

The Riverside Practice

Patient Leaflet: Advice for Patients wishing to make a complaint

(revised November 2014)

If you're not happy with the care or treatment you've received at The Riverside Practice you have the right to complain, have your complaint investigated and be given a full and prompt reply.

You have the right to:

- have your complaint dealt with efficiently, and properly investigated
- know the outcome of any investigation into your complaint
- take your complaint to the independent Parliamentary and Health Service Ombudsman if you're not satisfied with the way the Practice has dealt with your complaint.

Who should I complain to?

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first.

When 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 (ideally using our complaints form below) Your written complaint should be sent to the Practice Complaints Manager:

Mr Paul Carroll
The Practice Manager
23 Marylebone Road
March
Cambridgeshire
PE15 8BG

Alternatively, you can complain to NHS England:

NHS England
PO Box 16738
Redditch
B97 9PT

When should I complain?

As soon as possible ideally within a few days as this helps us to establish what happened more easily. In any event complaints should normally be made within 12 months of the date of the specific event that your complaint relates to, or as soon as the matter first came to your attention.

Who can complain?

If you are a registered patient or former registered patient, you can complain about your own care.

Or:

(a) where the patient is a child:

- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;

- by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
- by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is not able to make a complaint themselves, the complaint can be made by a relative or other adult who has an interest in his/her welfare.

Please be advised that we keep strict rules regarding medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will normally require written consent from the patient to confirm that we are able to correspond and speak to you about the matter and the patient's medical information. The patient involved should sign the declaration on the complaint form below. If written consent is not possible then please discuss this with the patient's Doctor or the Practice Manager.

What happens next?

- We will acknowledge your complaint in writing, within three working days.
- We will offer you the opportunity to discuss the complaint either by telephone or in person.
- If the complaint involves more than one organisation, the complaints manager will liaise with his/her counterpart to agree responsibilities and ensure that one coordinated response is sent.
- The Practice will then write to you, confirming the details of how the complaint will be handled and when you can expect a response.
- The complaints manager will ensure that the complaint is thoroughly investigated.

Formal Response

Once a formal investigation has been carried out we will respond to you in writing. The response will include.

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate.
- Where errors have occurred, explain these fully and state what will be done to put them right, or prevent repetition.
- We will give an open and honest response and acknowledge mistakes.

The exception to this procedure is if a complaint is received verbally and is dealt with to the satisfaction of the complainant within 24 hours of receiving it.

Not happy with the Practices Formal Response?

If after receipt of the formal response you are still not satisfied with the outcome or explanation and do not believe you can obtain a satisfactory outcome by further discussion with the practice you can refer the matter to the Parliamentary and Health Service Ombudsman.

Parliamentary and Health Service Ombudsman,
Millbank Tower
Millbank
London SW1P 4QP
Tel: 0345 015 4033

Can I get help to make a complaint?

Making a complaint can be daunting but help is available.

PET Patient Experience Team (formally known as PALS)

They offer confidential advice, support and information and can be contacted at

Patient Experience Team
Lockton House Clarendon Road
Cambridge
CB2 8FH
Tel: 0800 279 2535
01223 725588
01733 758584

Email: capccg.pet@nhs.net

NHS Complaints Independent Advocacy Service

Since April 1 2013 individual local authorities have a statutory duty to commission independent advocacy services to provide support for people making or thinking of making a complaint about their NHS care or treatment.

Tel: 0300 330 5454

Website: www.nhscomplaintsadvocacy.org

Citizens Advice Bureau

Your local Citizens Advice Bureau can be a great source of advice and support if you want to complain about the NHS,

THE RIVERSIDE PRACTICE

DR. P. SPOFFORTH

23 MARYLEBONE ROAD

DR. D.DONOVAN

MARCH

DR.H.JAKKA

CAMBS

PE15 8BG

Practice Manager: Mr Paul Carroll

Tel: 01354 661922 Fax: 01354 650926

COMPLAINT FORM

1. Complainants Details

Full Name:	Address:
Date of Birth:	
NHS Number (if known):	

2. Consent. (Please complete if the above complainant is NOT the patient involved)

I hereby give consent that the above named person (in the Complainants Details *section*) has my permission and authority to make this complaint on my behalf and deal with all correspondence concerning this complaint. I understand that this may involve access to my medical records and other confidential information held by the practice about me. Please note this consent applies ONLY to information held by The Riverside Practice and does not extend beyond this.

Full name:	Address:
Date of Birth:	
NHS Number (if known):	
Signature of patient:	
Date:	

3. Details of the complaint. (Please be as specific as possible and include times, places and people where appropriate).

Continue on a separate sheet if necessary.

Signature:	Print name:	Date:
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