# **Tutbury Practice Complaint form**

2	Name Address  Contact phone number  Patient details (if different to above)  Name  Address  Contact phone number		
2	Contact phone number  Patient details (if different to above)  Name  Address		
2   1	Patient details (if different to above)  Name  Address		
1	Name Address		
,	Address		
(	Contact phone number		
	Contact phone number		
<b>3</b> Pa	atient name, signature and date	e to consent for investigation i	into the complaint
N	Name	Signature	date
	•		
4 Pa	atient name, signature and date	e of explicit consent if a 3rd pa	arty is complaining on their behalf
N	Name	Signature	date
5 In	dicate which department the co	omplaint relates to	
R	Reception	Administration	Clinical
6 If	the complaint relates to a spec		cate below
Т	Feam member name		

Verbally



In writing

No response required

8	Summary of complaint
8	Full description of events
	•
Q	Desired outcome
0	Desired outcome



Every patient has the right to make a complaint about the treatment or care they have received at The Tutbury Practice.

We understand that we may not always get everything right, but by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

Most complaints can be resolved at a local level. If this is a non-clinical issue please speak to a member of staff if you have a complaint prior to completing the form. We hope to solve any issues ahead of writing. A senior member of the team will be happy to discuss your concerns.

# **Time Frames**

The time constraint on bringing a complaint is 12 months from the occurrence or 12 months from the time you become aware of the matter about which you wish to complain.

When we receive your complaint, we'll acknowledge receipt of it within 3 working days. We aim to investigate and respond fully within 28 days.

All complaints will be investigated in line with the NHS Responding to Complaints Guidance.

# **Confidentiality**

We will respect and apply the utmost confidentiality when dealing with all complaints.

# **Third party complaints**

This allows a third party to make a complaint on behalf of a patient. The patient must provide explicit consent for them to do so.

# Final response

We will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. Further information is detailed in our organisation policy.



#### Dissatisfied with outcome?

If you are dissatisfied with the outcome of your complaint from this organisation then you can escalate your complaint to:

## Patient Advisory Liaison Service (PALS) – The ICS

For PALS at Queens Hospital Burton on Trent:

Telephone: 01283 593110

Email: uhdb.contactpalsburton@nhs.net

For PALS at Royal Hospital Derby:

Telephone: 01332 785156

Email: uhdb.contactpalsderby@nhs.net

#### Health watch Staffordshire 0800 051 8371

Healthwatch Staffordshire is a local service that supports people who want to make a complaint about their NHS Care or treatment. Your local service is at:

Suite 2, Opus House, Priestly Court, Staffordshire Technology Park, Stafford ST18 OLQ

Tel: 0800 161 5600

Email: advocacy@ecstaffs.co.uk

#### Contacting the Care Quality Commission

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: http://www.cqc.org.uk

# <u>Ombudsman</u>

If you're not satisfied with how your complaint was handled, either by us or NHS England, you can contact The Parliamentary Ombudsman. They're here to make final decisions on unresolved complaints.

The Parliamentary Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

Telephone: 0345 015 4033 Textphone: 0207 217 4066

Website: www.ombudsman.org.uk

