

Comprehensive guide to NHS complaints process in England, the Ombudsman and beyond

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If you are not happy with the treatment that you or a loved one has received from the NHS you are legally entitled to an investigation and full response by the NHS body that provided the treatment. This is known as the NHS complaints procedure.

This self-help guide contains all the information you should need to make a complaint. If you have any further questions, please visit our website where you will find more a range of specialised self-help guides, or call our helpline.

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The **charity** for patient safety and justice

AvMA is the charity for patient safety and justice. We provide specialist advice and support to people when things go wrong in healthcare and campaign to improve patient safety and justice.


For advice and information visit **www.avma.org.uk**


Or call our helpline
*10am-3.30pm Monday-Friday
(03 calls cost no more than calls to geographic numbers (01 or 02) and must be included in inclusive minutes or there can be a cost per minute)*

0345 123 2352

 82 Tanner Street
London SE1 3GN

 www.facebook.com/AvMAuk

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 bit.ly/AvMAYouTube

Registered charity in England & Wales (299123) and Scotland (SCO39683)

Your right to complain

If something goes wrong with medical treatment under the NHS, your right to complain is protected under the NHS Constitution.

The NHS constitution promises:

- You have the right to have any complaint you make about the NHS properly investigated
- You have the right to receive an appropriate explanation
- You have the right to compensation where you have been harmed by negligent treatment
- The NHS will ensure that lessons are learned to avoid similar incidents in the future

You are also protected by the duty of candour, brought in following a campaign by AvMA. Under this, everyone working in the NHS has a legal duty to be open and honest with you when something goes wrong that appears to have caused or could lead to significant harm in the future.

It is often possible to resolve your complaint by talking informally with staff. However, if you need to take matters further there is a clear procedure to follow which ensures that your complaint can be fully and fairly investigated and, if necessary, independently reviewed.

The table (right) sets out possible paths your complaint can take.

