

Complaints Procedure

Making a Complaint

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first.

Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so, preferably in writing as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily. In any event, this should be:

- Within 12 months of the incident,
- Or within 12 months of you discovering that you giving as much detail as you can.

If you are a registered patient you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. See the separate section in this leaflet.

Please find our complaints form attached complaint. This includes a third-party authority area to enable a complaint to be made by someone else.

You can also provide this in your own format providing this covers all the necessary aspects.

Please address your complaint to:

Julee Moon – Clinical Operations Manager
Ariel Healthcare
59 Fore Street
Chard
TA20 1QA

You can also email: somicb.pm-arielhealthcare@nhs.net

What we do next

We look to settle complaints as soon as possible.

We will acknowledge receipt of your complaint and will offer to discuss how you would like us to take your complaint forward, confirm what outcome you are seeking and agree a reasonable timescale to provide a formal reply. In most cases, this will be within 30 days.

The formal reply may be in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than agreed we will let you know, and keep you informed as the investigation progresses.

When looking into a complaint we attempt to see what happened and why, to see if there is something we can learn from this and make it possible for you to discuss the issue with those involved if you would like to do so.

Where your complaint involves more than one organisation (e.g. social services) we will liaise with that organisation so that you receive one coordinated reply. We may need your consent to do this. Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

The final response letter will include details of the result of your complaint and also your right to escalate the

matter further if you remain dissatisfied with the response.

Complaining on Behalf of Someone Else

We keep to the strict rules of medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm that they are unhappy with their treatment and that we can deal with someone else about it.

Where the patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the precise details of the circumstances which prevent this in your covering letter.

Please note that we are unable to discuss any issue relating to someone else without their express permission, which must be in writing, unless the circumstances above apply.

We may still need to correspond direct with the patient, or may be able to deal direct with the third party, and this depends on the wording of the authority provided.

If you are Dissatisfied with the Outcome

We will do our best to resolve your complaint, however, should you feel that we have not addressed your concerns or are not happy with the outcome, you have the right to approach the Ombudsman.

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel: 0345 015 4033

Website: www.ombudsman.org.uk

You may also approach PALS for help or advice;

The Patient Advice and Liaison Service (PALS) is here to help when you need advice, have concerns or don't know where to turn.

As a patient, relative or carer, sometimes you may need to turn to someone for help, advice and support. This is where the Patient Advice and Liaison Service can help.

This service is free and confidential. Our aim is to help sort out any problems or concerns you may have when using health services, agree the best way forward to deal with a problem and get it resolved as quickly as possible.

NHS Somerset Clinical Commissioning Group,
Freepost RRKL-XKSC-ACSG,
Yeovil,
Somerset,
BA22 8HR

Telephone us: 08000 851067

Email us: somicb.pals@nhs.net

Complaints Form

Completing the Form

Please use BLOCK CAPITALS when completing contact details. If you have any difficulties in filling out this form, or any questions about the complaint process, please email us at somicb.pmarialhealthcare@nhs.net.

If you would like someone to act on your behalf (perhaps a friend or relative) please provide their details and your written permission at the end of this form.

Special Requirements

Do you have any special requirements which we need to know about to help us communicate with you? If there is anything which makes it difficult for you to pursue your complaint, for example if English is not your first language or you have a disability, please use the space below to tell us how we might help.

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Details of Patient involved in the complaint

Title e.g. Mr, Mrs, Ms, Miss, Dr etc	
First Name	
Surname	
Date of Birth	
Address	
Daytime contact telephone number	
Mobile telephone number (9am to 5pm)	
Email - if you have an email address we will send a confirmation email to this address. Please make sure your details are correct.	
NHS Number (if known)	

Details of the Person who is making the complaint

If you are not the patient, please ask the patient to sign the Authorisation Declaration at the end of this form to give his/her permission for you to act as his/her representative.

Title e.g. Mr, Mrs, Ms, Miss, Dr etc	
First Name	
Surname	
Address	
Your relationship to the patient	
Daytime contact telephone number (9am to 5pm)	
Mobile telephone number	
Email - if you have an email address we will send a confirmation email to this address. Please make sure your details are correct.	

About your complaint

Which department/service is your complaint about?

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Where did the incident(s) or event(s) happen that led to your complaint? Please be as specific as possible.

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When did the incident/s happen that led to your complaint? If more than one date, please specify when the incidents/events occurred. Please give date and time or indicate the time period when the incidents occurred – from and to.

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Please describe the circumstances that have led you to complain.

Please include details of:

- Who was involved? You should confirm whether there are any witnesses and provide their names and contact details if possible.
- What was said and done?
- How has it affected you or the patient?
- What you think the practice failed to do, or did wrongly?

If there is not enough space please continue on a separate piece of paper and attach it to this form. You may wish to include copies of correspondence you wish to be considered as part of our

investigation with this form, or if you are filling this out online, to list information that you feel the practice might wish to request from you. Please note that the practice may not be able to progress the investigation of your complaint to completion until we have received all the information we require.

What do you think the practice should do to put things right, please say what outcome you would like to see from this complaint:

This could be an apology, explanation, further appointment, a request for the practice to consider changing its processes or, other (please specify).

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If there has been a delay in telling us of your complaint, please state why.

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We will contact you and acknowledge your complaint within 3 working days of receiving your communication. We try to respond quickly and give you a formal response within 25 working days.

How would you like us to contact or reply to you?

Having completed our investigation into your complaint we will respond to the concerns that you have raised. How would you prefer us to contact you?

I prefer to receive a response by	
Letter	
telephone call	
Meeting	
other (please specify)	

Authorisation

1. Authorisation to pass details to other services/organisations

I give my consent for you to pass the information contained on this form to the appropriate service/organisations for consideration. I also understand that the appropriate service/organisations may share relevant information in order to complete the investigation into my complaint. I understand that this may include the disclosure of confidential personal information.

If you are not the patient making the complaint, you must obtain the patient's consent to act as his or her representative – please ensure that you sign the first signature box identifying that you are the complainant and that the patient signs the second signature box giving consent for you to act as the complainant and that the patient consents to the potential disclosure of confidential personal information which may be shared with appropriate services/organisations and yourself.

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Signature of the Person making the complaint

Date

2. Patient's consent for another person to act as a representative

I give permission for another person to act as my representative and I wish the practice to investigate my complaint and consent to the obtaining of all relevant papers for the purposes of investigating the complaint. I understand that confidential personal information which may be of a sensitive nature may be disclosed to appropriate services/organisations and to my representative if appropriate to the case.

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Patient's signature if s/he is not making the complaint

Date

Where to send this form

Julee Moon – Clinical Operations Manager
Ariel Healthcare
59 Fore Street
Chard
TA20 1QA

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FOR OFFICE USE ONLY - Additional Notes

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