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| **INDEPENDENT COMPLAINTS AND ADVOCACY SERVICE (ICAS)**  ICAS is a free impartial and independent service that supports people who want to make a complaint about their NHS Care or treatment. Your local ICAS service can be contacted on Telephone number 0300 330 5454.  **OMBUDSMAN**  As a last resort, if you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England. You can call the Ombudsman’s Complaints Helpline on 0345 015 4033 or <http://www.ombudsman.org.uk> or Textphone (Minicom): 0300 061 4298 or write to:-  The Parliamentary and Health Service Ombudsman  Millbank Tower  Millbank  London  SW1P 4QP  <Tel:0345> 0154033 |

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| **COMPLAINING TO OTHER AUTHORITIES**  If you are unable to discuss your complaint directly with the Practice, or your complaint relates to another NHS provider, you can ask Northamptonshire Integrated Care Board (ICB) to look into your concerns. The contact details for the ICB are:  Telephone: 01604 476777  Email: northantsicb.patientexperience@nhs.net  You can also write to them at:  Patient Experience Team  Haylock House  Kettering Parkway  Venture Park  Kettering  NN15 6EY  **CONTACTING THE CARE QUALITY COMMISSION**  If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: <http://www.cqc.org.uk> |

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| **Woodview Medical Centre**  C:\Documents and Settings\alex brown\Desktop\Website\Banner\new1.PNG  **Complaints Leaflet**  *Reviewed December 2023* |

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| **Practice Complaints Procedure**  If you have a complaint about the service you have received from any member of staff working in this practice, 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**  We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. Where the issue cannot be resolved at this stage, please contact the Practice Manager, Mrs S McLennan, who will try to resolve the issue and offer you further advice on the complaints procedure. If your problem cannot be resolved and you wish to make a formal complaint please let her 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 6 months of the incident that caused the problem   **OR**   * Within 6 months of discovering that you have a problem, provided this is within 12 months |

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| **What we will do**  The practice will acknowledge your complaint within three working days and aim to have looked into your complaint within ten working days of the date you raised it with us or, if that is not possible, keep you informed. At this stage you should be offered an explanation or a meeting with the person(s) involved. 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.   **COMPLAINING ON BEHALF OF SOMEONE ELSE**  Please note that Woodview Medical Centre 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. Please ask for a Third Party Consent Form. |

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| **COMPLAINTS FORM:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please continue on a separate sheet if needed** |