Further information

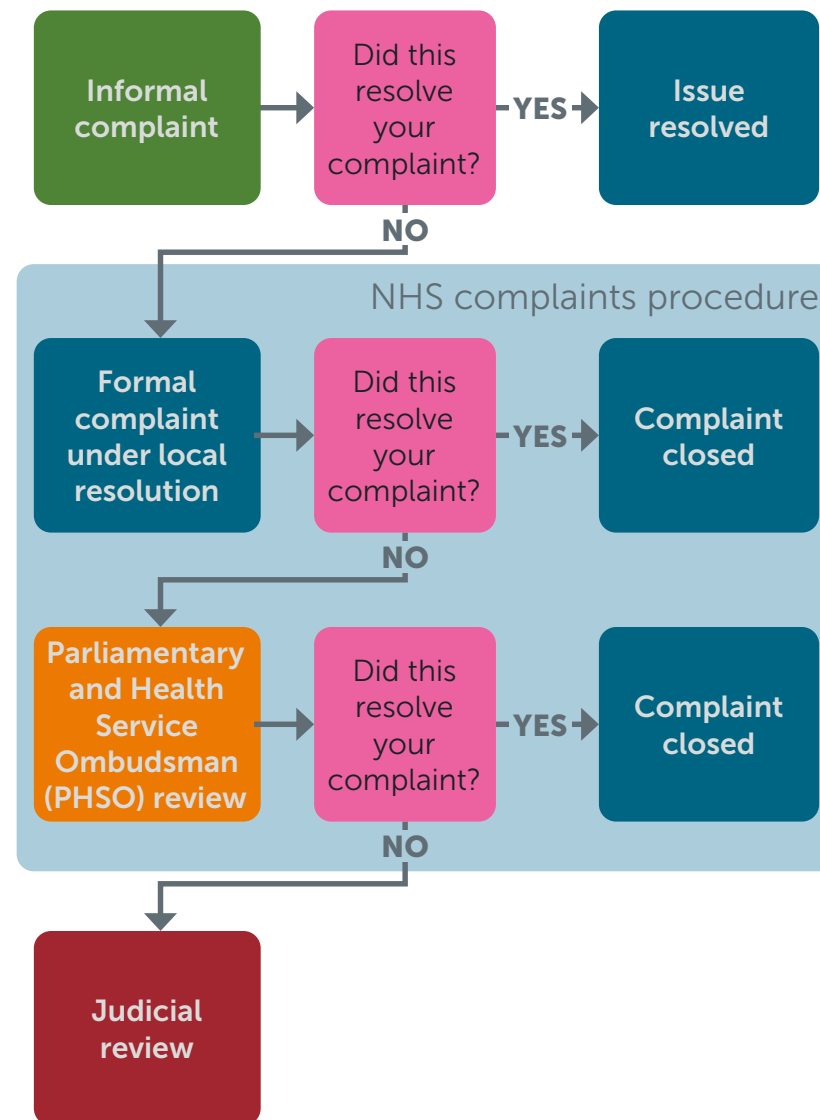
View the NHS Constitution at

www.gov.uk/government/publications/the-nhs-constitution-for-england

Please see our leaflet on the duty of candour at www.avma.org.uk/guides

The route of an NHS complaint

Please note this is a typical example and your complaint may not follow this route exactly.



Informal complaint

You are under no obligation to make a complaint informally before you make a formal complaint. However, if you believe something has gone wrong with the healthcare provided to you or a loved one, it is almost always best to discuss your concerns with the medical staff as soon as possible, especially if your main concern is to have something urgently put right.

Talk to the staff concerned or a manager and explain why you are unhappy. If you prefer, you can contact the Patient Advice and Liaison Service (PALS) and ask them to investigate the matter. Contact your local hospital trust for contact details. If your complaint is about a family health service (such as a GP, dentist, optician or pharmacist) you can contact the practice complaints manager.

They may be able to settle your complaint straight away. If you are not satisfied with their response, however, you can submit a formal complaint through the local resolution procedures ([see page 4](#)).

Advocacy services

Advocacy services are independent of the NHS and can help you to make your complaint. Their role includes arguing your case when you need them to and making sure the NHS follows the correct procedures.

The services are funded by local councils. Visit www.gov.uk/find-your-local-council to find yours.

You can find more information about NHS advocacy at www.nhs.uk/conditions/social-care-and-support-guide/pages/advocacy-services.aspx

Patient Advice and Liaison Service (PALS)

PALS will try to help you resolve issues informally before you need to make a complaint. PALS can be particularly helpful if your issue is urgent and you need action immediately.

You will find a PALS in most hospitals and NHS GP, dentist, optician and pharmacy services. Ask at the practice or contact the local clinical commissioning group, or phone NHS111 (dial 111).

Before you make a complaint, think about:

- What is the exact nature of your concern?
- What do you want to achieve?
- What can the NHS do to satisfy this?
- Can you achieve what you want without making a formal complaint?

The formal NHS complaints procedure: local resolution

If you would like your complaint to be dealt with more formally you should use the NHS complaints procedure. The first stage is local resolution, where the NHS is required to investigate and respond to your complaint.

Services covered

- All NHS trusts and bodies including foundation trusts
- NHS family health services provided by GPs, dentists, opticians or pharmacists
- Private healthcare establishments if the treatment was paid for by the NHS

Who can complain

- The person affected by the incident
- A family member
- A parent (for children under 16)
- A friend
- Another body, such as an NHS advocacy service

You will usually need to give your permission for someone to complain on your behalf. For older children the NHS will consider whether the child's permission is required before they investigate.

If you are complaining on behalf of someone who is too ill to complain or is mentally incapacitated, the NHS will decide if you are a suitable representative to make a complaint.

If you do intend to make a complaint please see the heading below entitled "How to make a complaint" you may also find our template letter helpful:

www.avma.org.uk/wp-content/uploads/Complaint-letter.pdf

Time limits

You should make your complaint as soon as possible so that recollection of events is fresh. At the latest, your complaint must be made:

- No later than 12 months after the event(s), **or**
 - No later than 12 months from when you first became aware of the issues
- NHS organisations may consider complaints outside these time limits and can take into account aspects such as the length of your illness.

Possible outcomes

Under the NHS complaints procedure you can get:

- **An explanation for what happened**
- **An apology or other statement of regret**
- **Steps to review procedures to avoid such incidents in future**

In general the NHS complaints procedure will not:

- **Offer financial compensation**
In some circumstances the NHS may agree to a small *ex gratia* payment (a payment made without recognising any liability or legal obligation)
- **Address issues of staff discipline, for instance sacking someone or having them struck off**
Although sometimes the information obtained through complaints investigations can lead to disciplinary action
- **Investigate private treatment unless financed by the NHS**

Further information

Please see our self-help guides:

- Health professionals fitness to practise
- Complaining about private healthcare
- Sample letter of complaint

www.avma.org.uk/guides

How to make a complaint

A complaint can be made verbally, in writing or electronically. If you make a verbal complaint, the healthcare provider must make a written record of the complaint and provide you with a written copy.

