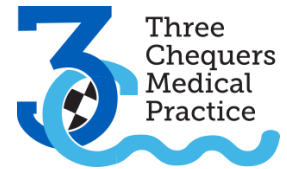


Patient Feedback Form



If you have a concern about the service you have received from the clinicians or any member of practice staff, please let us know. We operate a practice feedback procedure as part of a NHS complaints system, which meets or exceeds national criteria.

How to Submit Negative Feedback

We hope that we can sort most problems out easily and quickly, in many circumstances at the time that they arise and directly with the person concerned. If you wish leave negative feedback, please do so as soon as possible - ideally within 24 hours. This will enable us to establish what happened more easily. Where this is not possible your negative feedback 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 feedback in writing or email to Alice Grundy, Communications and Systems Lead, using the attached form. They will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible when outlining your concerns.

Submitting Negative Feedback on Behalf of Someone Else

We abide 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 providing feedback on their behalf, you must have their permission to do so. A consent form signed by the person concerned is required, unless they are incapable (due to illness or infirmity) of providing this. This is included in Section 4 of the form.

What we will do

We aim to acknowledge your feedback within 3 working days and to have it fully investigated within 10 working days of the date it was received. If for any reason the investigation is taking longer, we will explain the reason for the delay and tell you when we expect to finish. When we look into your feedback, 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.

If you are in need of support or help in making your complaint, there is a free advocacy service available to patients:

SEAP (Support Empower Advocate Promote) (An NHS Advocacy Service)

SEAP
PO Box 375
Hastings
TN34 9HU

T: 0330 343 5733

F: 01424 204687

Email: info@seap.org.uk

www.seap.org.uk

If you remain dissatisfied with the outcome you may refer the matter to:

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

T: 00345 0154033

Email: phso.enquiries@ombudsman.org.uk

www.ombudsman.org.uk

We would like to thank you for your time in filling in this form and hope that we can come to a mutual resolution and improve the quality of care we provide in our practice.

Section 1 – Incident Details

Please include the branch name, dates, times, and names of practice staff, if known

| | | | |
|--------------------------------|--|-------------|--|
| Date | | Time | |
| Account of the incident | | | |
| Date of Submission | | | |

Section 2 – Patient Details

Please ensure that this section contains the details of the Patient that this feedback affects.

| | | | |
|--------------------------|--|----------------------|--|
| Patient Signature | | Date | |
| Patient Name | | Date of Birth | |
| Address | | | |
| Telephone Number | | | |

If you are **NOT** the patient that this feedback affects please fill in **Sections 3 + 4**

Section 3 – Complainant Details

| | | | |
|-------------------------|--|-------------|--|
| Signature | | Date | |
| Name | | | |
| Address | | | |
| Telephone Number | | | |

Section 4 – Third Party Consent

If you are complaining on behalf of a patient or your feedback 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 for the person named in Section 2 to complain on my behalf.

This authority is for (mark as appropriate)

| | | | |
|-----------------------------|--|------------------------------|--|
| An indefinite period | | A limited period only | |
| | | Authority valid until | |
| Patient Signature | | Date | |

Please send your completed form to:

Alice Grundy, Communications and Systems Lead, Three Chequers Medical Practice, 72 Endless Street, Salisbury, SP1 3UH or via email wccg.threechequersfeedback@nhs.net