

The Gold Street Surgery

Gold Street

Saffron Walden

Essex CB10 1EJ

Tel: (01799) 525325

Branch Surgery: School Street, Great Chesterford CB10 1NN

www.thegoldstreetsurgery.co.uk

PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in Gold Street Surgery, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and directly with the person concerned. Please speak in confidence to whoever you feel most comfortable with – your doctor, a nurse or one of the senior staff.

If you wish to make a more 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. You should address your complaint in writing to the Practice Manager (you can use the attached form). He/she will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

You can also give us general feedback via the Gold Street Surgery website (www.thegoldstreetsurgery.co.uk) or by using the feedback forms on reception. The feedback forms can be completed anonymously if you wish (but obviously we will not be able to respond).

You can also comment in a general way via the “Friends and Family Test” which asks you if you would recommend the Gold Street Surgery to Friends and Family. Forms are available in reception or on the website.

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.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated and replied within 28 days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you

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when we expect to finish. We will not delay responding unnecessarily, but it may take longer, for example, if you are unhappy about a consultation with a particular clinician and they are away.

When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned if you wish; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again. We endeavour to learn from complaints we receive, and discuss complaints or problems and any learning points with the whole clinical team.

As an alternative to complaining to the surgery, you can also contact NHS England on 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays) or email: england.contactus@nhs.net or write to:

NHS England
PO Box 16738
Redditch
B97 9PT.

For further details about how to make a complaint to NHS England please visit the NHS England website.

<http://www.england.nhs.uk/contact-us/complaint/>

TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

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

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Please hand this form in at Reception, post to the address above or email to
receptionist.thegoldstreetsurgery@nhs.net

COMPLAINT FORM

Patient Full Name:.....

Date of Birth:.....

Address:.....

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

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SIGNED.....Print name.....

(Continue on a separate sheet if necessary)

OFFICE USE ONLY

EMIS #:.....Rec'd by:.....

Date Received.....Date Ackn'd.....

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

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. WE CANNOT FEED BACK TO YOU WITHOUT A VALID CONSENT

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, and I wish 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: