

# The Limes Surgery

## **Complaints Procedure Information Leaflet**

### **Practice Complaints**

If you have a complaint or concern about the service you have received from the doctors or any staff working within this practice, please let us know. We operate a Practice Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints procedure meets national criteria.

### **How to Complain**

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know as soon as possible – ideally within a few days or at the most a matter of weeks – because this will enable us to establish what happened more easily. If it is not possible to do this then please let us have the details of your complaint:

- Within 6 months of the incident that caused the problem, or
- Within 6 months of discovering that you have a problem, provided this is within 12 months of the initial incident

Complaints should be addressed to Mrs C. Price and marked “Urgent and Confidential”. Alternatively, you may ask for an appointment with Mrs C Price to discuss your concerns. She will endeavour to ensure that your concerns are dealt with promptly. It will be a great help if you are specific as possible about your complaint.

### **What We Shall Do**

We shall acknowledge your complaint within 2 working days and aim to have looked into your complaint within 10 working days of the date that you raised your complaint with us. We shall then be in a position to offer you an explanation, or a meeting with the people involved. When we look into your complaint we shall aim to:

- Find out what happened and what went wrong
- Make it possible for you to discuss the problem with those concerned, if you would like this
- Make sure you receive an apology, where appropriate
- Identify what we can do to make sure that the problem does not happen again

### **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 have to know that you either have his or her permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) or a minor of providing this.

## **Complaining to the Health Authority**

We hope that if you have a problem that you will use our Practice Complaints Procedure. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. This does not affect your right to contact the Health Authority if you feel you cannot raise your complaint with us or you feel dissatisfied with the result of the investigation.

You should contact the Health Authority Complaints Manager (as below) for further advice.

By post:-  
NHS England  
PO Box 16738  
Redditch  
B97 9PT

By e-mail:- [England.contactus@nhs.net](mailto:England.contactus@nhs.net), marked for the attention of the Complaints Manager in the subject field

By telephone:- 0300 311 22 33

Or direct to the Ombudsmen:-  
Millbank Tower  
Millbank  
London  
SW1P 4QP

Telephone No 0345 015 4033

If you are not happy with the Ombudsman's decision, then you can appeal directly to the PHSO, and details of this process can be found on their website;

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

Once the Ombudsman or one of their senior staff has considered the complaint and sent a response, their decision is final. Unless you raise any new issues that they consider significant to the complaint, they will not send further replies (but will still acknowledge further correspondence).

The  
**LIMES**  
*Surgery*

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

**COMPLAINT FORM**

Patient Full Name:

Date of Birth:

Address:

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

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SIGNED.....Print name.....(Continue overleaf if necessary)

**PATIENT THIRD-PARTY CONSENT**

PATIENT'S NAME:

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TELEPHONE NUMBER:

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ADDRESS:

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ENQUIRER / COMPLAINANT NAME:

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TELEPHONE NUMBER:

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ADDRESS:

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**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 only, 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)

Signed: ..... (Patient only)

**Date:** .....