

## **St Wulfstan Surgery Complaints Guide for Patients**

If you have a complaint or concern about the service that you have received from the doctors or staff working for this practice, please let us know. We operate a Practice Complaints Procedure as part of the NHS system to deal with complaints. Our complaints system meets national criteria

### **HOW TO COMPLAIN**

We hope that most problems can be sorted out satisfactorily at the time they arise. However if 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. If it is not possible to do that, please let us have details of your complaint:

- Within 12 months of the incident that caused the problem; or
- Within 12 months of discovering that you have a problem

Complaints should be addressed to:

Lindsay Ward  
Practice Manager  
St Wulfstan Surgery  
Northfield Road  
Southam  
CV47 0FG  
Tel: 01926 810939  
Email: [istwulstan@nhs.net](mailto:istwulstan@nhs.net)

Alternatively you may ask for an appointment with the Practice Manager or one of the doctors to discuss your concerns. He/she will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. It will be a great help if you can be as specific as possible about your complaint.

### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

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

### **JOINT WORKING**

If your complaint concerns more than one organisation, we will need your consent to contact them so that we can work together to provide you with a co-ordinated response to your concerns.

### **WHAT WE WILL DO**

Your complaint will be acknowledged within three working days and we will aim, depending on its nature, to have looked into the matter within 10 working days. We will contact you to agree an appropriate timescale for providing you with a full,

written response to your concerns. We shall then be in a position to offer you an explanation or a meeting with the people involved.

When we look into your complaint we shall aim to:

- Find out what happened and what went wrong
- Make it possible for you to discuss the problem with those concerned, if you would like this
- Make sure you receive an apology where this is appropriate.
- Identify what we can do to make sure that the problem doesn't happen again.

## **ADVOCACY**

### *POhWER*

For further details visit [www.pohwer.net](http://www.pohwer.net) or contact them in writing at:

POhWER, County Buildings, St Mary's Street, Worcester, Worcestershire, WR1 1LT  
Tel: 0300 456 2370

### *VOICEABILITY*

Please visit [www.voiceability.org/home/](http://www.voiceability.org/home/) for details on how to refer yourself for Voiceability Health Advocacy, or call them on 0300 222 5947.

## **IF YOU ARE NOT HAPPY WITH THE OUTCOME OF OUR INVESTIGATION**

You may contact NHS England and/or the Ombudsman to review your complaint.

### *NHS ENGLAND*

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

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

Please state: 'For the attention of the complaints team' in the subject line.

By telephone:  
0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

### *PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN*

By post to:  
The Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

By email to:

[phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

By telephone, on their Complaints Helpline:

0345 015 4033

By Fax:

0300 031 4000

Please note, there is now a duty to co-operate with other organisations in order to ensure that the complainant receives a co-ordinated response to a complaint that covers more than one organisation.

**Review Schedule:**

To be reviewed every 3 years: May 2024

By: Practice Manager

**COMPLAINT FORM**

Patient's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

SIGNED.....Print name.....(Continue on separate sheet if necessary)

**PATIENT THIRD-PARTY CONSENT**

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.

**PATIENT'S NAME:** \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**COMPLAINANT'S NAME:** \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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 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: .....