COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that Larwood Health Partnership keep 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.

COMPLAINING TO OTHER AUTHORITIES

The practice management team hope that if you have a problem you will use the Practice Complaints Procedure.

However, if you feel you cannot raise your complaint with us, you can contact any of the following 3 bodies:

POhWER
POhWER is a free service that supports people who want to make a complaint about their NHS Care or treatment. You can call POhWER on 0300 456 2370, or visit www.pohwer.net/how_we_can_help/icas_providers.html

OMBUDSMAN

If you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England.

You can call the Ombudsman's Complaints Helpline on 0345 015 4033 or
http://www.ombudsman.org.uk or
Textphone (Minicom): 0300 061 4298

Address:
Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD (ICB)

You can also contact NHS Nottingham and Nottinghamshire ICB with your complaint.

Email: nnicb-nn.patientexperience@nhs.net
Phone: 01115 883 9570
Address: Patient Experience Team, Civic Centre
          Arnot Hill Park, Nottingham Road,
          Arnold, Nottingham, NG5 6LU

https://notts.icb.nhs.uk/contact-us/patient-advice-and-complaints/

Please ask at reception if you would like this leaflet in large print format.

Larwood Health Partnership
www.LarwoodHealthPartnership.co.uk

NHS
Providing NHS services

Feedback, Comments & Complaints

Translate this leaflet on our website

LET THE PRACTICE KNOW YOUR VIEWS

Larwood Health Partnership 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. Tell us what we do best, where we don't meet your expectations plus any ideas and suggestions you may have. Only by listening to you can the practice continue to build and improve upon the service it offers.

WE WANT YOU TO TELL US IF:

- You think we have done something well.
- You think we have done something wrong.
- You have any comments about our services.

PRACTICE COMPLAINTS PROCEDURE

If you 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. Our complaints system meets national criteria.

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.

HOW TO COMPLAIN

In the first instance please discuss your complaint with the team on site, who will try to resolve the issue and offer you further advice on the complaints procedure. Alterntatively, you may wish to contact **Ciara Sachdeva,** our **Patient Experience Manager** based at Larwood Surgery.

Email: nnicb-bassetlaw.lhpfeedback@nhs.net
Phone: 01909 537194
Address: Larwood Surgery, 56 Larwood Avenue, Worksop, Nottinghamshire, S81 0HH

Complaints should ideally be made within 12 months of the incident.

The Practice will acknowledge your complaint within three working days and formulate a plan with you of how your complaint will be addressed.

When the practice looks into your complaint it aims to:

- Ascertain the full circumstances of the complaint
- Offer you the opportunity 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

COMPLAINTS AND COMMENTS FORM

Name	
Date of Birth	
Mobile	
Email	
Contact me by	Email/Phone/Other
Details	
Signed	
Date	