not the same as above). Please ensure you complete Section C.

|  |  |
| --- | --- |
| Title (Mr / Mrs / Miss / etc.) |  |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| What is your relationship with this person? |  |

If applicable, please provide the contact details of the person you are acting on behalf of if these are different to your own.

|  |  |
| --- | --- |
| House Number or name |  |
| Street |  |
| Town/City |  |
| Postcode |  |
| Contact number(s) |  |
| Email address |  |

|  |
| --- |
| Briefly tell us what your complaint is about, for example, what happened, when and who was involved. |
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| What would you like to see happen as a result of making this complaint? |
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I consent to the disclosure of the details of my complaint and any clinical records or reports between relevant NHS organisations and Bewick Crescent Surgery. The relevant organisation will respond to the concerns outlined in the complaint in line with the NHS Complaints Procedure.

|  |  |
| --- | --- |
| eSignature |  |
| Date |  |

Section C – Consent from the patient involved (if required).

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far only as it is necessary to do so to answer the complaint) confidential information about me, which I provided them.

|  |  |
| --- | --- |
| Patient’s eSignature |  |
| Date |  |