
MOORE STREET SURGERY

77 MOORE STREET, BOOTLE, LIVERPOOL. L20
4SE.

TEL: 0151 944 1066 FAX: 0151 933 4715
WWW.MOORESTREETSURGERY.NHS.UK

COMPLAINTS PROCEDURE **LEAFLET**

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 Helen Shillcock (you can use the attached form). 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 5 working days and aim to have fully investigated within 14 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:
To complain to NHS England

Telephone: 0300 311 2233

Email: england.contactus@nhs.net

Address: NHS England
PO Box 16738
Redditch
B97 9PT

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

Tel 0345 0154033

www.ombudsman.org.uk

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

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

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SIGNED.....

Print name.....
(Continue on another sheet paper if
necessary)

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 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
only, 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)

I give consent for the contact to be made
by;
Post
Email
Telephone
Text
(delete as appropriate and add contact
details)

Signed:
(Patient only)

Date: