Hugglescote Surgery
151 Grange Road
Coalville
Leicestershire
LE67 2BS

01530 832109
hugglescote.surgery@nhs.net
www.hugglescotesurgery.co.uk

Complaints Procedure

Every patient has the right to make a complaint about the treatment or care they have received at Hugglescote Surgery. 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:

A complaint can be made verbally or in writing by completing the enclosed complaint form. Additionally, you can send your complaint via email to hugglescote.surgery@nhs.net

If for any reason you do not want to speak to a member of our staff, then you can request that NHS England investigates your complaint. They will contact us on your behalf:

NHS England
PO BOX 16738
REDDITCH
B97 9PT
03003 112233
england.contactus@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.

Our Management Team will acknowledge all complaints within 3 business days.
We will aim to investigate and provide you with the findings as soon as we can and we will attempt to provide regular updates regarding the investigation of your complaint.

Investigating complaints:

Hugglescote Surgery will investigate all complaints effectively and in conjunction with current and appropriate legislation and guidance.

Confidentiality:

Hugglescote Surgery will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record.

Complaints Procedure

Third party complaints:

Hugglescote Surgery allows a third party to make a complaint on behalf of a patient. **The patient must provide written consent for them to do so** if this has not been previously provided.

Data protection complaints:

If you are concerned about how the practice has handled your personal information, you can raise this as a data protection complaint. This may include concerns about how we collect, use, share, store or protect your information, or how we have responded to a request for access to your records. You can raise a data protection complaint using our usual complaints process.

You also have the right to complain to the Information Commissioner's Office if you are unhappy with how your personal information has been handled:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
0303 123 1113
england.contactus@nhs.net
www.ico.org.uk/make-a-complaint/data-protection-complaints

Final response:

Hugglescote Surgery will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

Advocacy support:

- POhWER support centre can be contacted via 0300 456 2370 or visit www.pohwer.net
- Advocacy People gives advocacy support on 0330 440 9000 or visit www.theadvocacypeople.org.uk
- Age UK on 0800 055 6112 or visit www.ageuk.org.uk
- LAMP Mental Health Advocacy 0116 255 6286 or email advocacy@lampdirect.org.uk

Further action:

If you are dissatisfied with the outcome of your complaint from either NHS England or this practice, you can escalate your complaint to **Parliamentary Health Service Ombudsman (PHSO)** at either **0345 015 4033** or go to www.ombudsman.org.uk

Complaints Procedure

Complainant Details:

First Name:		**Surname:**	
Date of Birth:		**Preferred Telephone Number:**	
Full Address:			
Email Address:			

Details of Complaint:

Please give full details of the complaint below including dates, times, locations and names of staff (if known). Continue on a separate sheet if required.

Patient Signature

Signature	
Date	

Please return your completed form to reception

Please read our Privacy Policy to discover how we protect and manage your submitted data.

Complaints Procedure

Please only complete and include this section if you are submitting this complaint on behalf of the patient

Third Party Complainant Details:

First Name:		**Surname:**	
Date of Birth:		**Preferred Telephone Number:**	
Full Address:			
Email Address:			
Relationship to Patient:			

Patient Declaration:

I hereby authorise the individual detailed above 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.

Patient Signature

Signature	
Date	