You can complain directly to the provider (hospital, GP, etc.).

You can complain to the commissioning body for the services.

This will usually be the Integrated Care Board.

Complaining to the commissioner may be the right option if you are uncomfortable complaining directly to your healthcare provider or do not think this is appropriate such as if there has been a breakdown of the relationship with the provider. Please note: if you have already complained to your healthcare provider, the commissioner will not be able to re-investigate the same concerns.

If your complaint is about healthcare in prison, or for services such as vaccination services then you will need to contact NHS England.

If your complaint is about the use of powers or how duties are carried out under the Mental Health Act, you can complain directly to the Care Quality Commission (CQC).

Powers and duties carried out under the Mental Health Act cover a wide range of services, including receiving care while detained in hospital or while on a guardianship or community treatment order.

Complaints can be made by anyone – patients, staff or any member of the public. If you ask the CQC to investigate a complaint, they will usually ask you to complain to the service provider first. If you need them to, the CQC can help you make that complaint.

Further information

NHS England

PO Box 16738, Redditch B97 9PT

Email: england.contactus@nhs.net (addressed 'For the attention of the complaints manager')

Tel: 0300 311 22 33 (Mon-Fri 8am to 6pm)

Local Integrated Health Board

Find your local Integrated Care Board at

<https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/>

Care Quality Commission

CQC Mental Health Act, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

Tel: 03000 616161

What to include in the complaint

- **Who or what you are complaining about**
- **Where and when the events happened**
- **What you have done already about the complaint**
- **What result you want**

This can include any issues that the hospital could help with, such as obtaining a second medical opinion.
- **Whether you want an independent clinical review**

You have a right to ask for an independent clinical review of the complaint. This will be carried out by an independent consultant in the relevant field. The hospital does not have to provide this in all cases.
- **Whether you require a copy of any investigation**

If there has been a serious incident investigation or other internal investigation you should be able to have a copy of the report. If you have not received this, you can request it. The fact that such an investigation and report is available, however, is not a reason for the service provider failing to investigate or respond to your complaint.

What happens next?

You must receive an acknowledgement of your complaint within three working days, which should:

- Explain how your complaint is going to be investigated
- Offer you the chance to discuss your complaint
- Confirm how long the investigation is likely to take and when you are likely to receive the outcome

If the investigation is likely to be delayed you should be notified in writing and given the reason for the delay.

At the end of the investigation you should receive a formal written response.

Helpful hints

- We recommend making your complaint in writing
- Take the name of the staff member with whom you lodged the complaint, the date and what you were told they would be doing to deal with it
- Keep a record of all telephone calls including dates and contacts
- Keep copies of all correspondence sent and received
- Keep copies of meetings attended and reports on the content and outcomes

How long should it take?

Whilst there is no formal time limit, the whole process should be discussed and agreed with you. The length of the investigation will depend on how complicated it is and who needs to be involved.

If you feel the investigation is taking an unreasonable amount of time, you can contact the Parliamentary and Health Service Ombudsman ([see page 8](#)). The Ombudsman looks into complaints where it is felt that the NHS has not acted fairly or put things right.

We suggest that you inform the Ombudsman if you have not received a response within six months. However, they may do no more than recommend that the NHS body responds to you as soon as possible.

Attending meetings

Sometimes as part of the investigation you may be invited to meetings. These can be very helpful, particularly where there are complex medical issues. However you should be well briefed and prepared for such meetings. You may wish to request a written response to your complaint before the meeting to help you prepare for the discussion. You do not have to attend meetings if you do not want to: the organisation is obliged to respond in writing.

Points to consider before a meeting

- **What form will the meeting take?**

Meetings can be useful to:

- ensure the organisation understands your complaint, how they should investigate and respond
- after the investigation has been carried out, to explain the process and findings, that the relevant issues have been dealt with and explain what actions will be taken as a result

- **Who will attend?**

Think about whether you would like the staff members involved in the incident to attend, or if you would prefer not to see them.

- **Where will the meeting be held and how long will it take?**

This is important if you are still recovering from an illness as you may not feel able to attend the whole meeting. Tell the complaints manager in advance if you have any difficulties with this.

- **Do you need any adjustments?**

If you have mobility, hearing or sight difficulties you should let the complaints manager know in advance so they can make any necessary arrangements.

