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| COMPLAINING ON BEHALF OF SOMEONE ELSE Please note that Dr's Koh & Trory keeps 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 Practice management team hope that if you have a problem with the service you have received, that you will use the Practice complaints procedure.However, if you feel you cannot raise your complaint with us, you can contact either of the following three official bodies: |  | Independent support when making a complaint: ICA (Independent Complaints Advocacy Service) North East ICA is an Independent Complaints Advocacy Service which provides support to assist patients, carers and relatives who wish to make a complaint. ICA support may be for example to accompany you when attending a meeting with Practice staff and to discuss your concerns.North East NHS ICA Unit 312 DBH Gateshead Aidan House Sunderland Road Gateshead NE8 3HU Email: ica@carersfederation.co.uk Freephone: 08088023000 Telephone: 0191 4788351 [www.nenhscomplaintsadvocacy.co.uk](http://www.nenhscomplaintsadvocacy.co.uk) |  | **Complaint & Comments Leaflet for Patients**Please take a copy |
| **The Health Centre**  **Victoria Road**  **Hartlepool**  **TS26 8DF**  **01429 273191**  [**www.drskohandtrory.co.uk**](http://www.drskohandtrory.co.uk)  [hstccg.a81060@nhs.net](mailto:hstccg.a81060@nhs.net) |

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| **Let the Practice know your views**  Drs Koh & Trory are always looking for ways to improve the service 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".  Please complete the Friends and Family Test by using:   * The kiosk in reception or * The leaflets in Reception or * Visit our website and complete the survey online   The results are published on our Practice website.  **Practice Complaints Procedure**  If you have a complaint about the service, you have received 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 matter cannot be resolved, please contact Michelle Martin, Practice Manager who will investigate, endeavor to resolve the issue and offer further advice on the complaint's procedure.  If your problem cannot be settled 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 of discovering that you have a problem The Practice will acknowledge your complaint within three working days:   The Practice will:   * Write to you once the complaint has been fully investigated.   And/or   * Invite you into a meeting at a time that is suitable to both you and the Practice.   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 | **Comments & Complaint Form**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of complaint/comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details: -  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |