

CAMBERWELL GREEN SURGERY

PATIENT COMPLAINT FORM

(& USEFUL INFORMATION)

Rev 5/18

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know as we welcome all forms of feedback in order that we can look at, review, analyse or change particular aspects of our operations at Camberwell Green Surgery.

We operate a practice complaints procedure as part of an NHS complaints system, which meets national criteria.

Please be assured that entering into any form of complaint will not affect your clinical care or level of service you receive in any way.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so (as soon as possible) ideally within a matter of a few days. This will enable us to establish what happened more easily.

If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem.

Complaints may be received verbally but preferably in writing and must be forwarded to the Complaints Manager (see below) or the lead GP if the Complaints Manager is unavailable).

If you wish to complain to the Practice, it is recommended that you do so in writing via the complaints form or a formal letter and you should address your complaint to:
The Practice Manager, Camberwell Green Practice 17 Camberwell Green SE5 7AF
(you can use the attached form).

He will ensure that we deal with your concerns promptly and in the correct way including acknowledging receipt of your complaint. You should be as specific and concise as possible.

If complaining to NHS England, you should first make contact via:

NHS England, PO Box 16738, Redditch, Worcs B97 9PT

Email: nhscomplaints@voiceability.org Tel: 0300 330 5454 Textphone: 0786 002 2939

Fax: 0330 088 3762

Web: http://www.voiceability.org/what_we_do/statutory_advocacy/nhs_complaints_advocacy

ICAS

The Independent Complaints Advocacy Service (ICAS) supports patients and their carers wishing to pursue a complaint about their NHS treatment or care. This is a free service run by Voiceability, contactable on 0300 330 5454/Email: nhscomplaints@voiceability.org

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are a child or incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below. If at all uncertain about the need or requirement for consent please do not hesitate to contact the Practice Manager.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days of receipt of the complaint letter/form and will then as appropriate, offer you the opportunity to discuss how the matter will be handled and also to negotiate a workable timescale with you. Unless informed otherwise we aim to have the final investigated response letter to the complainant by or within 28 days of the receipt of the complaint letter/form. In exceptional cases where staff involved are on leave or are absent, or evidence or other information needed for the investigation is not available at that time, there may be a delay to the 28 day period but this will be fully communicated with the complainant before the 28 day point.

When we look into your complaint we will fully investigate the circumstances and where possible, we will ensure you are invited to discuss the problem with those concerned. If for any reason there is likely to be a delay in responding to you, we will contact you as soon as this is known to ensure you are made aware of the delay and the reasons behind it. When accepting that there has been failings we will ensure you receive both a written apology and demonstration that steps are being taken to ensure a similar problem will not take place again. Please be reassured that making a complaint will not adversely affect a patient's care.

You will receive a final letter setting out the result of any practice investigations

TAKING IT FURTHER

PHSO

If you remain dissatisfied with the outcome you may refer the matter to the **Parliamentary & Health Service Ombudsman**; their role is to consider complaints that government departments, a range of other public bodies in the UK, and the NHS in England, have not acted properly or fairly or have provided a poor service. They work to put things right where they can and to share lessons learned to improve public services. Their service is free and open to everyone.

They can be contacted at:

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

Tel 0345 0154033 & www.ombudsman.org.uk

The Complaint Form is on the next page >>>

CAMBERWELL GREEN SURGERY PATIENT COMPLAINT FORM

Patient Full Name:

Date of Birth:.....

Address – this is where the holding and formal response letters will be sent

House or Flat No.....

2nd line of Address inc Road name.....

..... Post Code: SE5.....

Contact Telephone Number:.....

Email address:.....

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

RECEIVED AT THE PRACTICE ON (DATE).....

PASSED TO PRACTICE MANAGER FOR ACTION ON (DATE).....

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

RELATIONSHIP TO PATIENT _____

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 authorise 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:

When fully completed, send all complaint forms to:

Personal for:

The Practice Manager
Camberwell Green Surgery
17 Camberwell Green
LONDON SE5 7AF
E: souccg.camberwellgreensurgery@nhs.net
F: 0207 701 2361