- **What issues do you want addressed?**

It is a good idea to give the complaints manager a short list of your questions or concerns before the meeting. Keep a copy to take with you.

- **Do you need any support?**

Think about taking a friend, relative or advocate to the meeting for support and to take notes.

After a meeting

Do not agree with anything at the meeting that you are not sure about. It is also a good idea to ask for a full written record of the meeting.

If the NHS organisation thinks that your complaint has been fully investigated, they should send you a full written response concluding the local resolution stage of the complaints procedure. They should also tell you what to do next if you are not satisfied.

The response to your complaint

The NHS should send you a full written response to your complaint. Points to consider include:

- **Does the response explain things in a way that you understand?**
If the reply contains too much medical jargon you can ask for this to be put into layman's language.
- **Does it tell you how the investigation was carried out?**
For example, did they interview the staff involved in the incident?
- **Are there any other matters you are still concerned about?**

The formal response may offer a further meeting to deal with any outstanding issues. You can also continue trying to resolve the complaint locally in writing. This can help clarify issues without the formality and delay of an independent review. However you do not have to accept this option: it is your right to request an independent review at this stage. If you agree to a meeting, the same principles apply as with earlier meetings – you will need to clarify what you remain dissatisfied with and why, usually in writing.

Following any further meetings or correspondence, you should receive a further formal written response. This should try to answer all of your concerns and to provide as comprehensive an explanation as possible. If you think that they have not done this, you can ask them to take further steps, such as asking for further investigation or examination of the medical records.

One option is to ask the hospital to consider obtaining or funding an independent report from a medical expert. This can be very helpful in resolving any dispute about the medical issues relating to your complaint.

You still have the right to ask the Ombudsman to investigate.

What happens if I am not happy with the response to my complaint?

If you are not satisfied with the final response to your complaint, you have the right to request an independent review of your complaint by the Parliamentary and Health Service Ombudsman.

Independent review by the Parliamentary and Health Service Ombudsman (PHSO)

If you have tried local resolution and are not happy with the result, or if the investigation has taken over six months, you can ask for an independent review by the Ombudsman. Please note that throughout this leaflet we use the term Ombudsman which also refers to the PHSO.

You must go through the NHS Complaint (local resolution) stage first, the Ombudsman will not consider your complaint until you do.

Although you have a right to request an independent review of your complaint the review is unlikely to be granted if the Ombudsman considers that more should be done to resolve the complaint at local resolution stage.

You should try to request a review within 12 months of the incident occurring or when you first became aware that something had gone wrong. If this is not possible, you can ask the Ombudsman to consider your request, particularly if you have a good reason for the delay such as trying to obtain other advice.

When you contact the Ombudsman you should include:

- A summary of what happened
- Details of the main issues, action taken so far and why you are not satisfied
- Why you feel that further action under local resolution would not resolve things
- Why you think an independent review would be helpful

You can use the Ombudsman's own forms to submit your complaint if you wish. The Ombudsman can be contacted at:

Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London SW1P 4Q

Helpline: 0345 015 4033 (Choose option 3)

Email: feedbackaboutus@ombudsman.org.uk

www.ombudsman.org.uk

How will my complaint be dealt with?

Each case will be looked at individually. The Ombudsman will examine the issues that have been raised and how the complaint has been handled at local level. Where appropriate the Ombudsman will take clinical advice and then make a decision.

PHSO Time limits to review complaints

Prior to the coronavirus pandemic of 2020/21 the Ombudsman estimated that around 80% of cases were dealt with within 40 working days, some cases did take longer depending upon the circumstances and complexity of the complaint. The effects of the pandemic has left the Ombudsman with a backlog of complaints.

In normal circumstances, once your case had been received by the Ombudsman, they aimed to contact you within five days. However, because of pressures on public services brought about by the Coronavirus pandemic the Ombudsman has experienced considerable delay in reviewing complaints. In April 2021, the Ombudsman had over 3,000 complaints waiting to be looked at. To manage this caseload, the Ombudsman has focused on the more serious complaints about health services, including cases where people have faced a significant impact and where the Ombudsman can make the biggest difference.

For other complaints where someone has faced less of an impact, the Ombudsman will consider whether there is anything they can do to help resolve things quickly, if not, they will close the complaint. The Ombudsman remains committed to examining all complaints brought to them.

If a complaint can be resolved quickly, the Ombudsman will resolve it, but if it cannot and the impact is relatively limited, they will not consider that complaint any further. The Ombudsman will contact complainants by phone or letter to explain their decision.

The Ombudsman continues to log all complaints they receive about NHS funded services so that if they receive a similar complaint about the same organisation or see a pattern from a number of complaints, they may be able to raise this with the organisation in future.

Does the Ombudsman accept all cases?

The Ombudsman does not accept all cases for review. They are more likely to consider cases where there was:

- A potentially avoidable death where serious service failures may have affected survival
- Wider public interest issues raised by the complaint
- Serious service failure
- As referred to above, since the coronavirus pandemic the Ombudsman is focused at looking at more serious complaints about health services, including cases where people have faced a significant impact and where the Ombudsman can make the biggest difference.

The Ombudsman is more likely to review your case if you can show that a mistake or poor service which has had a negative effect on you has not yet been put right; for example, if the NHS has not taken any action to prevent the same problem happening again.

If the Ombudsman does not accept the case for review, you can make a complaint or ask for further information to be considered.

Can litigation and the PHSO investigation run along side each other?

There is nothing to stop you taking legal action and having a complaint investigated at the same time. Legal action should not delay or prevent a complaint investigation.

However, the issue under investigation by the Ombudsman must not be covered by the litigation. The Ombudsman will not duplicate an existing investigation. For example, the PHSO may undertake an investigation into how the original complaint was handled while litigation is running as the court will not look at complaint handling. The PHSO will not explore the issue of whether treatment provided was negligent while litigation is running as this will be a core consideration for the court. If the PHSO investigated this as well as the court, it would simply be duplicating the investigation.

Historically there has been some confusion over this. If an NHS body says that they cannot investigate a complaint because you are seeking legal advice you should direct them to the clarification note published by the Department of Health on **20th March 2014** in their **Clinical Commissioning Group bulletin** which says: *"Where the complainant is taking, or plans to take legal proceedings, a complaint may only be put on hold where there are exceptional reasons to justify it, or the complainant has requested that investigation be delayed"*. Please also let AvMA know if this happens.

The link to this bulletin can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/314769/Complaints_litigation_clarification_note_March_2014.pdf

There is no definition of what amounts to an "exceptional reason" but it is understood that formal requests by the coroner, police or judge to halt the complaint investigation would likely count as an exceptional reason

Your case may be turned down if you are taking or considering legal action for compensation and the Ombudsman feels the legal action could provide the answers you are looking for. However, you do not have to tell the Ombudsman whether you are considering legal action.

Even if you are pursuing legal action this should not delay or prevent the investigation. We suggest that you emphasise any issues which would not be resolved by legal means. This could include ensuring that similar incidents do not happen again, or improving policies and procedures.

What can the Ombudsman do?

If the Ombudsman finds your complaint to be justified, it will seek an apology or other remedy for you. This may include calling for changes to prevent such an incident happening again or reviewing procedures.

The Ombudsman can recommend compensation for inconvenience, distress and expenses incurred. However, this is not designed to replace the legal process for claiming compensation for clinical negligence

What happens if I am unhappy with the Ombudsman's response to my complaint?

If you have a problem with how the Ombudsman is handling your complaint you should first raise your concerns with the person handling the investigation or by calling their helpline.

If you are unhappy about the Ombudsman's decision you can ask for a review by a special team who consider complaints about the Ombudsman. You will need to provide reasons for this, such as:

- **Incorrect information**
The Ombudsman's decision was based on inaccurate facts and the correct facts could change their decision
- **New information**
You have new and relevant information that was not previously available and which might change their decision
- **Overlooked or misunderstood information**
The Ombudsman overlooked or misunderstood parts of your complaint or did not take account of relevant information which, if properly considered, could change their decision.

You should contact the Ombudsman with your complaint within three months of when you were sent their decision on your original complaint.

Once the Ombudsman has confirmed its decision, it is the end of the NHS complaints procedure. If you still strongly disagree with its decision the only way to challenge it is via judicial review – please [see page 11](#) for more information on judicial review.

Can the Ombudsman award compensation?

The complaints procedure is not specifically designed to award compensation. However, NHS bodies do have the discretion to make *ex gratia* payments (a payment made without recognising any liability or legal obligation). There is no harm in asking for this, but if the amount requested is very substantial it may be more appropriate to take legal action.

