

ST. ANDREWS MEDICAL CENTRE

Complaints Procedure

MAKING A FORMAL COMPLAINT

Most problems can be sorted out quickly and easily with the person concerned, often at the time they arise, talking to the practice is actively encouraged and the best person to contact is the Practice Manager who will work with you to resolve your complaint.

Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so, preferably in writing using our complaints form as soon as possible after the event and ideally within a few days, giving as much detail as you can, as this helps us to establish what happened more easily. In any event, this should be within 12 months of the incident, or within 12 months of you becoming aware of the matter.

If you are a registered patient, you may complain about your own care. You are not normally able to complain about someone else's treatment without their written authority. See Complaining on behalf of someone else, below.

COMPLAINTS FORM

You should register your complaint using the **complaints form** on page 3 of this document. This includes a third-party authority section to enable a complaint to be made on your behalf by someone else. Alternatively, you may register your complaint in your own format providing it covers all the necessary aspects (as set out in the form).

In the first instance please send your written **complaint form** to StAMC Practice Complaints Manager; either by email: standrews.mc@nhs.net or post to the practice or leave at reception marked for the Practice Managers attention.

Dr Cathy Bruce is our nominated StAMC 'Responsible Person' who will ensure that complaints are handled in compliance with the regulations and that lessons are learned and implemented. Alternatively, you may make your complaint directly to NHS England, who commission our service: england.contactus@nhs.net; 03003 11 22 33; NHS England, PO Box 16738, Redditch, B97 9PT

WHAT WE DO NEXT

We aim to settle complaints as soon as possible.

We will usually acknowledge receipt within three working days, and aim to resolve the matter as soon as possible but will give you some idea of how long that may take at the outset. You will 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.

ST. ANDREWS MEDICAL CENTRE

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 wish to do so.

When the investigations are complete, a final written response will be 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. Where you have addressed your initial complaint to the wrong organisation but sent it to us, we may seek your consent to redirect this for you.

The final response letter will include details of the result of your complaint and your right to refer the matter further to the Parliamentary and Health Service Ombudsman (details shown further down this page) if you remain dissatisfied with the response.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep to the strict rules of medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm that they are unhappy with their treatment and that we can deal with someone else about it. In the event the patient is deceased, then we may agree to respond to a family member or anyone acting on their behalf or who has had an interest in the welfare of the patient.

You may register your complaint using the **complaints form** on page 3 of this document. This includes a third-party authority section to enable a complaint to be made on your behalf by someone else. Alternatively, you may register your complaint in your own format providing it cover all the necessary aspects (as set out in the form).

Where the patient is incapable of providing consent due to illness, accident or mental capacity, it may still be possible to deal with the complaint. Please provide the precise details of the circumstances that prevent this in your covering letter.

Please note that we are unable to discuss any issue relating to someone else without their express permission, which must be in writing, unless the circumstances above apply. You may also find that if you are complaining on behalf of a child who is capable of making their own complaint, we will expect that child to contact us themselves to lodge their complaint.

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

FOR HELP OR ADVICE, YOU MAY ALSO APPROACH

Local Healthwatch can be found at www.healthwatch.co.uk/

IHCA can be contacted at: www.seap.org.uk/services/nhs-complaints-advocacy/

Kent and Medway NHS and Social Care Partnership Trust provide two patient help services:

PALS (Patient advice and liaison service)

You can talk to PALS who provide confidential advice and support to patients, families and their carers, and can provide information on the NHS and health related matters.

Document Issued: February 2024

Document Version: 3.0

Next Review Due: February 2025

ST. ANDREWS MEDICAL CENTRE

West Kent and Medway PALS: 0800 587 6757
PALS Email: PALS@kmpt.nhs.uk

Patient Experience Team

Description: Help for West Kent patients
Tel: 0800 587 6757
Email: patientexperience@kmpt.nhs.uk

If you are dissatisfied with the outcome

You have the right to approach: The Parliamentary and Health Service Ombudsman
Millbank Tower 30 Millbank London SW1P 4QP 0345 0154033 www.ombudsman.org.uk
<http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form)

COMPLAINTS FORM

ST. ANDREWS MEDICAL CENTRE

Please address your complaint 'for the attention of the Practice Manager' in the subject line if you are emailing the form to StAMC, or on the envelope if you are posting it. Details at the foot of the page.

PATIENT DETAILS (please complete in BLOCK CAPITALS)			
Surname		First name	
Address		Date of birth (dd/mm/yy)	
		Home tele	
Postcode		Mobile	
Email address			
YOUR COMPLAINT			
Detail the complaint below, including dates, times, and names of practice personnel, if known. Continue on a separate page where necessary.			
COMPLAINT HANDLED ON YOUR BEHALF			
If you wish someone to complain on your behalf, please tick this box			

ST. ANDREWS MEDICAL CENTRE

Is this authority for an indefinite period?	Yes/No (circle)	If 'YES' enter end date	
I fully consent to my Doctor releasing information to and discussing my care and medical records with the person named here in relation to this complaint only, and I wish this person to complain on my behalf.			
Name of authorised person			
Address of authorised person			
Patient's signature		*Date (dd/mm/yy)	