

# John Tasker House and Felsted Surgeries

56 New Street, Dunmow, Essex CM6 1BH  
Telephone: 01371 872121

www.jth.org.uk  
VAT Number 711670949

Braintree Road, Felsted, CM6 3DL  
Telephone: 01371 820410

*Drs M K Tee, D Tideswell, B Pitt, T Robson*  
*Associate GPs – Dr Jackie Stevens, Dr Thidar Myint, Dr Katy-Ellen Disley, Dr Gillian Graves, Dr Jo Ward, Dr Tania Brasse, Dr Vernetta Buffong*

## Complaints Procedure

### Making a Complaint

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first.

Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so, preferably **in writing** as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily. In any event, this should be:

Within 12 months of the incident,

or within 12 months of you discovering that you giving as much detail as you can.

If you are a registered patient, you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. See the separate section in this leaflet.

We are able to provide you with a separate complaint form to register your complaint and this includes a third-party authority form to enable a complaint to be made by someone else. Please ask at reception for this. You can provide this in your own format providing this covers all the necessary aspects.

**Send your written complaint to:**

**Ms Jane Murray – Practice Manager**

**John Tasker House Surgery,**

**56 New Street**

**Dunmow**

**Essex CM6 1BH**

**Practice Complaints Manager: Ms Jane Murray – Practice Manager**

**Lead GP: Dr M.K. Tee**

## What we do next

We look to settle complaints as soon as possible.

We will acknowledge receipt within 3 working days and aim to have looked into the matter within 10 working days. You may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than this, we will let you know, and keep you informed as the investigation progresses.

When looking into a complaint we attempt to see what happened and why, to see if there is something, we can learn from this, and make it possible for you to discuss the issue with those involved if you would like to do so.

When the investigations are complete your complaint will be determined, and a final response sent to you.

Where your complaint involves more than one organisation (e.g., social services) we will liaise with that organisation so that you receive one coordinated reply. We may need your consent to do this. Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

The final response letter will include details of the result of your complaint and your right to escalate the matter further if you remain dissatisfied with the response.

## Complaining on Behalf of Someone Else

We keep to the strict rules of medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm that they are unhappy with their treatment and that we can deal with someone else about it.

Please ask at reception for the Complaints Form which contains a suitable authority for the patient to sign to enable the complaint to proceed.

Where the patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the precise details of the circumstances which prevent this in your covering letter.

Please note that we are unable to discuss any issue relating to someone else without their express permission, which must be in writing, unless the circumstances above apply.

We may still need to correspond directly with the patient, or may be able to deal direct with the third party, and this depends on the wording of the authority provided.

## If you are Dissatisfied with the Outcome

You have the right to approach the

Ombudsman. The contact details are:

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

**Tel: 0345 0154033**

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

**You may also approach PALS for help or advice.**

The Patient Advice and Liaison Service (PALS) provide confidential advice and support, helping you to sort out any concerns you may have about the care we provide, guiding you through the different services available from the NHS

**PALS West Essex Clinical Commissioning Group 01992 566122**

**PALS Freephone 0800 78 33396**

**Or:**

**NHS England 03003112233 (local number) e-mail: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)**

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## PATIENT COMPLAINT/PROBLEM FORM (COM 1)

### Details of the Patient with a Complaint/Problem:

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

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

\_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Name of the Person Reporting the Complaint/Problem (if different from above)

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

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

\_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

### Full Details of Complaint/Problem:

*(including date(s) of events and persons involved)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Signature:

Date Reported:

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## COMPLAINT FORM AUTHORISATION:

### Where the complainant is not the patient:

I \_\_\_\_\_ authorise the complaint noted overleaf to be made on my behalf by \_\_\_\_\_, and I agree that the practice may disclose to the complainant confidential information sufficient only to answer the complaint.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_