

Ashby Turn Primary Care Centre



Complaints - Patient Pack

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Making a Complaint

Most problems can be sorted out quickly and easily with the person concerned, often at the time they arise, 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, giving as much detail as you can, 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

If you are a patient you can complain about your own care. You are not normally able to complain about someone else's treatment without their written authority. See the separate section in this leaflet for what to do in this case.

Within this pack we are able to provide you with a separate complaint form to register your complaint and this includes a third-party authority form to enable a complaint to be made by someone else. You can provide this in your own format providing it covers all of the necessary aspects.

Send your written complaint to:

Complaints Manager
Ashby Turn Primary Care Centre
The Link
Ashby
Scunthorpe
DN162UT

You may also complete the digital complaints form which is accessible on our website

www.ashbyturnprimarycarecentre.nhs.uk/your-complaint

You may also make your complaint directly to The Parliamentary and Health Service Ombudsman:

- By telephone: 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005
- By email: <http://www.ombudsman.org.uk/make-a-complain>
- By post: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP

You may also complain to the Commissioner of the Service: Humber and North Yorkshire Place: Experience Team.

Experience Team Phone number is 01482 957750 and the e-mail address is hnyicb.experience@nhs.net

What We Do Next

We aim to settle complaints as soon as possible.

We will usually acknowledge receipt within 5 working days and aim to resolve the matter as soon as possible but will give you some idea of how long that may take at the outset. You will 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 wish to do so.

When the investigations are complete, a final written response will be sent to you.

Where your complaint has been initially sent 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 refer the matter further to the Parliamentary and Health Service Ombudsman (details shown elsewhere in this leaflet) if you remain dissatisfied with the response.

Ashby Turn Primary Care Centre's Complaint Manager is Senior GP Partner Dr J Widders, with support from The Practice Manager & Assistant Practice Manager.

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. In the event the patient is deceased, then we may agree to respond to a family member or anyone acting on their behalf or who has had an interest in the welfare of the patient.

Please see third party consent form within this pack.

Where the patient is incapable of providing consent due to illness, accident or mental capacity, it may still be possible to deal with the complaint. Please provide the precise details of the circumstances that 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. 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.

We may still need to correspond directly with the patient, or may be able to deal directly with the third party. 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
Millbank Tower
30 Millbank
London
SW1P 4QP
Tel: 0345 015 4033
Website: www.ombudsman.org.uk
www.ombudsman.org.uk/make-a-complaint
(to complain online or download a paper form)

ASHBY TURN PRIMARY CARE CENTRE

PATIENT COMPLAINT FORM

Patient's Full Name:	Address:
Date of Birth:	
Telephone:	
If you are not the complainant, but are completing this form on behalf of the complainant, please state your relationship and enclose a signed Consent form (found in this pack):	

Please detail the complaint below:

Date(s) / Time(s) of event(s):
Personnel Involved:
Description of Complaint:

Continue on a separate page where necessary.

Print Name:	Date:
Sign:	

Please return completed forms to:

The Complaints Manager, Ashby Turn Primary Care Centre, The Link, Ashby, Scunthorpe,
DN162UT

ASHBY TURN PRIMARY CARE CENTRE

THIRD PARTY CONSENT FORM

This form is to be used when the complainant is not the registered patient. (Please write clearly).

I

Printed Name of Patient:

of

Address of Patient:

authorise the complainant:

Printed Name of complainant:

to act on my behalf and do also agree that Ashby Turn Primary Care Centre may disclose confidential information (only that which is deemed necessary to answer the complaint) about myself and my medical records.

Patient Signature:

Date:

Complainant Signature:

Date: