



The Neville Family Medical Centre
25 Old Market Street, Blackley, Manchester, M9 8DX
Tel: 0161 721 4865 | Website: www.nevillefmc.com

PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

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 (you can use the attached form). He/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 3 working days and aim to have fully investigated within 10 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 full circumstances; and send you a written response.

If that is not a satisfactory response to you, we will organise a meeting with you to discuss the matter further.

Hopefully at that stage we can have satisfied you however if that is not the case you can take the matter to **Patient Services** who will assist you through the process.

Other organisations who can assist you in a complaint at this stage are:

Manchester NHS GM Manchester Feedback and
Complaints Service
PO Box 532,
Town Hall,
Manchester,
M60 2LA
Tel: 0161 953 8388
Email: nhscomplaints@manchester.gov.uk

Greater Manchester Health & Social Care Partnership
3 Piccadilly Place
London Road
Manchester
M1 3BN
Tel: 01138255259
Email: england.gm-complaints@nhs.net



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Manchester Advocacy Hub
Gaddum Centre
6 Great Jackson Street
Manchester
M15 4AX
Tel: 0161 214 3904
Email: iadvocacyICA@gaddum.co.uk

Once local resolution is completed, but you are unhappy with the outcome, independent review is available through the health ombudsman

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
Tel: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
Fax: 0300 061 400

The Complaint Form is on the next page



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PATIENT THIRD-PARTY CONSENT

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.

Patient Full Name: _____

Telephone Number: _____

Address: _____

Complainant Name: _____

Telephone Number: _____

Address: _____

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, 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)

Signed: (Patient only)

Date:

Reviewed **August 2023**
Next review due **August 2024**