

## COMPLAINING TO OTHER AUTHORITIES

The practice management team hope that if you have a problem, you will follow the practice complaints procedure. However, if you feel you cannot raise your complaint with us, or you are not satisfied with the response you may have already received, it may be helpful for you to talk to the Patient Advice and Liaison Service (PALS): Phone: 01603 595857 or Email: [nwicb.complaintsservice@nhs.net](mailto:nwicb.complaintsservice@nhs.net) or more information can be found at the following website address <https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/complaints/>

### NHS Complaints Advocacy Services England

NHS Advocacy services can support you and talk you through the complaints process, helping with correspondence and attending meetings. Services are based in each local council area. To find your local service, you can call them on: Telephone: 0300 330 5454

### POhWER (ICAS)

#### Independent Complaints and Advocacy Service

This is a charity and advocacy that helps people who, because of disability, illness, social exclusion, and other challenges, find it difficult to express their views or get the support they need. As an independent organisation they are separate from the government, local councils, and the NHS.

Further information can be found at: Tel: 0300 456 2370; Text: send the word 'pohwer' with your name and number to 81025. Email: [pohwer@pohwer.net](mailto:pohwer@pohwer.net)  
Website: <https://www.pohwer.net/nhs-complaints-advocacy>

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

If you are not happy with the response you have received about your complaint, you can refer it to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England. You can call the Ombudsman's Complaints Helpline. Tel: 0345 015 4033/ Minicom: 0300 061 4298 Or complete the online form at [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

### COMPLAINING ON BEHALF OF SOMEONE ELSE

Oak Street Medical Practice 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.

### COMPLIMENTS

The practice welcomes positive feedback which can be shared internally or externally with individuals, teams, including the Patient Participation group and commissioners. Compliments received will often be included in an individual's appraisal or continued professional development as evidence of their performance.

## OAK STREET MEDICAL PRACTICE

Oak Street, Norwich, NR3 3DL

# Complaints & Comments Leaflet

LET THE PRACTICE KNOW YOUR VIEWS

## PARTNERS

Dr S A Hamid  
Dr J Adams

Dr V Crowle  
Dr L Braganza  
Dr T Oladosu

**Please Take a Copy**

*(Revised June 2023)*

## LET US KNOW YOUR VIEWS

Oak Street Medical Practice is always looking for ways to improve the services it offers to patients. To do this effectively, the practice needs to know what you think about the services you receive, and this leaflet explains how you can do this. Tell us what we do best, where we don't meet your expectations plus any ideas or suggestions you may have. By listening to you the practice can continue to build and improve upon the service it offers.

### TELL US ABOUT OUR SERVICE

- Could you easily get through on the telephone?
- Did you get an appointment with the practitioner you wanted to see?
- Were you seen within 20 minutes of your scheduled appointment time?
- Did you find our staff helpful and courteous?

You can do this in a number of different ways:

1. Speak to a member of staff
2. Complete the form on this leaflet and place in the box provided at Reception.
3. Visit [www.patientopinion.org.uk](http://www.patientopinion.org.uk) to share your experiences of any UK health services. They will then be passed to the right people to make a difference to help improve services.
4. Your experiences can also be shared at Healthwatch Norfolk on 0808 168 9669 or email us at [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk).

### PRACTICE COMPLAINTS PROCEDURE

If you do 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 and this meets national criteria. This is called Local Resolution.

In the first instance please discuss your complaint with the staff member concerned. Where the issue cannot be resolved at this stage, please contact the Practice Manager who will try to resolve the issue and offer you further advice on the complaint's procedure. If your problem cannot be resolved at this stage and you wish to make a formal complaint, please let us 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

The practice will acknowledge your complaint within three working days and we aim to have investigated your complaint within ten working days of the date you raised it with us or as soon as possible. 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.

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.

## COMPLIMENTS, CONCERNS, COMPLAINTS AND COMMENTS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of complaint / compliment: \_\_\_\_\_

Details: \_\_\_\_\_

Signed: \_\_\_\_\_