



OPTICAL CONFEDERATION ADVICE ON THE COMPLAINTS SYSTEM IN ENGLAND

Complaints to the ICB

Do You Have a Complaint?

If you wish to complain about our services or products, please let us know as soon as possible. Whether you are a patient receiving General Ophthalmic Services under the NHS or you are a private patient, we hope that most problems can be sorted out quickly and easily. The sooner you tell us about the problem, the quicker it can usually be resolved.

If your complaint is about a NHS sight test or other NHS service, you should tell us - verbally, electronically or in writing - within 12 months of the incident itself or 12 months of you becoming aware of the problem.

Please raise your concern with any of our staff or please contact:

North Central London ICB

nclicb.complaints@nhs.net or enquiries@opticalcomplaints.co.uk

Further information is available on the website of North central London Health and Care.

<https://nclhealthandcare.org.uk/icb/north-central-london-integrated-care-board/>

ICB and OCCS details for purposes of complaints and Further Assistance:

Integrated Care Board (ICB)

Telephone: 020 3198 9743

E-mail: nclcb.complaints@nhs.net

Post: North Central London Integrated Care Board
Complaints Team
Laycock PDC
Laycock Street
London
N1 1TH

Optical Consumer Complaints Service (OCCS)

Telephone: 0344 800 5071

Email: enquiries@opticalcomplaints.co.uk

Post: Optical Consumer Complaint Service, 6 Market Square
Bishop's Stortford
Hertfordshire
CM23 3UZ

[MODEL LETTER OF ACKNOWLEDGEMENT]

(DATE)

Dear

Thank you for your letter dated about [*brief description of alleged problem and date*].

I am so sorry that you are not happy. I am looking into the points you raise as a matter of urgency and will let you have a full response as quickly as possible.

[FIRST ALTERNATIVE]

[We would be very happy to discuss the points you raise in your letter with you in person, if you would like to come to the practice. In that way, we can go into more detail and explain to you how we plan to investigate and resolve the matter.]

[SECOND ALTERNATIVE]

[We understand that your preference is not to discuss the matter in person, but the offer to do so at any time always remains open. Our estimate is that it will take us ... [day/weeks/months] to fully investigate and report to you on the matter.

Yours sincerely,

[TITLE: practice owner/manager/complaints manager]

[MODEL ORAL COMPLAINT RECEIPT FORM]

Complainant's Details

Name:.....

.....

Address:

.....

.....

.....

.....

Telephone:

.....

.....

Email:

.....

.....

Patient's Details (if different from complainant)

Name:

.....

.....

Address:

.....

.....

.....

.....

Date of birth:

.....

.....

NHS number (if known):

.....

Details of complaint

(including date of complaint, date of incident, nature of incident and persons involved)

If the complainant is not the patient: I.....authorise the person named above to make this complaint on my behalf. I agree that the practice may disclose to him/her any necessary confidential information about me or my care in order to resolve the complaint.

Patient's name and

signature.....

Date.....

.....

[MODEL ACTION SHEET ON HANDLING OF COMPLAINT]

Complainant's

name.....

..

Patient's name (if

different).....

Address.....

.....

.....

.....

Date of birth:

.....

.....

NHS number (if known):

.....

Practitioner's name.....

.....

Was the complaint received from the Area Team? Yes / No

Date complaint

received.....

Date of

incident.....

.....

Method of making complaint: in person/telephone/email/letter [delete as appropriate]

Date complaint acknowledged a) orally b) in writing

Details of complaint

Date of meeting with complainant (if any)

.....

Date of letter of explanation sent.....

Details of explanation

Details of further action to be taken (if any)

Date of resolution.....

.....

Name and signature of complaints manager.....

ANNUAL REPORT SUBMISSION TO NHSBSA

Under GOS 9 (General Ophthalmic Services) Regulations 2008, contractors are required to complete and submit an annual form to NHSBSA providing the number of written complaints received in their practice.

The completion of the form will be online via the NHSBSA website. The link to the webpage to complete the form can be found on their website:

<http://www.nhsbsa.nhs.uk/what-we-do/ophthalmic-provider-assurance>.

You will access the SNAP survey using your ODS code. If you are unsure or do not know your ODS code the Provider Assurance Ophthalmic team will be able to assist you; they will require the Contractors Name, first line of address and post code to locate your ODS code. The ODS code is the code used to order stationery.

Alternatively, to locate your ODS code from the NHS Digital ODS Portal, you can use the following link:

<http://odsportal.hscic.gov.uk/Organisation/Search>

Once the form has been submitted the information cannot be changed. There will be a review page to check your answers before submitting the form.

On the form you will be asked to supply the name of the person submitting the data in case of any queries and an e-mail address.

If there are no complaints contractors are required to submit a zero return.

The collated information from the completed forms will then be shared with the relevant Regional Teams.

If you have any queries, please contact the Provider Assurance Ophthalmic team via e-mail nhsbsa.ophthalmicproviderassurance@nhs.net or telephone 0300 330 9403, lines are open 08:00 till 16:30 Monday to Friday.