**DRs SHEARD, BRIGGS & SKELTON**

# COMPLAINTS PROCEDURE – Information Leaflet

Great Lumley Surgery operates a practice-based complaints procedure as part of the NHS system for dealing with complaints. If you have a complaint or concern about the service you have received from the doctors, or any of the staff working in this practice, please let us know.

# How to complain

We hope that most problems can be resolved easily and quickly at the time they arise, and with the person concerned. If, however, this is not the case and you wish to make a complaint, we would like you to let us know as soon as possible – ideally within a matter of days. If it is not possible to do that, please let us have the details of your complaint:

1. Within twelve months of the incident that caused the problem, or
2. Within twelve months of discovering that you have a problem.

**Complaints should be addressed to:**

**Helen King / Zoe Percival**

**Practice Manager / Assistant Manager**

**The Surgery**

**Front Street**

## Great Lumley

**Chester le Street**

**Co Durham**

**DH3 4LE**

**Tel: 0191 3885600**

# What we shall do

* You will be sent an acknowledgement note within 5 working days of receipt of your complaint.
* We aim to have your complaint investigated within 21 working days of the date you raised it with us. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish.
* We will find out what happened and be in a position to offer you an explanation, or a meeting to discuss the problem with those concerned (if you prefer) within twenty five working days.
* Ensure you receive an apology, where this is appropriate.
* Identify what you would like to be done to resolve your complaint
* Identify what we can do to make sure the problem is not repeated.
* You will receive a final letter setting out the result of any practice investigations

#### Complaining on behalf of someone else

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we must have their written permission for you to do so, unless they are incapable because of physical or mental illness of providing this.

#### If you feel the need to take the matter further

We hope that if you have a problem, you will use our practice complaints procedure. We believe that this will give us the best chance of correcting any problems and an opportunity to improve our practice. If, however, you feel you cannot raise your complaint with us you can contact:

North East & North Cumbria ICB

Email [nencicb-cd.enquiries@nhs.net](mailto:nencicb-cd.enquiries@nhs.net)

**Independent advice is available by contacting:**

North East NHS Independent Complaints Advocacy (ICA) can guide and support you through the NHS complaints process. The service can help you put your complaint in writing or can come along to a meeting with you. Telephone: 0808 802 3000 or visit

[www.nenhscomplaintsadvocacy.co.uk](http://www.nenhscomplaintsadvocacy.co.uk)

If you are dissatisfied with the results of our investigation you may refer the matter to:

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Tel 0345 0154033 [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

SIGNED………………………………….Print name…………………………

DATE………………………………………….

(Continue overleaf if necessary)

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.

Signed: ………………………………………. (Patient only)

**Date: …………………………………………..**