

Killynether Practice
Drs Neoh, Montgomery, Beck, Murray & Graham

PATIENT INFORMATION LEAFLET

Practice Complaints Procedure

If you have a complaint or concern about the service you have received from the doctors or any staff working in the Practice please let us know. We operate a Practice complaints procedure as part of the NHS system for dealing with complaints. Our complaints system meets the national criteria. The complaints system does not cover services provided under a private arrangement between the Practice and the patient.

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. 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 as this will enable us to establish what happened more easily. If it is not possible to do that please let us have details of the complaint:

- 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 of the incident.
- If it is clearly unreasonable in the circumstances to make a complaint earlier and where it is still possible to investigate the facts of the case we can consider extending the time limit.

Complaints should be addressed to the Practice Manager, Mrs Rachel Rogers or any of the doctors in the Practice. It will greatly assist us if you are as specific as possible about your complaint.

Alternatively you may ask for an appointment with Mrs Rogers in order to discuss your concerns in person.

What We Shall Do

We shall acknowledge your complaint, normally within two working days and aim to have looked into your complaint within ten working days of the date you raised it with us. We shall then be in a position to offer you an explanation or a meeting with the people involved. In investigating 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 you would like this;
- Ensure you receive an apology, where appropriate; and
- Identify what we can do to make sure the problem does not happen again.

We shall endeavour to provide you with a written summary of the investigation and its conclusions within 10 working days from when the complaint was raised. If we are unable to provide a response within the above timeframe we will write to you to advise of the progress of the complaints investigation.

Complaining on behalf of someone else

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else we have to know that you have their permission. A note signed by the person concerned and witnessed by the patient will be required, unless they are incapable (because of illness) of providing this. If this is not possible the complaint should be brought by the next of kin.

Records

All records of complaints are confidential to the Practice and shall be retained separately from any medical records. The information will enable us to review our system in order to improve the quality of our service.

The Practice is required to forward copies of all complaints to the Department of Health Strategic Planning and Performance Group for monitoring purposes. You will be required to sign a form of consent before this is done. The Practice can anonymise your details before forwarding the complaint.

Complaining to the Northern Ireland Public Services Ombudsman (NIPSO)

We hope that if you have a problem you will make use of our Practice complaints procedure. We believe this will provide the best chance of putting right whatever has gone wrong and give us an opportunity to improve our Practice and learn lessons from your experience. Complaints are reviewed as a significant source of learning within the Practice and are an integral aspect of our patient safety and quality services ethos. Complaints will help us to continue to improve the quality of our services and safeguard high standards of care and treatment.

This does not affect your right to approach the NIPSO if you feel that you cannot raise your complaint with us.

If you are dissatisfied with the result of the practice's investigation you can contact the NIPSO but must normally do so **within six months** of completion of the practice's complaints process. NIPSO's contact details are:

Northern Ireland Public Services Ombudsman
Progressive House
33 Wellington Place
Belfast
BT1 6HN

Or *Freepost NIPSO*

Telephone 028 90 233821 or Freephone 0800 343424

Text phone: 02890 897789
Email to nipso@nipso.org.uk

Further information can be accessed at: www.nipso.org.uk

The Patient and Client Council also offer support to complainants. This department can be contacted at:

1st Floor
Ormeau Baths
Ormeau Avenue
Belfast
BT2 8HS

Freephone: 0800 917 0222

Further information can be accessed at: info@pcc.hscni.net

31/07/2008

Reviewed 31/04/2009, Amended 28/04/14, Amended 27/11/14, Amended 15/06/16, Amended 23/3/17, Amended 0707/21,
Amended 21/08/2023, Amended 01.08.2024

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Patient Consent Form

I consent to the full details of my complaint being forwarded to The Strategic Planning and Performance Group.

This is for monitoring purposes of the Practice only and will be held confidentially.

Signed Date

I consent to the details of my complaint only, to be forwarded to The Strategic Planning and Performance Group. I would like my personal details (name address etc) to be anonymous.

Signed Date

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Complaint Form

Complainant's Details:

Name: _____

Address: _____

Patient's Details:
(If different from above)

Name _____

Address _____

Date of Birth / /

Usual GP _____

Details of Complaint (including dates of events and persons involved)

Complainant's Signature _____ Date _____

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Consent Form for Complaint or Enquiry

You (i.e. the Complainant) can make a complaint or enquiry on behalf of a patient / client / (i.e. service user) but we will require consent to respond to you where it involves disclosing any confidential or personal information about the service user

Please read the notes overleaf before completing the form below

Service User's Full Name:

.....

