

Complaining to the CCG & Requirements for Consent

NHS Redditch and Bromsgrove CCG is unable to investigate your complaint until consent has been received. We will need consent in the following cases:

- If your complaint is about a hospital, mental health, community and other service, it is their responsibility to investigate the complaint. We require your consent to send the complaint to the relevant organisation and receive a copy of the final response.
- If your complaint is about the CCG, the way a service has been commissioned by the CCG or you have been directly affected by a commissioning decision. In order for us to fully investigate your complaint, it may be necessary for us to contact other services and/or access your hospital or other medical records (as appropriate). If this is the case, before we can start to investigate and respond to you we will require your consent in order to do this.
- If someone is complaining on your behalf we will need your consent before we can investigate the complaint and disclose any information to your representative.
- **In cases where the patient has a lack of capacity, or has passed away, we will need evidence that the complainant is an appropriate advocate, ie, Power of Attorney or Grant Probate.**

Please submit this form with a covering letter, outlining your complaint and ensuring you include as much information as possible, particularly the organisation you wish to complain about (if this is not the CCG).

The covering letter and signed consent form should be forwarded to:

By Post:

Head of Corporate Affairs
NHS Redditch and Bromsgrove CCG
Barnsley Court
Barnsley Hall Road
Bromsgrove
B61 0TX

Alternatively, please a copy of the form can be signed, scanned and emailed to us at Complaints.RBCCG-WFCCG@nhs.net

Ref: ID

CONSENT FORM

If you are complaining about the service you received

Name of Complainant:

Date of Birth:

Address:

.....

.....

Telephone:

Email:

I give consent for NHS Redditch and Bromsgrove CCG to send my complaint to other relevant NHS providers of care on my behalf, asking them to investigate and provide the CCG with a response to the issues raised.

I also give consent for the Investigating Officer at NHS Redditch and Bromsgrove CCG to receive and have access to my hospital and other medical records for the purposes of investigation (if applicable).

Signed:

Date:

The signed consent form should be forwarded to:

By Post:

Head of Corporate Affairs
NHS Redditch and Bromsgrove CCG
Barnsley Court
Barnsley Hall Road
Bromsgrove
B61 0TX

Alternatively, please a copy of the form can be signed, scanned and emailed to us at
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Ref: ID

CONSENT FORM

If someone else is complaining on your behalf about the service you received

Name of Complainant:

On behalf of (patient):

Patient's Date of Birth:

Address:

.....

Telephone:

Email:

I give my explicit consent for details of my health and healthcare to be disclosed to my nominated representative **[insert name]**..... I agree that the CCG may disclose to my representative such information that is considered necessary in resolving my complaint. I understand that this might involve the disclosure of highly sensitive information.

I give consent for NHS Redditch and Bromsgrove CCG to send my complaint to other relevant NHS providers of care on my behalf, asking them to investigate and provide the CCG with a response to the issues raised.

I also give consent for the Investigating Officer at NHS Redditch and Bromsgrove CCG to receive and have access to my hospital and other medical records for the purposes of investigation (if applicable).

NB: In cases where the patient has a lack of capacity, we will need evidence that the complainant is an appropriate advocate, i.e. Power of Attorney or Grant Probate.

Patient Signature:

Date:

Complainant's Signature:

Relationship to Patient:

Date:

The signed consent form should be forwarded to: Head of Corporate Affairs, NHS Redditch and Bromsgrove CCG, Barnsley Court, Barnsley Hall Road, Bromsgrove, B61 0TX. **Alternatively, please a copy of the form can be signed, scanned and emailed to us at Complaints.RBCCG-WFCCG@nhs.net**

Ref: ID

CONSENT FORM

If you are complaining about the service received by a deceased friend or relative

Name of patient:

Former address of patient:

Date of birth of patient:

Date patient died:

I have been given power of attorney, for the above named (copy document enclosed).

I provide my consent for NHS Redditch and Bromsgrove CCG to deal with my complaint and for the team to pass on my letter of complaint/concern to relevant third parties for investigation.

I also give consent for NHS Redditch and Bromsgrove CCG to have access to hospital and other medical records for the purposes of investigation (if applicable).

I understand that in exceptional circumstances, the CCG team may need to speak to me either over the telephone or in person to check that the consent I have given here is and remains valid.

Name of representative (complainant):

Relationship to deceased:

Address:

Contact Telephone Number:

Representative signature:

Date:

The signed consent form should be forwarded to:

Head of Corporate Affairs
NHS Redditch and Bromsgrove CCG
Barnsley Court
Barnsley Hall Road
Bromsgrove B61 0TX

Alternatively, please a copy of the form can be signed, scanned and emailed to us at Complaints.RBCCG-WFCCG@nhs.net

Ref: ID

Consent Form for completion by third party

Name of Complainant:

Address of Complainant:

.....

Telephone Number:.....

Name of Patient affected:

Address of Patient:

.....

I provide my consent for NHS Redditch and Bromsgrove CCG to pass on my letter of complaint/concern to relevant third parties for investigation. I understand that in exceptional circumstances the CCG may need to speak to me either over the telephone or in person to check that the consent given here is and remains valid.

Please note, Information may be used for other purposes e.g. monitoring the complaints process or improving service quality, but that wherever possible only anonymous information will be used for these other purposes.

I, (full name)

of (address)

.....

am the patient's representative and enclose confirmation of my legal appointment, e.g. power of attorney.

am the deceased patient's representative and enclose confirmation of my appointment, e.g. Executor of the Estate or Next of Kin.

In order to protect the patient's right to confidentiality there is strict guidance as to who can be a patient's representative. If you consider that you have the authority to act as the patient's representative in making this complaint, and the above criteria does not apply, please state your reasons in writing. We will then carefully consider your request within the stipulated guidelines and advise you as to the decision, or any future information they may require.

Please sign overleaf

Signature of patient representative:

Print name of patient representative:

Evidence provided:

Date: