**The Trafalgar Surgery How to Make a Complaint**

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know **as soon as possible** - ideally, within a matter of days or at most a few weeks - because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint.

* Within 12 months of the incident that caused the problem; or
* Within 12 months of discovering that you have a problem.

You may make your complaint either verbally, by written letter or you may use the complaint form at the end of this letter. Complaints should be addressed in the first instance to Diane Prescott**, Practice Manager**, **The Trafalgar Surgery, 10 Trafalgar Avenue, London, SE15 6NR, Tel: 020 7703 9271**. Alternatively, you may ask for an appointment with the practice manager in order to discuss your concerns. She will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint.

**What we shall do**

We shall acknowledge your complaint within three working days and agree a timescale with you to complete our investigation. Most complaints should be investigated and responded to within 10 working days, although occasionally this may not be possible for various reasons. This could be due to Staff Annual Leave, the member of staff may not work directly for the practice or the complaint could be particularly sensitive or difficult and require a more in depth investigation. If we are not able to respond to your complaint within 10 working days, we will write to you to advise you of this and will keep you up to date at all stages of the process. We shall then be in a position to offer you an explanation, or a meeting with the people involved. When we look into your complaint, we shall aim to:

* find out what happened and what went wrong
* make it possible for you to discuss the problem with those concerned, if would like this;
* make sure you receive an apology, where this is appropriate;
* Identify what we can do to make sure the problem doesn’t happen again.

# Complaining on behalf of someone else

We keep strictly to the rules of medical confidentiality. 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 available from reception).

We hope that, if you have a problem, you will use our Practice Complaints Procedure. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice, but this does not affect your right to contact NHS England if you feel you cannot raise your complaint with us **or** you are dissatisfied with the result of our investigation. Contact information is as follows:-

**NHS England**

**Tel**: **0300 311 22 33** **Email:** **england.contactus@nhs.net**

**Or write to:-**

**NHS England
PO Box 16738
Redditch
B97 9PT**

**Independent Complaints Advocacy Service (ICAS)**

You can contact the Independent Complaints Advocacy Service (ICAS) for help and support in making a complaint

South London ICAS

POhWER

Contact us

Telephone: 0300 456 2370 (charged at local rate)

Email: pohwer@pohwer.net

Write to: PO Box 17943, Birmingham, B9 9PB

Visit: our website at [www.pohwer.net](http://www.pohwer.net)

**Health Services Ombudsman – Their role in complaints about the NHS**

The Ombudsman is completely independent of the NHS and Government.  The Health Services Ombudsman is responsible for carrying out the second stage of the NHS complaints process. We can review complaints that have been handled and answered through the local resolution stage. When someone is still unhappy with the outcome of their complaint they can ask the Ombudsman to carry out an independent review.

All complaints that come to them for review should have already been through the local NHS complaints process, which means that issues have been considered and answered by the original service provider. A letter covering the concerns raised will usually have been sent to the complainant by the relevant NHS chief executive.

**Address:**

The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

**Telephone Helpline: 0345 015 4033** (The helpline is open 8.30am to 5.30pm Monday to Friday, excluding public holidays.)

Fax: 0300 061 4000

Email: phso.enquiries@ombudsman.org.uk

Web: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

THE TRAFALGAR SURGERY

PATIENT COMPLAINT FORM

Details of the Patient with a Complaint/Problem:

Name: ……………………………………………………………………….

Address: …………………………………………………………………….

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……………………………………………………………………………….

Tel. No. ………………………………………………………………….…

Date of Birth: …………………………………………………………..…..

Name of the Person Reporting the Complaint/Problem (if different from above):

Name: …………………………………………………………………...…

Address: …………………………………………………………………..

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Tel. No. ……………………………………………………………………

Full Details of Complaint/Problem:

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Complainant’s Signature..........................................................................................................

Date Reported............................................................................................................

THE TRAFALGAR SURGERY

COMPLAINT FORM AUTHORISATION FOR THIRD PARTIES:

Where the complainant is not the patient:

I ………………………………………........................................ authorise

……………………………………………………………………..…….

to make a complaint on my behalf and I agree that the practice may disclose

to ………………… ……………………………………………………….

confidential information sufficient only to answer the complaint.

Patient’s Signature: …..……………………………………………………

Date: .……………………………………………………………............…..

Name: ……………………………………………………………….........…

Address: …………………………………………………………….....……

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D.O.B……………………………………………………………………….