Ex gratia payments may be made in full and final settlement of any claim you may have so you should always seek legal advice before accepting any offer of compensation as you may not be able to seek additional compensation at a later stage. For more information, please see our leaflet on settling a legal claim: www.avma.org.uk/wp-content/uploads/Settling-a-claim.pdf

The Ombudsman can award compensation for inconvenience, distress, and expenses incurred. However, this is not designed to replace the legal process for claiming compensation for clinical negligence.

In deciding what to recommend, the Ombudsman looks to put the person affected back into the position they would have been had there not been a negative impact on them. If this is not possible, for example where the injustice is distress or unnecessary pain, the Ombudsman may suggest a financial payment to the complainant instead.

When suggesting financial payments, the Ombudsman relies on previous payments recommended as part of their casework, they also refer to their **severity of injustice scale** to help them identify how much ought to be paid. The Injustice Scale has been created by the Ombudsman for this purpose, it does not necessarily reflect the level of awards which would be made by the court, although the Ombudsman will consider financial awards made by the court.

The Injustice scale contains six different levels of injustice that a complaint could fall into, which increase in severity. Each level is then linked to a range of the financial amounts they usually recommend in those circumstances. For further information see the Ombudsman's guidance on financial remedy www.ombudsman.org.uk/sites/default/files/Our-guidance-on-financial-remedy-1.pdf look for the subheading entitled "**Our scale**".

Further information on bringing a clinical negligence claim

If you do wish to bring a legal claim for clinical negligence please seek independent legal advice from a solicitor specialising in this area of work or see our self-help guides Legal action: www.avma.org.uk/wp-content/uploads/Legal-action-England.pdf and claiming compensation: www.avma.org.uk/wp-content/uploads/Compensation.pdf

To find accredited expert clinical negligence solicitors in your local area who can offer advice, visit: www.avma.org.uk/find-a-solicitor. You may also find our guide on how to approach a lawyer for the first time helpful: www.avma.org.uk/wp-content/uploads/Approaching-a-lawyer.pdf

Judicial review

Although the NHS complaints procedure finishes with a final decision by the Ombudsman, you may be able to challenge the Ombudsman's decision by seeking a judicial review. You will need to take legal advice to see if you are eligible, you should be aware that judicial review proceedings can be very expensive if you lose your case.

What is judicial review?

Judicial review is a legal process by which the courts assess whether a public body has reached or failed to reach a decision fairly. The grounds for this can include:

- There has been an unfair or biased process, such as failure to review evidence presented by one side or to give a fair hearing on the basis of the written information
- The decision is irrational

The most important point about judicial review is that it must be sought very quickly after the decision has been made.

You should seek legal advice as quickly as possible if you are considering this route. An application for judicial review should be made as soon as possible and, in any event, no later than three months after the public body's decision has been made.

Who or what is a public body?

A 'public body' is a formally established organisation that is (at least in part) publicly funded to deliver a public or government service, though not as a ministerial department.

The NHS is a public body and the Parliamentary Health Service Ombudsman (PHSO) is a public office, both of their decisions may be subject to judicial review proceedings. However, in the case of the NHS complaints process, the first step is to refer the matter to the Ombudsman (PHSO). The Ombudsman is a government appointed official and their decision is subject to judicial review proceedings.

Time limits in bringing judicial review proceedings

You should issue judicial review proceedings as soon as possible but in any event within three months from the date the grounds first arose. This does not mean you have three months to seek legal advice, it does mean you have a maximum of three months to seek legal advice and issue proceedings. You will need to move quickly if you intend to bring judicial review proceedings.

Judicial Review Pre-Action protocol

A Pre-action protocol is a process which sets out the conduct and the steps the court normally expect parties to take **before** commencing proceedings for certain types of civil claims.

There is a pre action protocol for judicial review proceedings which applicants are expected and encouraged to follow, except in urgent cases. A failure to follow the protocol may result in sanctions being imposed by the court. Details of the protocol can be found here:

www.justice.gov.uk/courts/procedure-rules/civil/protocol/prot_jrv

The protocol encourages an applicant to serve a Letter before Action containing all the essential detailed information about the basis for the judicial review application.

Costs

Judicial review can be complex and expensive, you may be eligible for legal aid but this can be difficult to obtain. You should discuss the costs implications of bringing judicial review proceedings with your lawyer at the earliest opportunity.

