**Complaint Process**

**Talk to us**

Every patient has the right to make a complaint about the treatment or care they have received at Beacon View 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.

Who to talk to

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint; our staff are trained to handle complaints. Alternatively, ask to speak to the Practice manager, Jane Mitchell.

If for any reason you do not want to speak to a member of our staff, then you can request that the Integrated Care Board (ICB) investigates your complaint. They will contact us on your behalf:

Email: [necsu.complaints@nhs.net](mailto:necsu.complaints@nhs.net)

A complaint can be made verbally or in writing. A complaints form is available from reception and below. Additionally, you can complain via email to [nencicb-ng.a85026@nhs.net](mailto:nencicb-ng.a85026@nhs.net)

**Time frames for complaints**

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 to all complaints within three business days.

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.

Investigating complaints

Beacon View Medical Centre will investigate all complaints effectively and in conjunction with extant legislation and guidance.

**Confidentiality**

Beacon View Medical Centre will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient’s healthcare record.

**Third party complaints**

Beacon View Medical Centre allows a third party to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party patient complaint form is available from reception and below.

**Final response**

Beacon View Medical Centre will investigate all complaints effectively and in conjunction with extant legislation and guidance and will issue a final formal response to all complainants which will provide full details and the outcome of the complaint.

## 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.

|  |
| --- |
|  |

**SECTION 3: OUTCOME**

|  |
| --- |
|  |

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**SECTION 5: ACTIONS**

|  |
| --- |
| Passed to management Yes/No |

## 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 |  |