

Patient Complaints Procedure

Danby Surgery, Briar Hill, Danby, YO21 2PA Tel. 01287 660739. Web. www.danbysurgery.nhs.uk

Egton Surgery, Egton, Whitby, YO21 1TX Tel. 01947 895356. Web. www.egtonsurgery.nhs.uk

Making a Complaint

Most problems can be sorted out **quickly and easily**, often at the time they arise with the person concerned and this may be the approach you try first.

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** as soon as possible after the event and **ideally within a few days**, 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 discovering that you have a problem.
- With your case stated clearly, giving as much detail as you can.

If you are a registered patient you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. See the separate section in this leaflet.

We are able to provide you with a separate complaints form to register your complaint and this includes a third-party authority form to enable a complaint to be made by someone else. Please ask at reception for this. You can provide this in your own format providing this covers all the necessary aspects.

Send your written complaint to:

Deborah Harrison

Esk Valley Medical Practice

Danby Surgery,

Briar Hill,

Danby

YO21 2PA

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.

Our patient Complaints Form available both in this booklet and online at www.danbysurgery.nhs.uk contains a suitable section for the patient to sign to enable the complaint to proceed.

Where the patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the precise details of the circumstances which 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.

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

What We Do Next

We look to settle complaints as soon as possible.

We will acknowledge receipt 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 the matter is likely to take longer than this we will let you know, and keep you informed as the investigation progresses.

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 would like to do so.

When the investigations are complete your complaint will be determined and a final response 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 your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

The final response letter will include details of the result of your complaint and also your right to escalate the matter further if you remain dissatisfied with the response.

Complaint Form

This form is also available to **download** from the Surgery website at www.danbysurgery.nhs.uk or www.egtonsurgery.nhs.uk

PATIENT FULL NAME:
DATE OF BIRTH:
ADDRESS:
COMPLAINT DETAILS: (Include dates, times, and names of practice personnel, if known)
(Continue on a separate sheet if necessary)
SIGNEDPrint name

Patient Third-Party Consent

PATIENT'S NAME:	
TELEPHONE NUMBER:	
ADDRESS:	
ENQUIRER / COMPLAINANT NAME:	-
TELEPHONE NUMBER:	_
ADDRESS:	
IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAIN INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE FREQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.	•
I fully consent to my Doctor releasing information to, and discussing my care records with the person named above in relation to this complaint, and I wi complain on my behalf.	
This authority is for an indefinite period / for a limited period only (delete as	s appropriate)
Where a limited period applies, this authority is valid until (ir	nsert date)
Signed: (Patient only)	
Date:	

Taking It Further

You have the right to approach the Ombudsman. The contact details are:

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Tel: 0345 0154033

Email: phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

Should you require independent support and advice to make your NHS complaint please contact:

Cloverleaf advocacy Tel: 0300 012 4212

Email: NHSComplaints@cloverleaf-advocacy.co.uk

Website: https://www.cloverleaf-advocacy.co.uk/

Complaints about Primary Care can be made to the National Commissioning Board, Central Contact Centre, details are as follows:

NHS Commissioning Board

PO Box 16738

REDDITCH

B97 9PT

Tel: 0300 311 22 33

Email: nhscommissioningboard@hscic.gov.uk

The practice Complaints Manager is:

Deborah Harrison 03.05.2023