**A PATIENT’S** **GUIDE TO MAKING A COMPLAINT**

We are committed to providing a care and efficient clinical service for all our patients. However, we do realise that occasionally mistakes or misunderstandings may happen, and in such an event we will do our best to resolve your problem, and to learn from any mistakes identified.

If you do have a complaint you are advised, in the first instance, to follow the recommended advice is to follow the **local resolution process** and report your concern directly to the practice.

**Local resolution process:**

1. Write letter, email, or complete Complaint form, stating.

* *Your details (name/contact details) and if the complaint relates to you\**
* *Details of complaint*
* *What information or resolutions required*

and send to the Management Team at [**gmicb-sto.MarpleGuywoodSupport@nhs.net**](mailto:gmicb-sto.MarpleGuywoodSupport@nhs.net)

If you would like to discuss the matter over the telephone in the first instance this is acceptable.

*\*if the complaint relates to someone else please send written consent from the person concerned to act on their behalf.*

1. The Practice will formally acknowledge your complaint within 2 working days
2. Where appropriate we will agree a resolution plan with you to confirm your expectations i.e. expected outcomes and timescale for response.
3. A full investigation usually requires speaking to a number of members of the team that may have some involvement relating to the complaint and upon completion of this investigation the Management Team will write to you with a full response and details of any action taken.

We aim to complete this within **40 days**, and then send a response to you by letter. However, in some cases this can take longer e.g. a party involved may be on leave, or we require feedback from a third party e.g. hospital, and this can take up to **28 days**. We will endeavour to keep you informed.

1. We hope that you will be satisfied with our investigation but if not, you will be offered the opportunity to meet with the Management Team, Managing Partner and/or GP Partner. Alternatively, you have the option to take the matter further with the Health Service Ombudsman.

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| **PATIENT COMPLAINT** **FORM** | | |
| **Complainants’ Details** | | |
| Name: |  | |
| Address: |  | |
| Date Of Birth: |  | |
| Tel/Mobile number: |  | |
| Email address: |  | |
| **Details of Complaint** | | |
| Date(s) relating to complaint:  *[e.g. date(s) seen]* |  | |
| **Please provide details of your complaint:** | | |
| **Please detail the questions of which you would like us to answer:** | | |
| I confirm I would like Marple Cottage Surgery & Guywood Practice to process my complaint. In order for my complaint to be processed I give permission for Marple Cottage Surgery & Guywood Practice to do the following:   * Share my letter of complaint / written record of my verbal complaint with the Practice and any parties involved. * Access my medical records. * Review and generate a response which may contain personal information about me. | | |
| Complainants’ Signature: | |  |
| Date: | |  |

*If you wish to withdraw permission at a later date, please contact the Practice Manager at the earliest opportunity. Your complaint may be suspended unless you provide consent again at a later date.*