

Complaints Procedure for Patients

Dr Manickam & Partners

At Dr Manickam & Partners we want to provide our patients with the best health care available. That is why we regularly ask you how well we do in providing our service in the form of Questionnaires.

On some occasions we recognise that, for a number of reasons, some patients may wish to question how those services are provided, especially if something goes wrong, and causes a complaint. This document sets out the process you should follow, when you feel there is something you would like to bring to our attention. After all, unless you tell us we will not be able to investigate your views and help to avoid similar situations from happening to other patients.

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

WHO CAN COMPLAIN

Anyone who is receiving, or has received NHS treatment or services can complain. If you are unable to complain yourself then someone else, usually a relative or close friend can complain for you. We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned.

COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have his/her permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

The Practice may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Practice, or:

(a) where the patient is a child:

(i) by either parent, or in the absence of both parents, a person having parental responsibility for the patient;

(ii) 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; or

(iii) by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is incapable of making a complaint (e.g. because of physical or mental incapacity), by a relative or other adult who has an interest in his/her welfare or any person appointed by a court to manage those affairs;

(C) where the patient has died, the patient's personal representative and any person who may have a claim arising out of the patient's death,

(d) where the has requested the representative to act on his/her behalf, in this instance the form at Appendix B must be completed.

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In the case of a patient or person affected who has died or who is incapable, the representative must be a relative or other person who, in the opinion of the one of the GP Partners had or has a sufficient interest in his/her welfare and is a suitable person to act as representative.

We may still need to correspond direct with the patient, or may be able to deal direct with the third party, and this depends on the wording of the authority provided.

HOW TO COMPLAIN

We hope that most problems can be resolved quickly and easily at the time they arise. If your problem cannot be resolved in this way and you wish to make a formal complaint we would like you to let us know as soon as possible.

We prefer to receive complaints in writing wherever possible, and a form is available for this purpose, but if you are unable to make a written complaint we will deal with your verbal complaint in the same way.

It is important that you make your complaint as soon as possible after the event you want to complain about happens – usually we will only investigate complaints that are either:-

- Made within 12 months of the incident that caused the problem, OR
- Made within 12 months of you discovering that you have a problem, providing that is not more than 12 months after the event itself.

These time limits can be adjusted, if there are good reasons why you could not complain sooner.

Complaints should be addressed to the Practice Manager or any of the doctors.

WHAT WE WILL DO

We look to settle complaints as soon as possible.

We will acknowledge receipt within 3 working days, and aim to have looked into the matter within 10 working days. You may 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 would like to do so.

When the investigations are complete your complaint will be determined and a final response sent to you.

Where your complaint involves more than one organisation (e.g. Social Services) we will liaise with that organisation so that you receive one coordinated reply. We may need your consent to do this and this might cause a delay to our normal response times.

Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

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The final response letter will include details of the result of your complaint and also your right to escalate the matter further if you remain dissatisfied with the response.

We would agree to a conciliator facilitating any meeting.

WHAT TO DO IF A LOCAL RESOLUTION IS UNSUCCESSFUL

If you are not satisfied with the outcome of the complaint, we will ask you to come and see us. We would like to be able to help you understand why we have taken the actions we have done this far, and it is much easier to resolve the issues face to face. Normally, a GP or the Practice Manager would represent the practice, and we would be happy for you to be accompanied by a close friend or relative, if you choose to do so. We would need your permission, prior to the meeting, to discuss the issues openly in front of a third party.

WHAT YOU CAN DO NEXT:

We hope that if you have a problem, you will use our practice complaints procedure. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. But this does not affect your right to approach the local Integrated Care System (ICS) if you prefer to do so.

Integrated Care System (ICS)

Complaints, compliments and enquiries are handled by the Patient Services Team. You can contact them via any of the methods below and they will be happy to help.

Website: <https://staffsstoke.icb.nhs.uk/contact-us-2/patient-advice-and-liaison-service/>

Freephone: 0808 196 8861

Email: PatientServices@staffsstoke.icb.nhs.uk

Post: New Beacon Building, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF

Healthwatch Staffordshire NHS Independent Health Complaints Advocacy Service

Website: <http://healthwatchstaffordshire.co.uk/nhs-complaints/>

The Healthwatch website provides usual information regarding making a complaint, including letter templates and consumer guides.

Freephone: 0800 051 8371

Write to: Civic Centre, Riverside, Stafford, Staffordshire. ST16 3AQ

Email: enquiries@healthwatchstaffordshire.co.uk

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This Service will be operating between the hours of 9.00 am – 5.00 pm, Monday to Friday. If patients contact the service outside these times we will contact them back within 2 working days.

If you remain dissatisfied with the responses to your complaint, you have the right to ask the **Healthcare Ombudsman** to review your case.

The Healthcare Ombudsman is an independent body established to promote improvements in healthcare through the assessment of the performance of those who provide service.

Website: <https://www.ombudsman.org.uk/making-complaint>

Write to: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP

Telephone: 0345 015 4033 (Monday to Friday, 8.30 am – 5.30 pm)

HELP US TO GET IT RIGHT

We constantly try to improve the service we offer.

Please let us know when you think we have done something well or if you have any suggestions as to how we can do something better.

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COMPLAINT/SUGGESTION FORM

Name _____

Address _____

Tel No _____

Doctor _____

Date _____

Nature of Complaint/Suggestion - Legible handwriting would be appreciated

Detail the complaint below, including dates, times, and names of practice personnel, if known.
Continue on a separate page where necessary.

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Print name _____

Signed _____

Date _____

**Please return completed forms to Margaret Robinson - Practice Manager – Dr Manickam & Partners
Email: Escrett.street@nhs.net**

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APPENDIX B

WHERE THE COMPLAINANT IS NOT THE PATIENT

I _____ authorise the person named below (the complainant) to be on my behalf, and I agree that the Practice may disclose to _____ only in so far as it is necessary to answer the complaint confidential information about me which I provided to them.

Patient's Signature _____ Dated _____

Full Name _____ Surname _____

Address _____

Complainant:-

Full Name _____ Surname _____

Address _____

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APPENDIX C

WHERE THE COMPLAINANT IS NOT THE PATIENT AND THE PATIENT IS DECEASED – Authority to Act on Behalf of Deceased Patient Form

I declare that the information given to me below is correct and that I am entitled to receive confidential information in relation to my complaint. This may include information taken from the medical records of the deceased patient.

Patient Details:

Patient Name:	
Patient Address:	
Patient Date of Birth:	
Patient Date of Death:	

Your details:

Your Name:	
Your Home Telephone number:	
Your mobile telephone number:	
Your email address:	
Your address:	
Your relationship to Patient:	

1. Are you the executor or personal representative for the deceased's estate?

Yes/ No

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2. If Yes, then please supply a copy of one of the following documents as confirmation of your appointment:

Grant of Probate
Letters of Administration
Copy of patient's will (front page will suffice)

If none of these are in existence we will need something to prove that you are entitled to receive the complaint response, such as: birth certificate/ marriage certificate/ death certificate

3. If No, but you have consent provided by the executor or personal representative, please obtain a signature of confirmation to that effect on this form, or provide us with their contact details so that we may confirm this with them directly.
4. You have a claim arising from the patient's death and wish to access information relevant to your claim on the grounds that:

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.....

Print Name:	
Signature:	
Date:	

Information on this form will be used only to communicate details of your complaint to the practice/ organisation involved.

We will not, under any circumstances (unless required by law) share your details with any other person or organisation except where related to your complaint.

Please complete and return in the envelope provided as soon as possible to help us respond back to you within the agreed time frame. Thank you.