

## Making a complaint

We try our very best to provide very high levels of care for our patients. Where people feel that we have not met this standard, we would like to hear this feedback.

Where wish to make a formal complaint you should do so, **in writing** as soon as possible after the event (as this helps us to establish what happened more easily).

In any event, this should be:

- Within 12 months of the incident,
- within 12 months of you discovering an issue

We can 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

## Complaints Procedure

necessary aspects.

**Send your written complaint to:**

**Suzanne Thomas, Assistant Practice Manager  
Springfield Medical Centre  
384 Liverpool Road  
Eccles M30 8QD**

### What happens next

We will acknowledge receipt within 5 working days and aim to provide a full response following our investigation within 60 days. 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 we are investigating a complaint, we will speak to individuals or witnesses involved and may refer to medical notes, phone recordings and CCTV.

When the investigations are complete, we will write to you with an outcome of our investigation.

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 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 involved. This is to confirm that they are unhappy with their treatment, that they give permission for us to speak to you about their medical problems and you are authorized to complain on their behalf.

Where a patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the



### **Complaints policy**

precise details of the circumstances which prevent  
this in your covering letter.

The practice Complaints Manager is:

Mrs. Suzanne Thomas/Dr. N.A Whittaker

### **If you are Dissatisfied with the Outcome**

You have the right to approach the  
Ombudsman. The contact details are:

**The Parliamentary and Health Service**

**Ombudsman**

**Millbank Tower**

**Millbank**

**London**

**SW1P 4QP**

**Tel: 0345 0154033**

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

### **You may also approach:**

NHS England  
4<sup>th</sup> Floor, 3 Piccadilly Place  
Manchester.  
M1 3BN

[England.gm-complaints@nhs.net](mailto:England.gm-complaints@nhs.net)

Tel: 0300 3112233



Patients Name -

Date of Birth -

Address (inc postcode) -

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



Telephone Number -

Address (inc postcode) -

I fully consent to my Doctor releasing information and discussing my care and medical records with the person named below 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)

I fully to

Signed -

Signed -

(Patient only)

Print name –

Date –

Date -

## PATIENT THIRD-PARTY CONSENT

**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.**

Complainant Name –

Date of Birth –

Address (inc postcode)