



THE BEECHES MEDICAL CENTRE
LIVERPOOL ROAD
LONGTON

PATIENT COMPLAINTS

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

Staff can find all relevant forms on the Shared P: Drive. Forms should be completed by the person involved. All significant events will be reviewed at practice clinical governance meetings.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a 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 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.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality. 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 within 10 working 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 when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again. You will receive a final letter setting out the result of any practice investigations

TAKING IT FURTHER

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

NHS England
P O Box 16738
Redditch
B97 9PT

Complaints regarding commissioning decisions / issues e.g. individual patient funding requests and continuing health care should be directed to:

Customer Care Team
Lancashire Commissioning Support Unit
Lancashire Business Park
Jubilee House
Centurion Way
Leyland
PR26 6TR
Tel: 0800 032 24 24

Email: customer.care@lancashirecsu.nhs.uk

COMPLAINTS FORM

PATIENTS FULL NAME:

DATE OF BIRTH:

ADDRESS:

TELEPHONE:

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

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SIGNED.....

PRINT NAME.....

DATE.....

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME:
TELEPHONE NUMBER:
ADDRESS:

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.

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.....