

## **Eastham Group Practice**

# Annex A – Patient complaint form

## **SECTION 1: PATIENT DETAILS**

| Surname       | Title    |  |
|---------------|----------|--|
| Forename      | Address  |  |
| Date of birth |          |  |
| Telephone no. | Postcode |  |

| Date of birth  |         |          |  |
|--|---------|----------|--|
| Telephone no.  |         | Postcode |  |
| SECTION 2: COMPLAINT                                 | DETAILS |          |  |
| Please give full details o any organisation staff (i |         |          |  |
|  |         |          |  |
|  |         |          |  |
|  |         |          |  |
|  |         |          |  |
| SECTION 3: OUTCOME                                   |         |          |  |
|  |         |          |  |
|  |         |          |  |
| SECTION 4: SIGNATURE                                 |         |          |  |
| Surname & initials                                   |         | Title    |  |
| Signature  |         | Date     |  |
| SECTION 5: ACTIONS                                   |         |          |  |



### **Eastham Group Practice**

## Annex B - Third party patient complaint form

### **SECTION 1: PATIENT DETAILS**

| Surname       | Title    |  |
|---------------|----------|--|
| Forename      | Address  |  |
| Date of birth |          |  |
| Telephone no. | Postcode |  |

#### **SECTION 2: THIRD PARTY DETAILS**

| Surname       | Title    |  |
|---------------|----------|--|
| Forename      | Address  |  |
| Date of birth |          |  |
| Telephone No. | Postcode |  |

### **SECTION 3: DECLARATION**

I hereby authorise the individual detailed in Section 2 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.

This authority is for an indefinite period/for a limited period only\*.

(\*Delete as necessary)

### **SECTION 4: SIGNATURE**

| Surname & initials | Title |  |
|--------------------|-------|--|
| Signature          | Date  |  |

### Annex D – Complaints Leaflet

## the Complaints Process

### Talk to us

Every patient has the right to make a complaint about the treatment or care they have received at Eastham Group Practice.

We understand that we not always get everything right and, by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

#### Who to talk to?

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint; our staff are trained to handle complaints. Alternatively, ask to speak to the complaints managers Caroline Hudd or Alison Clare.

If for any reason you do not want to speak to a member of our staff, then you can request that NHS England investigates your complaint, They will contact us on your behalf;

NHS England PO Box 16738 Redditch B97 9PT 03003 11233 England.contactus@nhs.net A complaint can be made verbally or in writing. A complaints form is available from reception. Additionally, you can complain via email to WICCG.Gatekeeper-N85005@nhs.net

### **Timeframes for complaints**

The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you became aware of the matter which you wish to complain.

The complaints managers will acknowledge all complaints within five business days.

We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint.

### **Investigating complaints**

Eastham Group Practice will investigate all complaints effectively and in conjunction with extant legislation and guidance.

### Confidentiality

Eastham Group Practice will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient healthcare record.

## Third party complaints

Eastham Group Practice allows a third party to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party complaint form is available from reception.

### **Final response**

Eastham Group Practice will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

### **Further action**

If you are dissatisfied with the outcome of your complaint from either NHS England or Eastham Group Practice, then you can escalate your complaint to Parliamentary Health Service Ombudsman (PHSO) at either:

Millbank Tower Millbank London SW1P 4QP

Or

Citygate Mosley Street Manchester M2 3HQ

Tel: 0345 015 4033