PATIENT INFORMATION & 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 Miss Kate Taverner via email to kate.taverner@nhs.net Practice Manager (you can use the attached form). The Practice Manager 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 investigate 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:

Commissioner of primary care service please contact NHS Cheshire and Merseyside

- Telephone: 0800 132 996
- E-mail: enquiries@cheshireandmerseyside.nhs.uk
- Writing to us at: Patient Experience Team, no 1 Lakeside, 920 Centre Park Square, Warrington, WA11QY.

The local PALS (Patient Advisory Liaison Service) who would arbitrate between both sides to seek a mutual agreement. This often takes time but can be very helpful having a third person review

If at that point resolution is still not achieved, then either side can refer the matter to. The Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank
London
SW1P 4QP
Tel 0345 0154033
www.ombudsman.org.uk

KINGS LANE MEDICAL PRACTICE

COMPLAINT FORM

Patient Full Name:
Date of Birth:
Address:
Complaint details: (Include dates, times, and names of practice personnel, if known)

SIGNED.....Print

(Continue overleaf if necessary) Continued: Complaint details: (Include dates, times, and names of practice personnel, if known)		
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	KINGS LANE MEDICAL PRACTICE	
<u>PATIENT</u>	COMPLAINT - THIRD-PARTY CONSENT FORM	
PATIENT'S NAME:		
TELEPHONE NUMBER:		
ADDRESS:		
ENQUIRER / COMPLAINANT	NAME:	
TELEPHONE NUMBER:		
ADDRESS:		
ENQUIRY INVOLVES THE M	ON BEHALF OF A PATIENT OR YOUR COMPLAINT OF EDICAL CARE OF A PATIENT THEN THE CONSENT OF ED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSEN	THE
I fully consent to my doctor rewith the person named above	easing information to and discussing my care and medical	records
	te period / for a limited period only (delete as appropriate) s, this authority is valid until(Insert date)	

Signed (Patient)

Date.....