



PATIENT INFORMATION – COMPLAINTS PACK

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 out most problems 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 that is not possible, then 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 Complaints Manager, Yarm Medical Practice (you can use the attached form), who will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible. Completed forms should be brought into the surgery or sent by email to: nencicb-tv.a81027@nhs.net.

Alternatively, you may contact our Complaints Manager by telephone – 01642 745800 and give full details of your complaint verbally.

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.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 28 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

Website: www.ombudsman.org.uk



COMPLAINT FORM

Patient full name:	
Date of birth:	
Address (including postcode)	
Complaint details: (please include dates, times, and names of Practice personnel, if known)	

Signed:

Print name: Date:



PATIENT – THIRD PARTY CONSENT FORM

Patient's name:	
Telephone no:	
Address (including postcode):	
Enquirer / Complainant name:	
Telephone no:	
Address (including postcode):	

If you are complaining on behalf of a patient or your complaint / enquiry involves the medical care of a patient, then the consent of the patient is 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 patient named above in relation to this complaint. I wish the above named 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: