**Please talk to us.**

Everyone has the right to make a complaint about the NHS treatment or care they have received here. We understand that we may not always get it right and, by telling us, we will be able to improve our services and patient experience.

**Our Aim:**

To deal effectively and professionally with any complaints made by, or on behalf of, patients of Crondall New Surgery.

This applies to any medical or service matter within the responsibility or control of the partnership, any locum or deputy employed by them, and any employee of Crondall New Surgery.

**Method of complaint procedure:**

**Who can complain:**

 Complaints may be made by or on behalf of any patient or former patient with appropriate consent\*; for children by a parent, guardian or other person in ‘loco parentis’; for those incapable- a relative or other adult concerned in their welfare.

 **Who to write to:**

The complaints manager will be the Practice Manager, Victoria Hawkins. If appropriate she may delegate this task (for clinical matters or if unavailable).

**Timescales:**

Complaints must be made within twelve months of the event, or twelve months of first becoming aware of the event.

**How to complain formally:**

Formal complaints must be made in writing and include information in order for us to investigate including the dates and times and facts.

**What we will do:**

We aim to acknowledge a formal complaint within 3 working days. Further information on how this will be handled and next steps and timescale setting will be sent to the complainant based on the nature of the complaint.

Formal complaints are carefully logged and documentation is compiled for a record of the complaint, including any interviews, our response to the complaint, other documentation pertaining to it, and the outcome. It will be included in Practice audit, significant event recording, and any learning disseminated to the clinical team. The PPG may also be involved in anonymised discussions. An audit of complaints is required to be submitted annually to NHS England by us.

 Complaints will not be kept within any medical records and will not prejudice any future care that you or your family receive.

**Final response:**

The complainant will be asked to confirm receipt of our outcome report.

**Taking it further - NHS Complaints**:–

If wished, a patient may take a complaint further if one or either party have been unable to reach a satisfactory conclusion.

 The process for escalating primary care (NHS) complaints is managed by the Parliamentary and Health Service Ombudsman (PHSO). They can be contacted as follows—

 0345 015 4033, www.ombudsman.org.uk

A copy of our complaints leaflet is available from reception.

\*A consent form is required for this. Available from reception.

For more information about the types of complaints that are and are not covered under the 2009 Regulations please see [The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.](https://www.legislation.gov.uk/uksi/2009/309/contents/made) If we consider that a complaint (or any part of it) does not fall under this procedure we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant explanation and signposting information.

**Clearly Vexatious complaints**

In some cases it will be recognised that a complaint, or making repeated complaints, is vexatious. For example, the tone or content of the request might be so objectionable it would be unreasonable to expect our practice to tolerate it or to investigate as a formal complaint, no matter how legitimate the purpose of the requester or substantial the value of the requested information. Such as where threats have been made against employees, or offensive language used. We will not investigate complaints under these kinds of circumstances. Nor will we investigate complaints where our normal processes have been followed and the complaint is about the standard operating procedures that we have in place.

When considering if a request is vexatious, we will consider the following 4 areas – the burden (on the public authority and its staff); the motive (of the requester); the value or serious purpose (of the request); and any harassment or distress (of and to staff), however, each case will be considered on its merits, and will be investigated, as appropriate.

Complaints where the complaining person is or has made excessive contact with the manager or any member of staff, seeking to impose unreasonable demands or expectations on resources (resources includes but is not limited to appointments, prescriptions or responses) being provided more urgently than is reasonable or necessary, will be considered vexatious.