



Patient Information Leaflet

How to implement the Practice Complaints Procedure

Every patient has the right to make a complaint about the treatment or care they have received at Peterloo Medical Centre. We understand that we may not always get everything right, and 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. Please speak to a member of staff if you have a concern and they will assist you where possible, alternatively you can ask to speak to the Senior Receptionist for assistance.

We operate an in-house procedure to deal with your complaints. This procedure does not deal with matters of legal liability or compensation. In some cases the in-house procedure is not an appropriate form of investigation, in which case you will be referred to the appropriate authority.

This procedure does not affect your right to make a formal representation to Patient Services HMR if you so wish. Nor does it affect your right to seek compensation in law.

Your complaint should be addressed to the Practice Manager, who will ensure that it is investigated thoroughly and as speedily as possible.

A Complaint Form is enclosed on which you can describe your concerns. You do not have to use it if you prefer to set out your complaint in your own way. However, the earlier we can investigate, the greater the likelihood of a satisfactory conclusion. Therefore, please send details to the Practice Manager as soon as possible. You can also send a complaint in via email to peterloo.information@nhs.net or you can complain verbally in person or via telephone.

The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you become aware of the matter about which you wish to complain. The Practice Manager will respond within three business days to acknowledge your complaint. We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint. We will investigate all complaints effectively and in conjunction with extant legislation and guidance. We will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record. We allow third parties to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party section can be found on the below complaint form.

We will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

Other available help and support available for patients:

Patient Services (replaced NHS England Complaints)
Heywood, Middleton and Rochdale

NHS GM
PO Box 100
Rochdale, OL16 9NP

Email: Gmicb-hmr.complaints@nhs.net
Tel: 01706 672 549

If you are dissatisfied with the outcome of your complaint from either the Practice or Patient Services, you can escalate your complaint to the Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman
Citygate
47-51 Mosley Street
Manchester
M2 3HQ

Tel: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk

Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations, and names of any organisation staff (if known). Continue on a separate page if required.

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SECTION 3: OUTCOME

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SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

SECTION 5: ACTIONS

Passed to management	Yes/No
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Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only*.

Where a limited period applies, this authority is valid until/...../..... (Insert date).

(*Delete as necessary)

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	