



## **Somerville Medical Centre**

Drs. Smye, Wilson, Evans, Halder & Jennings  
69 Gorsey Lane.  
Wallasey,  
CH44 4AA  
Telephone: 0151 638 9333  
Fax: 0843 290 5809 (main); 0151 637 0291

***If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets or exceeds national criteria.***

### **HOW TO COMPLAIN**

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form). He/she will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

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 provided below.

### **WHAT WE WILL DO**

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 10 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations



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If you would like with information, advice or support contact PALS [Patient Advice And Liaison Service] via WIRED

Post to: Wired,  
Unit 7,  
Wirral Business Park,  
Arrowe Brook Road,  
Upton,  
Wirral,  
CH49 1SX

Telephone: 0800 054 2137 or 0151 647 4251 or on the main  
Wired number 0844 880 1500

E-mail: [WirralPals@wired.me.uk](mailto:WirralPals@wired.me.uk)

Website: [www.wired.me.uk](http://www.wired.me.uk)

### TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

[1] By post to: NHS England  
PO Box 16738  
Redditch  
B97 9PT

**By email to:** [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

If you are making a complaint please state:

**'For the attention of the complaints team'** in the subject line.

**By telephone: 0300 311 22 33**

**British Sign Language (BSL):** If you use BSL, you can to talk to us via a video call to a BSL interpreter. Visit [NHS England's BSL Service](http://www.interpreternow.co.uk/nhs-ccc/) [<http://www.interpreternow.co.uk/nhs-ccc/>].

**Our opening hours are:** 8am to 6pm Monday to Friday, except Wednesdays when we open at the later time of 9.30am.

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

Tel 0345 0154033

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

The Complaint Form is on the next page >>>



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**COMPLAINT FORM**

**Patient Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Post Code:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_

Complaint details: (Include dates, times, and names of practice personnel, if known)

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_

Print name \_\_\_\_\_ (Continue overleaf if necessary)



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### PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**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 only, 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: \_\_\_\_\_