

# PATIENT COMPLAINTS & COMMENTS LEAFLET & FORM

## 1 Document Control

### 1.1 Confidentiality Notice

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### 1.2 Document Details

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### 1.3 Document Revision and Approval History

Version	Date	Created By:	Approved By:	Comments
V2.0	Apr 2018	Corporate Management Assistant		Re-formatted into the new policy format and template
V2.1	Jan 2020	Corporate Management Assistant		Amended the Bourne website link for complaining to the authorities.

### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

Please note that Lakeside Healthcare strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so. A note signed by the person concerned will be required, unless they are incapable of providing this due to illness or disability.

### **COMPLAINING TO OTHER AUTHORITIES**

The management team hope that if you have a problem you will use the Lakeside Complaints Procedure.

However, if you feel you cannot raise your complaint with us, you can contact any of the following bodies:

#### **Lakeside Corby**

<http://www.corbyccg.nhs.uk/complaints-compliments-comments-and-concerns/>

#### **Lakeside Rushden**

<https://www.neneccg.nhs.uk/contact-us/>

#### **Lakeside Headlands**

<https://www.neneccg.nhs.uk/contact-us/>

#### **Lakeside Yaxley**

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/contact-us/patient-experience-team/>

#### **Lakeside Oundle**

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/contact-us/patient-experience-team/>

#### **Lakeside St Neots**

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/contact-us/patient-experience-team/>

#### **Lakeside Stamford**

<http://southlincolnshireccg.nhs.uk/contact-us>

#### **Lakeside Bourne**

<http://southlincolnshireccg.nhs.uk/contact-us>

## **PALS, ICAS & OMBUDSMAN**

### **PATIENT ADVISORY LIAISON SERVICE (PALS)**

PALS provide a confidential service designed to help patients get the most from the NHS. PALS can tell you more about the NHS complaints procedure and may be able to help you resolve your complaint informally. Your local PALS office can be found on by Using Web Address Below:

[http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363)

### **NHS COMPLAINTS ADVOCACY SERVICE**

This is a national service that supports people who want to make a complaint about their NHS Care or treatment. Your local service can be found by using web address below:

<http://www.pohwer.net/our-services/nhs-complaints-advocacy>

### **OMBUDSMAN**

If you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England.

You can call the Ombudsman's Complaints Helpline on 0345 015 4033 or <http://www.ombudsman.org.uk> or Textphone (Minicom): 0300 061 4298

### **CONTACTING THE CARE QUALITY COMMISSION**

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: <http://www.cqc.org.uk>



LAKESIDE HEALTHCARE

# **Complaints & Comments Leaflet**

**LET THE PRACTICE KNOW  
YOUR VIEWS**

**PARTNERS**

For a full list of our partners please refer to our website.

[www.lakesidehealthcare.co.uk](http://www.lakesidehealthcare.co.uk)

**Please Take a Copy**

## LET US KNOW YOUR VIEWS

Lakeside Healthcare is always looking for ways to improve the services it offers to patients. To do this effectively, the practice needs to know what you think about the services you receive. Tell us what we do best, where we don't meet your expectations plus any ideas and suggestions you may have. Only by listening to you can the practice continue to build and improve upon the service it offers.

### TELL US ABOUT OUR SERVICE BY COMPLETING THE COMMENTS FORM IN THIS LEAFLET

- Could you easily get through on the telephone?
- Did you get an appointment with the practitioner you wanted to see?
- Were you seen within 20 minutes of your scheduled appointment time?
- Were our staff helpful and courteous?

### LAKESIDE COMPLAINTS PROCEDURE

If you have a complaint about the service you have received from any member of staff working in this practice, please let us know. The practice operates a Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints system meets national criteria.

**Note:** If you make a complaint it is practice policy to ensure you are not discriminated against, or subjected to any negative effect on your care, treatment or support.

## HOW TO COMPLAIN

In the first instance please discuss your complaint with the staff member concerned. Where the issue cannot be resolved at this stage, please contact the Practice Manager who will try to resolve the issue and offer you further advice on the complaints procedure. If your problem cannot be resolved at this stage and you wish to make a formal complaint, please let us know as soon as possible, ideally within a matter of days. This will enable the practice to get a clear picture of the circumstances surrounding the complaint.

If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales:

- Within 12 months of the incident that caused the problem,  
**OR**
- Within 12 months from when the complaint comes to your notice

The Practice will acknowledge your complaint within ten working days.

The Practice will review your complaint at a quality meeting and provide a full written response within twenty eight days of the written acknowledgement.

When the practice looks into your complaint it aims to:

- Ascertain the full circumstances of the complaint
- Make arrangements for you to discuss the problem with those concerned, if you would like this
- Make sure you receive an apology, where this is appropriate
- Identify what the practice can do to make sure the problem does not happen again

## COMPLAINTS AND COMMENTS FORM

Name:

Address:

Telephone:

Date of complaint/comment:

Details:

Signed: