



# PRESTON PARK SURGERY

## Complaints Leaflet

LET THE PRACTICE KNOW YOUR VIEWS

[www.prestonparksurgery.co.uk](http://www.prestonparksurgery.co.uk) / 01273 559601

### Complaints Procedure

We aim to provide high quality and efficient healthcare services at all times, however on some occasions problems do arise and we will always ensure problems are resolved as quickly as possible and to learn from our mistakes. If you have a complaint or are dissatisfied or concerned about the service you have received from the doctors or any of the staff working in this practice, please let us know. We operate a practice complaints procedure as part of a NHS system for dealing with complaints. The first stage of the NHS complaints procedure is 'Local Resolution'. Your complaint should be made in the first instance to the practice.

### Making a Complaint

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first. Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so, preferably **in writing** as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily.

In any event, this should be:

**Within 12 months of the incident or Within 12 months of you becoming aware of the matter.**

Please provide as much detail as you can.

If you are a registered patient you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. We are able to provide you with a separate complaints form to register your complaint and this includes a third-party authority form to enable a complaint to be made by someone else. Please ask at reception for this. You can provide this in your own format providing this covers all the necessary aspects.

#### **Send your written complaint to:**

The Practice Manager, Preston Park Surgery, 2a Florence Road, Brighton, BN1 6DP

### What we do next

We look to settle complaints as soon as possible. We will acknowledge receipt within 3 working days, and investigate the matter. You may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than this we will let you know, and keep you informed as the investigation progresses.

When looking into a complaint we attempt to see what happened and why, to see if there is something we can learn from this, and make it possible for you to discuss the issue with those involved if you would like to do so.

When the investigations are complete your complaint will be determined and a final response sent to you.

Where your complaint involves more than one organisation (e.g. social services) we will liaise with that organisation so that you receive one coordinated reply. We may need your consent to do this. Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with. The final response letter will include details of the result of your complaint and also your right to escalate the matter further if you remain dissatisfied with the response.

### **Complaining on Behalf of Someone Else**

We keep to the strict rules of medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm that they are unhappy with their treatment and that we can deal with someone else about it.

Please ask at reception for the Complaints Form which contains a suitable authority for the patient to sign to enable the complaint to proceed. Where the patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the precise details of the circumstances which prevent this in your covering letter. Please note that we are unable to discuss any issue relating to someone else without their express permission, which must be in writing, unless the circumstances above apply. We may still need to correspond direct with the patient, or may be able to deal direct with the third party, and this depends on the wording of the authority provided.

### **If you are dissatisfied with the outcome**

You have the right to approach the  
Parliamentary & Health Service Ombudsman.  
Their contact details are:

**The Parliamentary and Health Service Ombudsman, City Gate, 51 Mosley Street, Manchester, M2 3HQ**

**Tel: 0345 0154033**

**Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)**

**<http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form).**

**Or**

**for local advocacy please contact Healthwatch**

Healthwatch Brighton & Hove, Community Base, 113 Queens Road, Brighton, BN1 3XG

**Email: [office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)**

**01273 234041**

### **LET THE PRACTICE KNOW YOUR VIEWS**

We are always looking for ways to improve the services we offer to patients. To do this effectively, the practice needs to know what you think about the services you receive.

Tell us what we do best, where we don't meet your expectations plus any ideas and suggestions you may have. Only by listening to you can the practice continue to build and improve upon the service it offers.

### **TELL US ABOUT OUR SERVICE**

- Could you easily get through on the telephone? Did you get an appointment with the practitioner you wanted to see? Were you seen within 20 minutes of your scheduled appointment time?
- Was our staff helpful and courteous?





# PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

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.

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 ..... (Patient)

Date .....