

# St Hilary Group Practice

## **PATIENT COMPLAINTS PROCESS**

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

The process adopted in the practice is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission

### **HOW TO COMPLAIN**

We hope that we can sort most problems out easily and quickly, often at the time they arise. Please speak to a member of staff or ask to speak to the Practice Manager.

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 Mrs Monika Doyle, the Practice Manager (you can use the attached form) or via email to [cmicb-wi.shgpadmin@nhs.net](mailto:cmicb-wi.shgpadmin@nhs.net)

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 and resolved the matter as soon as possible but will give you some idea of how long that may take at the outset. 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

### **FORMAL COMPLAINTS**

In the event of not wishing to complain to the practice you should make your complaint to NHS England at:

By telephone: 03003 11 22 33

By email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

By post: NHS England, PO Box 16738, Redditch, B97 9PT

In those cases where the complaint is made to NHS England, the practice will comply with all appropriate requests for information and co-operate fully in assisting them to investigate and respond to the complaint.

If you are not satisfied with the response, you can refer the complaint to the **Parliamentary and Health Service Ombudsman**  
Millbank Tower  
Millbank  
London  
SW1P 4QP

or visit the 'Making a complaint page' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form).

Alternatively you may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

You may also approach PALS for help or advice:

The **Patient Advice and Liaison Service (PALS)** provide confidential advice and support, helping you to sort out any concerns you may have about the care we provide, guiding you through the different services available from the NHS.

Tel: 0800 054 2137

E-mail: [WirralPals@wired.me.uk](mailto:WirralPals@wired.me.uk)

5 St John Street  
Birkenhead  
Wirral CH41 6HY

**ST HILARY GROUP PRACTICE – COMPLAINTS FORM**

Surname	
Forename	
Date of birth	
Address + Postcode	
Telephone no.	

Complaint details (include dates, times and names of practice staff is known):

Continue overleaf

**Signature:**

**Date:**

**Third Party patient consent**

**Patient Details**

Surname	
Forename	
Date of birth	
Address + Postcode	
Telephone no.	

**Third Party Details**

Surname	
Forename	
Date of birth	
Address + Postcode	
Telephone no.	

**Declaration**

I hereby authorise the third party detailed above 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.

**Signature:**

**Date:**

**Full name:**