

# **WHITCHURCH HEALTH CENTRE**

## **PATIENT COMPLAINT FORM (revised August 2014)**

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working within 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 the Practice Manager (you can use the attached form) who will make sure that we deal with your concerns promptly and in the correct way. When writing, please 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 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:

#### **Option 1: Healthwatch.**

Healthwatch is the local champion for patients and the public. They are there to listen to your feedback, and to make sure that local services know what people expect from them. Contact:  
Healthwatch Bristol— 0117 2690400  
[www.healthwatchbristol.co.uk](http://www.healthwatchbristol.co.uk)

#### **Option 2: SEAP**

SEAP (Support Empower Advocate Promote) offers free confidential help and support to make a complaint. SEAP also offer an Advocacy service to help bring a resolution for any complaint which has reached a stalemate between the patient and the surgery.

Contact SEAP on: 0300 3435704  
Email: [Bristol@seap.org.uk](mailto:Bristol@seap.org.uk)  
Website: [www.seap.org.uk](http://www.seap.org.uk)

# WHITCHURCH HEALTH CENTRE

## COMPLAINT FORM

Patient's Full Name:

Date of Birth:

Address:

Details of the complaint: (Include dates, times, and names of practice personnel, if known)

Please remember to include your desired outcome from making the complaint. Thank you.

SIGNED.....

Print name..... Date.....

**PATIENT THIRD-PARTY CONSENT**

PATIENT'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE 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 person named above in relation to this complaint, and I wish this 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: ..... (To be signed by the Patient only)

Date: .....