

CALDICOT MEDICAL GROUP

PRACTICE CONCERNS INFORMATION LEAFLET

Putting Things Right

If you have a complaint or concern about the service you have received from the Doctors or any of the staff working in this Practice, please let us know. We operate a Practice complaints and concerns procedure as part of the NHS Wales system for dealing with complaints, claims and incidents *Putting Things Right*, which was effective from 1 April 2011.

How to complain or register a concern

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 or register a concern, we would like you to let us know **as soon as possible** - ideally, within a matter of days - 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 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.

Complaints and concerns should be addressed to Mrs Meinir Waite, Practice Manager or any of the doctors. Alternatively, you may ask for an appointment with Mrs Meinir Waite in order to discuss your concerns. He 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 two working days and aim to have looked into your complaint within 10 working days of the date when you raised it with us. 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 you 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

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 his or her permission to do so. A letter giving written consent to investigate the concern signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

Complaining to the Local Health Board

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 approach the Local Health Board, if you feel you cannot raise your complaint with us. You should contact the ABHB Contact to Customer Contact Centre (01495 745656), puttingthingsright.ABHB@wales.nhs.uk or Dr Andrew Goodall, Chief Executive Aneurin Bevan Health Board, St Cadoc's Hospital, Caerlon, Newport, NP18 3XQ if you wish to raise your concerns in writing.

If you are dissatisfied with the result of any investigation, you should approach the Public Services Ombudsman for Wales (01656 641150), ask@ombudsman-wales.org.uk or Public Services Ombudsman for Wales, 1 Ffordd yr Hen Gae, Pencoed, CF35 5LJ.

You may wish to refer to NHS Wales *Putting Things Right* Information Sheet 1.

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Problem Report

PERSONAL IN CONFIDENCE

To:

Practice Manager or Overseeing Partner

From:

Signed **Date**

Name of person experiencing problem:

Address:

..... Tel:

Name of person reporting problem:
(if different from above – see authorisation form)

Address:

..... Tel:

PROBLEM REPORTED:

Date problem arose:.....Date reported to Practice:.....

How was the situation left:.....

Action:.....

Outcome:.....

Caldicot Medical Group Complaint Form

Where the complainant is NOT the patient:

I authorise the complaint set out on the attached form to be made on my behalf by and I agree that the Practice may disclose to (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them.

Patient's signature Date:

Name & Address:
.....

If the patient is unable to sign this document please ask an independent witness to verify that the complainant has given verbal agreement.

Witness Name

Address.....
.....

Signature..... Date.....