

# **SPINNEY HILL MEDICAL CENTRE**

Dr S Sian - Dr A Raj - Dr A Joshi - Dr R Amin - Dr A Shah - Dr R Choudhary – Dr R Thakor – Dr A Sinha

<b>Main Surgery</b> 143 St Saviours Road, Leicester, LE5 3HX Tel: 0116 482 7140	<b>Branch Surgery</b> 132 Doncaster Road, Leicester, LE4 6JJ Tel: 0116 482 7142
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## **DO YOU HAVE A COMPLAINT?**

The Practice operates a complaints procedure as part of the NHS system for dealing with complaints. Our complaints system meets national criteria.

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 matter of days or at most a few weeks - because this will enable us to establish what happened more easily.

## **HOW DO I MAKE A COMPLAINT?**

Please complete this complaints form and return it to the practice for the attention of the Practice Manager

## **WHAT WILL HAPPEN AFTER YOU HAVE MADE A COMPLAINT?**

The Practice Manager (or Deputy in her absence) will investigate the complaint by speaking to the relevant people involved. She may have to contact you so please give a current telephone number where you can be reached and times you would be available.

A reply will be forwarded to you with an explanation of the events and the action taken to rectify the situation.

## **WHEN CAN I EXPECT A RESPONSE?**

An acknowledgement of your complaint will be forwarded to you with 3 working days either verbally or in writing.

Following our investigation an explanation will be forwarded to you within 10 working days. In complicated cases that may take longer, the Practice Manager will inform you of an expected timescale.

## **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 incapable (because of illness or infirmity) of providing this. A Third-Party Consent Form is provided below.

## **Complaints to NHS England**

NHS England welcomes concerns, compliments and complaints as valuable feedback that will help us learn from your experiences and make improvements to services we commission. If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service NHS England. A complaint or concern can be received by mail, electronically or by telephone via these details;

By telephone: 03003 11 22 33

By email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

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

## **WHAT CAN I DO IF I AM NOT HAPPY WITH THE RESPONSE?**

### **1. You can escalate your complaint to the ombudsman**

Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

Tel: 0345015 4033

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

### **2. You can escalate your complaint to CQC**

Care Quality Commission  
Citygate,  
Gallowgate,  
Newcastle upon Tyne  
NE1 4PA

Tel: 03000 616161

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

# 3.3 COMPLAINT

## COMPLAINT DETAILS FORM

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_

**Patient Details (if different from above)**

Name:

Address:

**In this instance please ask the patient to sign the consent form overleaf for this investigation to continue. If no consent obtained please state why below:**

\_\_\_\_\_  
\_\_\_\_\_

**Please detail your complaint below, stating date and time of the incident and the names of any personnel involved. Please use a separate sheet where necessary.**

\_\_\_\_\_  
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\_\_\_\_\_



# COMPLAINT FORM (CONTINUED)

Where the complainant is NOT the patient.

I, \_\_\_\_\_

authorise the complaint set out overleaf to be made on my behalf by,

\_\_\_\_\_

and I agree that the Practice may disclose, only in so far is necessary to answer the complaint, confidential information about me which I provided to them to the person named here.

Patient's signature: \_\_\_\_\_

Date:

Name and address (Block capitals please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_