

## Advice for Patients wishing to make a complaint

If you're not happy with the care or treatment you've received at Lensfield Medical Practice, you have the right to:

- Make a complaint
- Have your complaint efficiently and properly investigated
- Receive a timely response, including details of the outcome of any investigation into your complaint
- Escalate your complaint to the independent [Parliamentary and Health Service Ombudsman](#) if you're not satisfied with the way the Practice has dealt with your complaint

### Who should I complain to?

Most problems can be sorted out quickly and easily at the time they arise with the person concerned. When possible, this usually achieves the best outcome for your healthcare and for our service improvement. We recommend this approach first.

When you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so. It is helpful for us to receive complaints in writing. Our Complaints Form (below) can be used for this purpose but is not required. Complaints may also be expressed by speaking to a member of staff or by arranging to meet the Practice Manager.

Written complaints should usually be sent to the Practice Manager:

Mrs. Tanya Jackson-Turner  
The Practice Manager  
Lensfield Medical Practice  
48 Lensfield Road  
Cambridge  
CB2 1EH  
[manager.lensfield@nhs.net](mailto:manager.lensfield@nhs.net)

Alternatively, you can complain to:

NHS Cambridgeshire & Peterborough Patient Experience Team  
Telephone 0800 279 2535 (free of charge, Monday to Friday excluding bank holidays)  
Email: [cpicb.pet@nhs.net](mailto:cpicb.pet@nhs.net)  
<https://www.cpics.org.uk/patient-experience-team>

### When should I complain?

Please tell us about your complaint as soon as possible, so that we can find out exactly what happened more easily. Ideally this would be within a few days, but all complaints should normally be made within 12 months of the date of the specific event that your complaint relates to, or as soon as the matter first came to your attention.

### Who can complain?

- If you are a registered patient or former registered patient, you can complain about your own care
- If you have parental responsibility for a patient who is a child, you can complain about the child's care. (This may include parents, guardians, persons authorised by a local authority to care for the child under the provisions of the Children Act 1989, or persons authorised by a voluntary organisation responsible for

the child's accommodation.)

- If you are an adult with an interest in the welfare of a patient who is not able to make a complaint themselves, you can complain about that patient's care. (Adults with such an interest may include family relations and close friends.)

If you wish to make a complaint on behalf of someone else, we will normally require written consent from the patient giving us permission to communicate with you about the patient's care, to meet medical confidentiality requirements. This can be achieved if the patient signs the declaration on the Complaint Form (below). If written consent is not possible, please discuss this with the patient's Doctor or the Practice Manager.

### What happens next?

- If a complaint is received verbally and if it is dealt with to your satisfaction within 24 hours of receiving it, the complaint process will be considered complete
- All other complaints will be acknowledged in writing, within three working days
- We will offer you the opportunity to discuss the complaint either by telephone or in person
- If the complaint involves more than one organisation, we will advise you will need to make contact the second/other organisations directly as we will be unable to raise a complaint on your behalf. The Practice will then write to you, confirming the details of how the complaint will be handled and when you can expect a response
- The complaints manager will ensure that the complaint is thoroughly investigated. This will be done as promptly as possible but may take up to 28 days

We will send you a written **Formal Response**, to include:

- A clear statement of the issues of concern, the findings of the investigation and evidence-based reasons for the decisions that were made, as appropriate
- An explanation of any errors that were made, if applicable, and steps taken to correct or lessen the effect of any errors, or to prevent repetition of the same errors
- We will offer you the opportunity to discuss the Formal Response with us if needed

**What if I am not happy with the Practice's Formal Response?**

If after receipt of the formal response you are still not satisfied with the outcome or explanation and do not believe you can obtain a satisfactory outcome by further discussion with the practice you can refer the matter to the [Parliamentary and Health Service Ombudsman](#).

Parliamentary and Health Service Ombudsman. Requests for independent review should usually be made within a year of the event giving rise to your concerns. You can contact the Ombudsman on 0345 015 4033 or by email at [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk) or write to The Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester M2 3HQ.

Lensfield  
Medical Practice

**48 Lensfield Road  
Cambridge, CB2 1EH  
01223 651 020**

**Partners:**

**Dr M Waters  
Dr A Ng  
Dr S Ford  
Dr A Perrett  
Dr E Woodroffe**

**Practice Manager:**

**Mrs T Jackson-Turner**

## Complaint Form

### 1. Complainants Details

Full Name:	Address:
Date of Birth:	
NHS Number (if known):	

### 2. Consent. (Please complete if the above complainant is **NOT** the patient involved)

<p>I hereby give consent that the above-named person (in the Complainants Details <i>section</i>) has my permission and authority to make this complaint on my behalf and deal with all correspondence concerning this complaint. I understand that this may involve access to my medical records and other confidential information held by the practice about me. Please note this consent applies <b>ONLY</b> to information held by Lensfield Medical Practice and does not extend beyond this.</p>	
Full name:	Address:
Date of Birth:	
NHS Number (if known):	
Signature of patient:	
Date:	

**3. Details of the complaint. (Please be as specific as possible and include times, places and people where appropriate).** Continue on a separate sheet if necessary.

Signature	
Print Name	
Date	