

# **Complaints Procedure**

Our aim is to provide the highest level of care for all our patients. We will always be willing to hear if there is any way that you think that we can improve the service we provide.

### Making a complaint

If you have any complaints or concerns about the service that you have received from the doctors or staff working for this practice, please let us know.

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. If it is not possible to do that, please let us have details of your complaint:

• Within 12 months of the incident or of it coming to your attention (This time limit can be extended provided you have good reasons for not making the complaint sooner and it's possible to complete a fair investigation.)

The Complaints Manager will be pleased to deal with any complaint. Staff will explain the procedure to you and make sure that your concerns are dealt with promptly.

## You can make your complaint:

**In person** – ask a member of staff to document your complaint. They will send this to the complaints officer as soon as possible.

**In writing** – some complaints may be easier to explain in writing - please give as much information as you can, then send your complaint to the practice for the attention of the Complaints Officer as soon as possible. A complaints form is provided with this information leaflet.

**Online** – If you are unable to post or send in your written complaint, an online version of the complaint form can be found on the Inspire Health website. This can be submitted via the website, and can be found at: www.inspire-health.co.uk/complaints

#### What we will do

Our complaints procedure is designed to make sure that we settle any complaints as quickly as possible.

We shall acknowledge your complaint within 3 working days. The complaint officer will give you an estimated time to develop an outcome to your complaint. We will endeavour to respond as soon as we can, but the time taken to properly investigate and respond, in full, to a complaint will vary depending on the nature of the issue raised. We shall then be in a position to offer you an explanation and if necessary, offer a meeting with the people involved.



When we investigate 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 appropriate
- Identify what we can do to make sure the problem doesn't happen again.

At the end of the investigation your complaint will be discussed with you in detail, either in person or in writing.

Please be assured that patients, carers and relatives will not be treated adversely as a result of having complained.

## 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 must make sure that you have their permission to do so. A note signed by the person concerned will be required unless they are incapable (because of illness) of providing this. Please find attached with this policy, a 3<sup>rd</sup> Party Consent form which should be completed by the patient in the event of a complaint being raised on their behalf.

## What else you can do

We hope that, if you have a problem, you will use our practice complaints procedure. We believe that this will give us the best chance of putting right whatever has gone wrong and the opportunity to improve our practice.

The NHS Derby and Derbyshire Integrated Care Board (ICB) encourage patients to patients to raise their complaint directly to the practice in the first instance. Alternatively, a patient is welcome to contact the ICB complaints team (as below), who will advise if your complaint can be handled by the ICB's Primary Care Complaints Team.

Primary Care Complaints Team
NHS Derby and Derbyshire Integrated Care Board
1st Floor North
Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

Tel: 01332 981601

Email; ddicb.complaints@nhs.net



If you remain dissatisfied with the responses to your complaint, you have the right to ask the Health Service Ombudsman to review your case. The Ombudsman is independent of government and the NHS. The service is confidential and free. There are time limits for taking a complaint to the Ombudsman, although he/she can waive them if she thinks there is a good reason to do so. To contact the Ombudsman:

- Telephone 0345 0154033
- Write to: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP
- Go to website: www.ombudsman.org.uk
- The Carers Federation provides ICAS in The East Midlands, telephone 0808 802 3000. http://www.carersfederation.co.uk/icas/
- Email: phso.enquiries@ombudsman.org.uk
- Minicom: 0300 061 4298BSL: signvideoservice



Please 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.

You can also submit your comments by completing the form below. Thank you. Patient Full Name: Date of Birth: Address: Complaint details: (Include dates, times, and names of practice personnel, if known)

Print name

**SIGNED** 

(Continue overleaf if necessary)



# Patient Complaint Form - Third Party Consent Form

Tatient Complaint Form -	Time raity consent roim
Patient Details:	
Patient's Full Name	
Date of Birth	
Address	
Contact Number	
Enquirer / Complainant D	etails:
Full Name	
Relationship to Patient	
Address	
Contact Number	
	behalf of a patient or your complaint or enquiry involves the medical care e consent of the patient will be required. Please obtain the patient's signed
I fully consent to Inspire He the person named above.	alth releasing information to, and discussing my care and medical records with,
The authority is for an inde	inite period / for a limited period only (Delete as appropriate)
Where a limited period ap	olies, this authority is valid until (insert date)
Signed (Patient)	
Date	