**ST ALBANS MEDICAL CENTRE COMPLAINTS PROCEDURE**

**Leaflet and Complaints Form to patients**

Complaints Manager /Responsible person– Practice Manager is responsible for managing the procedure for handling and considering complaints in accordance with the Policy and Procedure.

Clinical Responsible person-GP Partners

How to make a complaint to the practice

We welcome your comments and suggestions at all times. If you have reason to be dissatisfied with any aspect of our service we are eager to look into and, if necessary, correct any problems that may have arisen or misunderstandings that may have occurred. We work very hard to get things right but, as with any busy service, mistakes can happen. When a mistake has happened we aim to acknowledge it, put things right quickly and learn from the experience.

If you wish to make a complaint, please contact the Practice Manager by telephone, by written letter or digitally via our website (on the home page under section “send us a message”). She will take full details of your complaint in order to establish the facts, decide how best to undertake the investigation, make sure you receive an explanation and apology, where appropriate, and identify what we can do to make sure the problem doesn’t happen again.

If a Practice Manager is not available on a day you can speak to a Practice Manager’s Assistant.

**Under the Regulations a complaint must be made within 12 months of the matter at issue, unless you were not reasonably aware about the incident or had appropriate reasons for not complaining within the time limit. However, we would like you to let us know about any complaint as soon as possible – ideally within a matter of days or at most a few weeks – because this will enable us to establish what happened more easily.**

It is at the discretion of the practice as to whether an investigation takes place outside of this timescale of making a complaint.

Complaints which are made orally and resolved to your satisfaction by the next working day, after the day on which the complaint was made, do not need to be taken further under the Regulations. For further assistance with a complaint, please contact the Practice.

We would advise you to complain to us directly but you have got the right to pass your complaint to SWL ICB instead of the practice. They may either investigate the complaint itself or, with your consent, pass the complaint to the practice to manage.

Telephone: 0800 026 6082 \* E-mail: contactus@swlondon.nhs.uk

Writing to: NHS South West London ICB, 120 the Broadway, Wimbledon London, SW19 1RH

The NHS Complaints Regulations allows NHS organisations up to 6 months to investigate and respond to complaints; however, we are usually able to respond to complaints much sooner. The manager investigating your complaint will agree a timescale for responding to your complaint at the beginning of the process

Who may make a complaint?

* A person who receives or has received services from us or a person who is affected, or likely to be affected, by the action, omission or decision of the practice which is the subject of the complaint.
* A representative acting on behalf of a person mentioned in the above paragraph who –
  + has died
  + is a child
  + is unable to make the complaint themselves because of physical incapacity or lack of mental capacity within the meaning of the Mental Capacity Act 2005
  + has requested the representative to act on their behalf

Please note that we have a duty of confidentiality to our patients and written patient consent is necessary if a complaint is made on behalf of a patient.

How we will handle your complaint before investigation

* The complaint may be made orally, in writing or digitally via our website (on the home page under section “send us a message”), to the Practice Manager but if orally, she/he will make a written record (may send it to a complainant for a factual check).
* The Practice Manager will acknowledge formal complaints in writing within three working days of receipt.
* If the Practice Manager is absent at the time of your complaint, the Practice Manager’s Assistant as the responsible person, will let you know in writing when you may expect a response.
* The acknowledgement will include an offer to discuss with you at a time to be agreed with you the management of the complaint and when any investigation and response are likely to occur. In doing so we aim to agree a clear plan and a realistic outcome with you from the start.

When making the complaint, it may be helpful if you give consideration to what you would like to happen as a result of the complaint.

How we will investigate your complaint and respond to it

* We will keep you informed of the progress of any investigation and any reasons for delay.
* If appropriate, we will arrange a meeting with you and the relevant parties. We would be happy for you to bring a friend or relative to the meeting.
* A response, ideally signed by the complaints manager or GP Partner, will be sent as soon as reasonably possible after the completion of the investigation.
* The response will note:
  + how the complaint has been considered
  + the conclusions reached
  + any actions taken or proposed as a response to the complaint
  + details of your right to take your complaint to the Health Service Ombudsman

What to do if you are unhappy with our response

We aim to address your concerns fully, provide you with an explanation and discuss any actions that may be proposed. We trust that at the end of the investigation you will be satisfied that the matter is resolved.

If at the end of their investigation you are still not satisfied with the outcome, you may ask the Health Service Ombudsman, to review the matter (the contact details will be enclosed in the written response from the Practice).

**COMPLAINT FORM**

# Patient’s Details

Name …………………………………………………………………………………………………

Address …………………………………………………………………………………………………

…………………………………………………………………………………………………

Telephone No ………………………………. Date of Birth ……………………………

**Complainant’s Details (where different from above)**

Name …………………………………………………………………………………………………

Address …………………………………………………………………………………………………

…………………………………………………………………………………………………

Telephone No …………………………………………………..

**Where the complainant is not the patient:**

I …………………………………………………………….………………………………. authorise the complaint set out overleaf to be made on my behalf by ………………………………………………………………………………………………….. And I agree that the practice may disclose (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them.

Patient’s Signature ………………………………………………… Date ……………

**Details of complaint (including dates of events and persons involved)**

Complainant’s Signature ………………………………… Date ………………………

Please return completed form to Milena Bodda, Practice Manager.

## The Department of Health has asked practices to report on the ethnic category of patients making a complaint in order to gauge fair and equal access to health care across ethnic groups. Therefore, we would be very grateful if you could indicate the ethnic category of the patient below.

Where the complaint is about an individual, as opposed to a service or administrative arrangement, the Department has also asked practices to report on the ethnic category of the practitioner or member of staff to help assess the extent to which race is an issue where staff are involved. We will indicate this, where appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnic  Category |  | Category  Code | Patient | Staff  Member |
| White | British | 9i0.. |  |  |
|  | Irish | 9i1.. |  |  |
|  | Other White | 9i2.. |  |  |
| Mixed | White & Black Caribbean | 9i3.. |  |  |
|  | White & Black African | 9i4.. |  |  |
|  | White & Asian | 9i5.. |  |  |
|  | Other Mixed | 9i6.. |  |  |
| Asian or | Indian | 9i7.. |  |  |
| Asian British | Pakistani | 9i8.. |  |  |
|  | Bangladeshi | 9i9.. |  |  |
|  | Other Asian | 9iA.. |  |  |
| Black or | Black Caribbean | 9iB.. |  |  |
| Black British | Black African | 9iC.. |  |  |
|  | Other Black | 9iD.. |  |  |
| Other Ethnic | Chinese | 9iE.. |  |  |
|  | Other Ethnic Category | 9iF.. |  |  |
| Not Stated | Not Stated | 9iG.. |  |  |

Many thanks for your co-operation.