

PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received please let us know. We operate a practice complaint procedure which meets 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. You can ask to speak to the Duty Pharmacist at the time of your complaint. 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 or email customercare@homecare-pharmacy.co.uk

Personal Homecare Pharmacy
T/A Fertility2u
Complaints Department
11 High View Close
Hamilton Office Park
Leicester
LE4 9LJ

You should be as specific and concise as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

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 response setting out the result of any investigations

Local Help

Should you require assistance with your complaint then the local office of the Patient Advice Liaison Service will be able to assist you. They provide confidential advice and support, helping you to sort out any concerns that you may have about any aspect of NHS care. Their contact numbers are: Telephone: 08000320202 (Freephone) or Text 01670511098

If you are unhappy with the outcome of your complaint you can complain to the GPhC

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

General Pharmaceutical Council
Telephone: 020 3365 3400

The GPhC investigates complaints that indicate that a pharmacy professional's fitness to practice may be impaired.

If you would like to make a complaint please complete the 'Raising a Concern' form located on the following page of the website:

www.pharmacyregulation.org/content/our-role

If you are unhappy with the outcome of the complaint and it is in relation to an NHS service you can complain to NHS England.

By post to:

NHS England
PO Box 16738
Redditch
B97 9PT

By email to: 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

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

The Complaint Form is on the next page >>>

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 pharmacy releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, 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: