

Making a complaint about the NHS to the Integrated Care Board/North of England Commissioning Support Unit

v7 15 September 2023

This form should be read in conjunction with the NECS Complaint leaflet (*Making a complaint to the NHS in the North East and North Cumbria*).

What is NECS' role in the local complaints process?

The NHS North of England Commissioning Support Unit (NECS) supports the NHS North East and North Cumbria Integrated Care Board (ICB) and other NHS organisations to improve health services for everyone. The ICB has asked the NECS Complaints Team to manage complaints on their behalf; if you have a complaint about the services NECS provides, this can also be dealt with by the NECS Complaints Team.

When can I use this form?

The NHS complaints procedure aims to resolve complaints quickly, at source. This is called 'local resolution' and means you should complain to the organisation that provided the service you are unhappy with first.

Some people prefer to send their complaint to the commissioner of NHS services and you may use this form to make your complaint to NECS who will coordinate this on behalf of the ICB. This form can also be used to make a complaint about ICB commissioning or funding decision or about services provided by NECS.

What can I expect to happen next?

You can expect your complaint to be acknowledged within 3 working days of this being received by the Complaints Team.

Complaints relating to the ICB or NECS will be coordinated by the NECS Complaints Team. Complaints relating to health-care providers are usually forwarded by the Complaints Team to the relevant organisation for investigation and response; a copy of the response letter is shared with the ICB for information and monitoring purposes. By signing this form, you are providing consent for your details and information about your complaint to be shared with the organisations involved for the purpose of investigating and responding. Should you have any concerns or questions about this, the Complaints Team will be happy to assist you.

Your complaint will be fully investigated in a manner that is fair to both you and staff involved. If failings are identified during the investigation, any necessary improvements will be made to the quality of services. Unless agreed otherwise, you will receive a written response to your complaint which will include information on any service improvements.

If your complaint involves more than one NHS organisation or the NHS and social care (provided by the local authority) you need to complain to just one of the organisations. You will also receive a single, coordinated response.

Who can help in making a complaint?

The Independent Complaints Advocacy (ICA) team can guide and support you through the complaints process. They can help put your complaint in writing and attend meetings with you; however, the ICA team does not investigate complaints. The Complaints Team can provide you with information about your local ICA service.

What should I do if I am unhappy with the response to my complaint?

If you remain unhappy with how your complaint has been handled you can ask the Parliamentary and Health Service Ombudsman (PHSO) to review your complaint. You should take your complaint to the PHSO within a year of when you first became aware of the problem.

You can contact the PHSO on 0345 015 4033 and further information on the role of the PHSO is available on their website www.ombudsman.org.uk

Please send the completed form via Freepost (no stamp is needed) or email to:

FREEPOST RLSH-KHYU-YREH, Complaints Team, North of England
Commissioning Support Unit, John Snow House, University Science Park, Durham,
DH1 3YG

E-mail: necsu.complaints@nhs.net Tel: 0191 374 4218

Information about complaints is available in other languages and formats upon request

The information submitted will be held by the Integrated Care Board / North of England Commissioning Support Unit for the purpose of investigating and responding to your complaint and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with data protection law. With your consent, the information you provide may need to be shared with other organisations in order to investigate your complaint.

Please note that we are unable to guarantee the security of information if sent from an unsecured email service.

Section A Your details

| | | |
|----|--|---|
| 1 | Title | Mr/Mrs/Miss/Dr/Other (delete as applicable) |
| 2 | First name | |
| 3 | Surname | |
| 4 | Date of birth | |
| 5 | House number or name | |
| 6 | Street name | |
| 7 | Town or city | |
| 8 | County | |
| 9 | Postcode | |
| 10 | Daytime tel number | |
| 11 | Alternative tel number | |
| 12 | Email | |
| 13 | GP Surgery registered with | |
| 14 | How would you like to be contacted? (tick all that apply) | <input type="checkbox"/> Telephone (landline) <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Post |
| 15 | Is there anything we can do to make it easier for you to access our service? | <p>For example, you may wish to receive information in large print</p> <p>Information about complaints is available in other languages and formats upon request</p> |

Section B About the person you are making the complaint for (if this is not you)

If you are complaining for someone else, we must consider if you are the right person to act on their behalf. We normally need their agreement for this.

| | | |
|----|---|---|
| 16 | Title | Mr/Mrs/Miss/Dr/Other (delete as applicable) |
| 17 | First name | |
| 18 | Surname | |
| 19 | Date of birth | |
| 20 | Date of death (if applicable) | |
| 21 | House number or name | |
| 22 | Street name | |
| 23 | Town or city | |
| 24 | County | |
| 25 | Postcode | |
| 26 | Daytime tel number | |
| 27 | Alternative tel number | |
| 28 | Email | |
| 29 | GP Surgery registered with | |
| 30 | What is your relationship to this person? | <p>I am their ...</p> <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Child <input type="checkbox"/> Advocate/Solicitor <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Carer <input type="checkbox"/> Other |
| 31 | Why can't they make the complaint? | <input type="checkbox"/> The person is a child <input type="checkbox"/> They aren't well enough to do it <input type="checkbox"/> They haven't the ability to do it themselves <input type="checkbox"/> They would prefer me to do it <input type="checkbox"/> The person is deceased <input type="checkbox"/> Other (please give details) |

Section C Details of your complaint

| | |
|----|---|
| 32 | What is the name and address of the organisation you are complaining about? (eg the NHS trust, hospital, GP practice or ICB) |
| | |
| 33 | Are you complaining about a particular person (eg a doctor or nurse)? Please give their name (optional). |
| | |
| 34 | When did the problem you want to complain about happen? (If you can't remember the exact date, you can give us an estimate) |
| | |
| 35 | Briefly tell us what your complaint is about, for example, what happened, when and who was involved. |
| | |

Please continue on next page if required.

| | |
|-----------|---|
| 36 | How have you, or the person you represent, been affected by what has happened? |
| | |
| 37 | What would you like to see happen as a result of making the complaint? |
| | |
| 38 | When did you become aware of the problem? |
| | |
| 39 | Have you already complained to anyone else about this? If yes, what happened? |
| | |
| 40 | If you haven't been able to complain to us within a year of becoming aware of the problem, please tell us why you did not complain sooner. |
| | |

Please use this section to provide any additional information

Complaint Consent Form

1. Patient Details

| | |
|-------------------------------|----------------|
| Name: | Date of birth: |
| Address & postcode: | |
| Tel no: | Case Ref: |
| GP Surgery including address: | |

2. Representative Details (where applicable)

| | |
|---------------------|---------|
| Name: | Tel No: |
| Address & postcode: | |

3. Authorisation

I/we hereby consent to the disclosure of the details of this complaint and any clinical records or other relevant information between any NHS or other organisations and the NHS North of England Commissioning Support Unit (NECS)/Integrated Care Board (ICB) for the purpose of investigating this complaint. I/we, the above, also consent to the sharing of information between internal services and departments within NECS/the ICB.

The relevant organisation will respond to the concerns outlined in the complaint in line with the NHS complaints procedure. Where applicable, this includes sharing the final response with the (ICB).

Please tick one:

I am:

- The patient / complainant (acting on own behalf)**
- The parent or legal guardian of a child or young person below the age of 13**
(Parent/guardian to sign section 4)
- Acting on behalf of the patient with their permission**
(Patient and representative to sign section 4)
- Acting on behalf of the patient who is deceased**
(Representative to sign section 4)
- Acting on behalf of the patient as they are unable to do so themselves**
State reason below (Representative to sign section 4)

4. Signature

| | |
|---|-------|
| Signature of Patient (where applicable): | Date: |
| Signature of Representative (where applicable): | Date: |

Please note that if you are not the patient, you may be required to provide evidence of your authority to act with regard to the complaint (eg Lasting Power of Attorney, Last Will and Testament, Grant of Probate). Please attach this to your completed consent form.

Please send your completed form to the address below (no postage stamp required) or electronically to necsu.complaints@nhs.net

FREEPOST RLSH-KHYU-YREH, Complaints Team, NHS North England Commissioning Support Unit, John Snow House, University Science Park, Durham, DH1 3YG

For advice on completing this form please contact NECS on: 0191 3744218