

JAMES FISHER MEDICAL CENTRE
PATIENT INFORMATION LEAFLET

November 2023

Practice Complaints Procedure

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 Procedure as part of a NHS System for dealing with complaints.

How to complain

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. Alternatively, you may wish to complain to our commissioner, NHS Dorset.

Complaining to the Practice

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

- . (a) 12 months from the date on which the event which is the subject of the complaint occurred; or
- . (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 6 months.

A complaint form can be obtained from the Practice and they should be addressed to the **Practice Manager**. Alternatively, you may ask for an appointment with the Practice Manager in order to discuss your concerns. The Practice Manager 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

Where practicably possible, we shall acknowledge your complaint within three working days of receipt. We will thoroughly investigate your complaint within 40 working days and maintaining contact with you, if necessary. 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 does not happen again.

Complaining on behalf of someone else (Including Power of Attorney)

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is also available.

Complaining to NHS Dorset

You should normally make a complaint within twelve months of the event, or within twelve months of becoming aware that you have something to complain about. However, these time limits may be waived if there are good reasons why you could not complain earlier and if we are still able to investigate the complaint fairly and effectively in spite of the delay.

Contact details are as follows and leaflets are available from the Practice:

NHS Dorset

Telephone: 01305 368926

E-mail: customer.careteam@nhsdorset.nhs.uk

Writing to NHS Dorset at: NHS Dorset, Vespasian House, Barrack Road, Dorchester, DT1 1TG

[Support with your complaint](#)

Dorset Advocacy

Referrals Number: 0300 343 7000

Referrals Email: referrals@dorsetadvocacy.co.uk

General Email: enquiries@dorsetadvocacy.co.uk

Dorset Advocacy
Unit 13-15 Jubilee Court
Paceycombe Way
Poundbury
Near Dorchester
Dorset
DT1 3AE

Parliamentary and Health Service Ombudsman

If you remain dissatisfied with the response to your complaint once the process has been completed, you have the right to ask the Ombudsman to review your concerns. The contact details for the Ombudsman are as follows:

The Millbank Tower
Millbank
LONDON, SW1P 4QP

Telephone: 0345 015 4033

Email : phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

NHS Dorset

If your complaint is related to service you have received or problems with a hospital, Mental Health or Community Trust then you will need to make your complaint directly to the organisation concerned or to NHS Dorset.

NHS Dorset

Vespasian House
Barrack Road
Dorchester
Dorset DT1 1TG

01305 368900

customer.careteam@nhsdorset.nhs.uk

Other Useful Contacts

HealthWatch

If you need help to make a complaint, Healthwatch offers advice and support to people wishing to make a formal complaint e.g. help with letter writing and attending meetings with you.

Healthwatch can be contacted at:-

Telephone

0300 111 0102

Email us

enquiries@healthwatchdorset.co.uk

Write to us

Healthwatch Dorset

The Bridge

Chaseside

BOURNEMOUTH

BH7 7BX

PALS (Patient Advice and Liaison Service)

PALS can provide support and information regarding complaints about services delivered by University Hospitals Dorset, which includes Bournemouth, Christchurch and Poole Hospitals.

Telephone: 0300 019 8499

Email: patientexperienceteam@uhd.nhs.uk

COMPLAINT FORM

Please send marked “**PERSONAL IN CONFIDENCE**” to:

FAO
Practice Manager
James Fisher Medical Centre
4 Tolpuddle Gardens
Bournemouth
Dorset
BH9 3LQ

Complainant's name:	Date:
Address:	Telephone Number:
Patient's name (if different from above)	Date of Birth:
Address: (if different from above)	Usual Doctor:
Details of complaint [including date(s) of event(s)] and persons involved:	
Signature:	

COMPLAINT FORM (continued)

PATIENT THIRD-PARTY CONSENT

Patient's name

Telephone number

Address

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Enquirer/complainant name

Telephone number

Address

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IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT, THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint and I wish this person to complain on my behalf.

This authority is for an indefinite period/for a limited period only (delete as appropriate).

Where a limited period applies, this authority is valid until (insert date).

Signed (patient only)

Date