



The James Cochrane  
Practice

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# Complaints And Suggestions

Patient information leaflet

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**Main Address:** Helme Chase Surgery, Burton Road, Kendal,  
Cumbria, LA9 7HR

**Branch Address:** Maude Street Surgery, Maude Street,  
Kendal, Cumbria, LA9 4QE

**Tel:** 01539 718080 | [www.jamescochranepractice.co.uk](http://www.jamescochranepractice.co.uk) |

**Fax:** 01539 718077

**VAT Registration Number:** 878 6795 35

This surgery is within the Morecambe Bay Clinical  
Commissioning Group area





## Complaints and Suggestions

Our Practice Business Manager, Mr Adrian Eglinton, would be happy to hear your views and suggestions about the services we provide.

He will also help to resolve any complaints, which should be made to him using the contact details overleaf, or by completing the form on the back of this leaflet.

Your feedback gives us an opportunity to reflect, and helps us identify opportunities to improve the services we provide

## Complaints Procedure

Most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned.

If your problem cannot be sorted in this way and you wish to make a complaint, please let us know as soon as possible as this will make it easier to find out what has happened. If this is not possible, please let us have details of your complaint:

- within 12 months of the incident that caused the problem, or
- within 12 months of discovering that you have a problem

## Contact us

You should contact **Mr Adrian Eglington** if you wish to raise a concern or make a formal complaint.

- **Email:** [Adrian.Eglington@GP-A82026.nhs.uk](mailto:Adrian.Eglington@GP-A82026.nhs.uk)
- **Telephone:** 01539 718030 (direct line)
- **In writing:** Helme Chase Surgery, Burton Road, Kendal, Cumbria. LA9 7AZ.
- **Appointment:** You can arrange an appointment with Mr Eglington to discuss your concerns, he will explain the complaints procedure to you and will ensure that your concerns are dealt with promptly.

It would be helpful if you can give specific details of what you feel went wrong, and what outcome you would like. Please use the form on the back of this leaflet.

## What the Practice will do

We will acknowledge your complaint within 5 working days, and aim to have investigated your complaint within 10 working days. You will then be offered an explanation, or a meeting with the staff involved. If we are unable to resolve your complaint within 10 working days, we will keep you informed of this, and the reasons why.



We aim to:

- find out what happened and what went wrong
- make it possible for you to discuss the problem with those concerned, if you would like this
- make sure you receive an apology, where this is appropriate
- identify what can be done to make sure the problem doesn't happen again

## To complain on behalf of someone else

If you are complaining on behalf of someone else, we have to know that you have their permission to do so. A note signed by the person concerned will be needed, unless they are incapable of doing this. If you have any questions, please speak to a member of the team.

## If you remain dissatisfied

If you are dissatisfied with the result of the practice's investigation, you may contact:

**Independent Complaints Advocacy Service (ICAS)**  
0845 1203748

**The Healthcare Commission**  
020 7448 9200  
Healthcare Commission, Complaints Team, Peter House, Oxford Street, Manchester M1 5AN  
[www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

**Patient Advice & Liaison Service (PALS)**  
01539 795497  
Westmorland General Hospital, Burton Road, Kendal LA9 7RG

**The Healthcare Ombudsman**  
0345 015 4033  
Millbank Tower, Millbank, London SW1P 4QP  
[phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)



## Patient Complaint Form

Patient Name

Date of Birth

Telephone Number

Address

Details of person making the complaint if not the above

Name:

Date of Birth:

Telephone Number:

Address:

*I authorise the complaint made on my behalf by the person named below and I agree that the Practice may disclose to them (only in so far as is necessary to answer the complaint) confidential information about me which I provided to them.*

Patient Signature:

Date:

Signature of person

Making complaint:

Date:



Details of complaint...

(Please continue on another page if necessary)