AvMA's advice

If you would like further legal advice relating to Judicial Review, then we strongly advise you to contact lawyers who specialise in Public Law. AvMA do not accredit solicitors in this specialist area of the law so we advise you to use The Law Society's 'find a solicitor' webpage to find such specialists. The link can be found at: <https://solicitors.lawsociety.org.uk/>

Get in touch

If you need further help, advice and or information please contact AvMA by completing a new client form at www.avma.org.uk/new-client-form we may be able to offer you some general support with the judicial review process. Please also see the end of this leaflet.

Sources of help

Independent help and advice

NHS Advocacy will be able to put you in touch with a local contact to provide assistance on all levels of the NHS complaints procedure. These services are financed by local authorities.

Contact details

You can find more information about NHS advocacy at www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate.

Clinical commissioning group patient liaison teams

Availability varies from region to region as do the services they can offer. This may include general advice and support on complaints concerning NHS services. You should contact the relevant clinical commissioning group.

Contact details

Find your nearest clinical commissioning group at www.nhs.uk/service-search

Healthwatch

This is the consumer 'champion' for health and social care. The services and support they provide will vary regionally.

Some will just be able to give general advice about NHS and social care complaints. In other areas they may be able to act as an advocacy service in formal NHS complaints.

Contact details

Tel: 03000 683 000

Fax: 01132 204702

enquiries@healthwatch.co.uk

www.healthwatch.co.uk

Patient Advice and Liaison Service (PALS)

PALS can give general information on NHS complaints and may be able to help resolve less serious complaints informally.

This is particularly beneficial, for example, if you or a family member are still in hospital and have concerns about treatment or discharge arrangements.

Contact details

Contact your local hospital trust for more information on PALS

Care Quality Commission (CQC)

In general the CQC does not have the legal powers to investigate complaints about GP or hospital services but they do invite feedback from the public and they can use that information when looking at individual services for investigative or regulatory purposes.

This may then lead to use of the CQC's legal powers to make NHS bodies improve their services.

It is a statutory duty on providers registered with the CQC to:

- Have a complaints system in place
- Bring this to the attention of service users
- Provide complainants with support where necessary
- Ensure that the complaint is fully investigated
- Satisfy the service user, so far as reasonably practicable

If you consider that the NHS body is in breach of these duties, you can notify the CQC.

Contact details

Care Quality Commission (CQC)

Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

Tel: 03000 616161

www.cqc.org.uk

AvMA's free help and advice

We provide free independent advice and support to people affected by medical accidents through our specialist helpline, written casework and inquest support services. We can also refer you to accredited clinical negligence solicitors if appropriate.

We have a wide range of self-help guides available on our website which can guide you through making a complaint to the NHS or a private healthcare provider; calling for disciplinary action against a healthcare worker or taking legal action for compensation.

You can contact AvMA if you need support dealing with the Ombudsman or would like further advice on bringing a clinical negligence claims. For more information about our free casework and inquest support services visit www.avma.org.uk/help-advice or call our helpline.

Be part of the movement for better patient safety and justice

Support
AvMA's work
today



You can help make healthcare safer and fairer for all

Our vision is a simple: **People who suffer avoidable medical harm get the support and the outcomes they need.** This vision is underpinned by four objectives, we believe, will transform trust in the NHS and healthcare generally and significantly cut the cost – financial and human – which is incurred annually in settling legal claims as well as dealing with the human costs associated with traumatic medical injuries and death. Our four key objectives are:

- To expand the range of communities we serve and so enabling more people experiencing avoidable harm to access services from us that meet their needs
- To empower more people to secure the outcomes they need following an incident of medical harm, whilst providing caring and compassionate support
- To eliminate compounded harm following avoidable medical harm
- To have the necessary diversity of sustainable resources and capacities to deliver

Ongoing donation from as little as £5 a month could go a long way:

- £5/month** could provide vital advice to patients and families via our helpline
- £10/month** could help train a volunteer helpline advisor
- £50/month** could help support a family through an inquest hearing

Your help could make a real difference to patient safety in the UK

Please donate today at www.avma.org.uk/donate




The **charity** for
patient safety and justice


AvMA is the charity for patient safety and justice. We provide specialist advice and support to people when things go wrong in healthcare and campaign to improve patient safety and justice.


For advice and information visit
www.avma.org.uk


Or call our helpline
*10am-3.30pm Monday-Friday
(03 calls cost no more than calls to geographic numbers (01 or 02) and must be included in inclusive minutes or there can be a cost per minute)*


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