Service User's Date of Birth:

.....

Service User's Address:

.....

.....

Declaration and Signature by Complainant

Please tick the correct box/s and sign below:

1. I have been asked by the service user to make this complaint / enquiry on his / her behalf, and the service user's written consent is below

Service user's signature

.....

..... **Date:**

.....

(Please print name also)

2. I am acting for a service user who does not have the capacity to consent, and I am the appropriate person to act as representative of the service user

a. Please clarify relationship to the service user

.....

b. Please provide the reason why the service user does not have capacity to consent and enclose supporting evidence (where applicable):

.....

3. The service user is deceased and I am the appropriate person to act as representative of the deceased (please clarify relationship to the deceased)

.....

OR

Their personal representative. I attach legal documents confirming my appointment (i.e. Grant of Probate, Letters of Administration, Letter from Solicitor)

4. I have been asked to act as the representative for the appropriate person (where the service user does not have capacity to consent: 2 above; or is deceased: 3 above) to make this complaint / enquiry on his / her behalf, and the appropriate person's written consent is below.

Please clarify the appropriate person's relationship to the service user, and provide any supporting evidence (where applicable)

.....

Appropriate Person's signature

.....
..... **Date:**

.....
(Please print name also)

Signature of the Complainant:

.....
..... **Date:**

.....
(Please print name also)

NOTES PAGE

To be read prior to completion of Form of Consent (overleaf)

A. Who can complain?

“Any person can complain about any matter connected with the provision of HSC services. Complaints can be made by:

- A patient or client*
- Former patients, clients or visitors using HSC services and facilities*
- Someone acting on behalf of existing or former patients or clients, providing they have obtained the patient’s or client’s consent*
- Parents (or persons with parental responsibility) on behalf of a child*
- Any appropriate person ...” (see 2 below).*

(Para 2.3, Complaints in Health & Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

B. Who is an appropriate person?

An appropriate person is someone who is acting on behalf of *“a patient or client unable by reason of physical or mental capacity to make the complaint himself or who has died, e.g. the next of kin.”*

“Complaints by a third party should be made with the written consent of the individual concerned. There will be situations where it is not possible to obtain consent, such as:

- Where the individual is a child and not of sufficient age or understanding to make a complaint on their own behalf*
- Where the individual is incapable (e.g. rendered unconscious due to an accident; judgement impaired by learning disability, mental illness, brain injury or serious communication problems)*
- Where the subject of the complaint is deceased.”*

“Where a person is unable to act for him/herself, his / her consent shall not be required.”

(Para 2.3-2.5, Complaints in Health & Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

C. Other representatives

There will be occasions when the appropriate person asks another party to act as complainant (i.e. his / her representative) in the complaint. In such situations, point 4 of the form overleaf should be completed.

D. Not suitable to act as representative

In all circumstances, *the Complaints Manager “will determine whether the complainant has sufficient interest to act as a representative. The question of whether a complainant is suitable to make representation depends, in particular, on the need to respect the confidentiality of the patient or client.”*

(Para 2.6, Complaints in Health & Social Care: Standards & Guidelines for Resolution & Learning, April 2009)

Where the Complaints Manager is of the opinion that a representative does not have sufficient interest in the service user’s welfare or is unsuitable to act a representative, that person will be notified in writing.

E. Further information?

More information on the HSC Complaints Procedure is also available at website
www.dhsspsni.gov.uk/hsccomplaints.htm

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**Agreement for a Representative to Act on Behalf of the
Complainant**

To be completed by the patient where the complainant is NOT the patient.

I, _____ authorise the complaint set out
overleaf to be made on my behalf by:

(Name) _____

Of (address) _____

I agree that the Practice may disclose to the representative named above
confidential information (only that information which is necessary to answer
the complaint) about me, which I have provided to the Practice.

Patient's signature _____

Name and Address _____

Date _____

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Problem/Suggestion Report Form

Please send report marked – **Personal in confidence**

To Complaints Manager

From _____

Signed _____

Date _____

.....

Name of person reporting problem/suggestion: _____

Address _____

Telephone number: _____

Name of person experiencing problem/making suggestion (if different from above)

Address _____

Telephone number: _____

.....

Details of Problem/Suggestion:
