**Unreasonable Complaints**

We have a responsibility to both our staff and our patients to keep them safe. Any patient becoming aggressive, threatening or violent towards members of staff in their promotion of their complaint will have robust action taken against them. This could, in extreme circumstances, including calling the police. We would therefore ask you to be calm and reasonable when making a complaint.

**Escalation of Complaints**

Every effort is made to resolve the dispute within the Practice, however, if you are not content with the outcome of your complaint at local level you have the right to approach the Parliamentary and Health Service Ombudsman. You have several options for doing this as follows:

* By Letter: Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP
* Online via the '[Making a complaint page](http://www.ombudsman.org.uk/make-a-complaint)': [www.ombudsman.org.uk/make-a-complaint](http://www.ombudsman.org.uk/make-a-complaint)

You can also download a paper form from this site.

* By phone to the PHSO Customer Helpline: 0345 015 4033 (8:30 am to 5:30 pm, Monday to Friday)
* Further details are available on the website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

You may also approach Healthwatch for help or advice. Further details are available on their website: [http://www.healthwatch.co.uk](http://www.healthwatch.co.uk/)

You also have the right to seek assistance with any complaint from Swan Advocacy Independent NHS Complaints Advocacy Service:

They can be contacted:

* By phone: 0333 344 7926
* By email:  mail@swanadvocacy.org.uk
* By post: Swan Advocacy Network, 26 Milford Street, Salisbury, Wiltshire, SP1 2AP
* Through their website: [www.swanadvocacy.org.uk](http://www.swanadvocacy.org.uk/page/clients/nhs-complaints.php).

**Kennet and Avon**

**Medical Partnership**

|  |  |
| --- | --- |
| Marlborough SurgeryGeorge LaneMarlboroughWiltshire SN8 4BYTel: 01672 512187 | Pewsey SurgeryHigh StreetPewseyWiltshire SN9 5AQTel: 01672 569990 |

**Complaints Leaflet**

**July 2017**

At Kennet and Avon Medical Partnership we strive to deliver the best quality patient care at all times and in all areas of contact with the patient or patient’s representative. However, we are aware that things can go wrong there may be times when you feel you have received a less than efficient services or where you are less than happy with the service you have received.

If you have a complaint or concern about the service that you have received from the doctors or any of the staff working in the Practice, please let us know. We operate a Practice Complaints Procedure as part of the NHS system for dealing with complaints. The purpose of this leaflet is to explain what to do if you have a complaint about the service that the practice provides for you.

**How Do I Complain**

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned, and we ask you try this approach first. Alternatively, you could discuss your concern with the Patient Services Manager to see if your concerns can be resolved. Or, if you feel your doctor is the most appropriate person to approach, then you may do so. All complaints are taken seriously and will be dealt with honestly and openly in a timely way.

If you wish to make a formal complaint, we ask that these are submitted in writing to the Patient Services Manager, by either completing the enclosed form or by sending a letter to the practice address.

Alternatively, you may complain directly to NHS England, who commission our service. **NB you can only complain to either the practice OR NHS England:**

* By telephone: 03003 11 22 33
* By email: england.contactus@nhs.net
* By post: NHS England, PO Box 16738, Redditch, B97 9PT

Further details are available here: [www.england.nhs.uk/contact-us/complaint/](http://www.england.nhs.uk/contact-us/complaint/)

Please let us know promptly if you have a complaint. In accordance with the NHS Complaints Procedures, a complaint must be raised within twelve months of the incident, or within twelve months of you becoming aware of the matter.

**What Will Happen Next**

We will acknowledge your complaint within 3 working days of receipt.

The complaint will be investigated and you will receive a follow up letter as soon as practicable, which will provide details either of the outcome of any investigations and any appropriate steps that will be taken to ensure that the situation does not re-occur, or details of how we will proceed with the complaint together with any timescales.

If considered appropriate by all parties, you will be invited to attend the surgery to discuss the matter with the most appropriate staff members which may include the Patient Services Manager, the Business Manager and one or more of the doctors. Following this you will receive a written statement from the Practice detailing the outcome of the discussion. If you wish, you may bring a friend or relative to this conversation.

Where other parties are involved you will be kept informed about the steps being taken to obtain their statements.

If we receive a complaint that may be better directed to another organisation, we will advise you within three working days of receipt and ask you to confirm if you wish it to be forwarded on and give you the full contact details of who we would send it on to.

**Confidentiality**

All complaints will be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of your medical records, we will advise you if the investigation will involve disclosure of information contained in those records to a person other than the Practice or an employee of the Practice.

The Practice will keep a record of all complaints and copies of all correspondence relating to complaints, but such records will be kept separate from patients’ medical records.

**Complaining On Behalf of Someone Else**

Please note we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have their permission to do so. Signed consent by the person concerned will be needed, using either our complaint form, or through receipt of a letter in the practice, unless they are incapable (because of illness) of providing this.

You may also find that if you are complaining on behalf of a child who is capable of making their own complaint, we will expect that child to contact us themselves to lodge their complaint.

**Feedback, Comments and Complaints Form**

At Kennet and Avon Medical Partnership we strive to deliver the best quality patient care at all times and in all areas of contact with the patient or patient’s representative. There may be times when less than efficient services may be given, instances where the patient is less than happy with the service he/she receives, or times when patients would like to recognise and highlight service above and beyond what you would expect from the practice.

If you have a compliment, complaint, concern or simply some feedback about the service you have received from any of the staff working in the Practice, or the practice itself, please let us know by completing this form and returning it to the Patient Services Manager at the Practice.

*Please circle the relevant statement*:

I would like to register a Compliment

Piece of Feedback

Concern

Complaint

The service involved a GP

Dentist

Practice Nurse

Other Staff member (Please state: ………………………………………….)

This concerns Administration

Attitude

Cleanliness of Facility

Convenience of Appointment

Quality of Care by the Practice

Other

Please use this space to provide us with some details, including any relevant dates (please continue overleaf if necessary):

If you would like a response to this form, please provide the following information:

|  |  |
| --- | --- |
| Full Name: | Email address: |
| Date of Birth: | Tel No:  |
| Address: |

Would you like this matter to be treated as a formal complaint?: Yes / No

If yes, please complete the following information, which is required for all **complaints**:

|  |  |
| --- | --- |
| Full Name of Patient:  | Email address: |
| Date of Birth: | Tel No:  | Usual Doctor: |
| Address: |

**If you are completing this form on behalf of someone else, please complete the following sections:**

|  |  |
| --- | --- |
| Full Name of Enquirer/Complainant:  | Email address: |
| Relationship to patient: |
| Date of Birth: | Tel No:  |
| Address: |

**If you are complaining on behalf of a patient or your complaint involves the medical care of a patient then we will require the signed consent of the patient in order to progress the complaint. Therefore, 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 about in relation to this complaint, and I wish this person to complain on my behalf.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient only)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this form.