

WIDEOPEN MEDICAL CENTRE PATIENT COMPLAINT FORM

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.

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 Practice 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 (a separate leaflet giving more detail on confidentiality is available on request). 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 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 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:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk

**Wideopen Medical Centre
Patient Authorisation Form**

Action A – Patient details

Surname		Forename(s)	
Address			
		Postcode	
Date of Birth		GP	
GP Address			
		Postcode	

Section B – Authorisation (to be completed as appropriate)

To be completed by the person named in Section A and the nominated person acting on that person's behalf.

I, _____
 certify that I am the person named in Section A. I hereby give consent for
 _____ (Name of nominated
 person) to make a complaint on my behalf. I understand that this will
 involve information from my health records being disclosed.

Signed: date:

For the nominated person

I (insert name in BLOCK capitals) _____
 Have consent from the person detailed in Section A to act on their behalf.

Signed: date:

To be completed by person's next of kin/personal representative/executor

I (insert name in BLOCK capitals) _____
confirm that I am making a complaint on behalf of the person named in Section A,
because:

- The person is under the age of 16;
- I am the next of kin/representative/executor of the deceased person named in Section A.*
- I have relevant nominated Power of Attorney for the person in Section A.*

(please tick as appropriate)

Signed: date:

* please supply copy Grant of Representation (as issued by the Probate Registry) or power of attorney as appropriate

Please complete and return this form to:

Mrs Sharon L Fox
Practice Manager
Wideopen Medical Centre
Great North Road
Wideopen
Newcastle upon Tyne
NE13 6LN