

# Collingham Medical Centre

## Complaints

We always try to give you the best service possible, but there may be times when you may feel this has not happened. This is what to do if you have a complaint about the services we provide for you.

We hope you will use this Complaints Procedure to allow us to look into and if necessary, put right any problems you have identified or mistakes that we have made.

If you wish to make a complaint, please phone, write (letter or attached form) and/or talk to one of the Management team who will take full details of your complaint.

We think it is important to deal with complaints swiftly and locally so we will either

- Offer a meeting you to identify the details of the complaint. You are very welcome to bring a friend or relative with you.
- Free support and advice is also available from the
  - POhWER, NHS Complaints Advocate, PO Box 14043, Birmingham, B6 9BL on 0300 456 2370 or [www.pohwer.net](http://www.pohwer.net)
- or
- Patient Advice Liaison Service (PALS) on free phone 0800 028 3693 or email [pals.north@newarkandsherwoodccg.nhs.uk](mailto:pals.north@newarkandsherwoodccg.nhs.uk)
- If complaint received out side of a meeting, acknowledge receipt within 10 working days
- Give a full response as soon as practicable, it is accepted that the requirements will differ from case to case
- Keep you informed as regularly as possible

If you wish to **complain on behalf of a patient**, we will need written consent to discuss the matter with you. We attach a form for Third Party consent.

The practice will review all complaints individually as part of our multi-disciplinary learning and undertake an annual review of complaints. We share our annual review of complaints with the our Patient Participation Group (Collingham Village Care Committee) and NHS Nottinghamshire and Derbyshire.

Under the NHS Complaints Procedure, **if you are dissatisfied** with this response, you may ask the NHS England for a review. From 1 August 2015 the NHS England North Midlands Complaints Service will be responsible for the investigation of all NHS England complaints relating to primary care provided in Staffordshire & Shropshire as well as Derbyshire & Nottinghamshire.

Although the North Midlands Complaints Service has offices in Mansfield in Nottinghamshire and Anglesey House in Rugeley, all new complaints need to be sent to the NHS England Customer Contact Centre, who will log the complaint and forward it to the relevant office.

You can contact the Customer Contact Centre:

**Post:** **NHS England**  
PO Box 16738  
Redditch  
B97 9PT

**Email:** [england.contactus.@nhs.net](mailto:england.contactus.@nhs.net)

**Telephone:** 0300 311 22 33

**Website:** [www.england.nhs.uk](http://www.england.nhs.uk)

If you are not satisfied with the response from Collingham Medical Centre/NHS England you have the right to approach the Parliamentary and Health Service Ombudsman (PHSO)

**Post:** **The Parliamentary and Health Service Ombudsman**  
Millbank Tower  
Millbank  
London  
SW1P 4QP

**Email:** [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

**Telephone:** 0345 015 4033

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

Complaints regarding a member of the team not directly employed by Collingham Medical Centre will be directed to the employing organisation and we will keep you informed of our action.

*Reviewed By: Julie Reid, January 2016  
Next Review January 2018*

# Collingham Medical Centre

## Complaints Form

### Complainant's Details

Name .....

Address .....

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Contact Telephone No .....

Name of Patient involved (if different from above) .....

Has written consent been obtained? YES / NO / Not Applicable

**Summary of Complaint** (i.e. what you want to complain about) may continue onto additional pages

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Date: ..... Time: .....

Place .....

Patient's Signature .....

Name of staff member responsible for taking the complaint:

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Action Taken: .....

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Patient Contact Information: .....

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Acknowledgement Date .....

## Patient Complaint ~ Third Party Consent Form

**Patient Name** .....

Address .....

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Contact Telephone No .....

**Enquirer/Complainant Name** .....

Address .....

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Contact Telephone No .....

**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 is required.**

**Please obtain 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 .....