



*Wigan Borough
Clinical Commissioning Group*

Complaints Policy and Procedure



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1. Introduction

- 1.1. NHS Wigan Borough CCG (the CCG) is committed to providing any user of the organisation's services, their family or members of the public with the opportunity to seek advice, raise concerns or make a complaint about any of the services it delivers or commissions.
- 1.2. The CCG will always listen to the concern raised, apologise where appropriate, put right any errors and learn from every complaint made.
- 1.3. The complaints approach is structured around the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling 2009.
 - Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement
- 1.4. These are supported through the process of listening, responding and improving. The CCG will take an active approach to asking for people's views, deal with complaints effectively and use the information received to learn and improve.
- 1.5. This policy also takes into consideration the recommendations made within the Robert Francis QC report following the Mid Staffs NHS FT Public Inquiry 2013 including:
 - Openness, transparency and candour throughout the system
 - Importance of narrative as well as numbers within the data
 - Complaints amounting to Serious Untoward Incidents should trigger an investigation

2. Purpose

- 2.1. The purpose of this document is to outline the CCG's policy to ensure that it meets its obligations under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- 2.2. The CCG views complaints positively and is committed to have effective procedures in place to handle all issues brought to the attention of staff. Health and Social Care staff work very hard to get the job right first time but with busy services mistakes can happen and service users' expectations are not always met. However, if services can respond to these mistakes quickly and effectively then future problems can be prevented.
- 2.3. Complaints often arise from differences of understanding, perceptions or beliefs but they provide a valuable indication of the quality of services provided and this information can and will be used to help improve services and find a better way to meet the needs of patients.

2.4. The CCG will treat all complaints seriously and will listen to what service users have to say and provide assistance and advice on the process which the organisation will follow. All complaints will be properly investigated in an unbiased, non-judgmental, open and transparent manner and receive a timely and appropriate response, the outcome of the investigation will be explained along with any actions which are taken in light of the complaint.

2.5. The key aims of this policy are:

- To provide clear, simple, easy to understand procedures for managing complaints which are widely publicised and accessible to all
- That staff and complainants are provided with support and the necessary guidance throughout the complaints process
- That the causes of complaints are identified and actions are taken to prevent recurrences
- That responses are provided to complainants in appropriate timeframes and methods, with the sympathy and understanding that is required
- That lessons learnt from complaints are acted upon and shared throughout the organisation to improve standards of care
- To ensure that complainants' care is not adversely affected in any way as a result of having made a complaint
- Ensure that a remedy will be made where appropriate

2.6. The policy is consistent with:

- The Local Authority Social Service and National Health Service Complaints (England) Regulations 2009
- NHS Constitution (DH, 2009)
- The Principles of Good Complaints Handling (Parliamentary and Health Service Ombudsman 2009)
- Listening, Improving, responding: a guide to better customer care (DH, 2009)
- Being open – communicating patient safety incidents with patients and their carers (NPSA, 2009)
- Health and Social Care Act 2012

3. Definitions

3.1. Scope of the Policy

3.2. This policy applies to all staff employed by the CCG involved with patient services including bank and agency staff, students and volunteers. Where the CCG contracts

services we expect those providers to have robust policies that mirror and reflect this policy.

3.3. What is a complaint?

3.4. Concerns may be expressed about any area of treatment, attitude or any other influence which directly or indirectly affects the service user.

3.5. A complaint is an expression of concern or dissatisfaction about a service the CCG delivers or commissions. Commissioned services are those that are paid for by the CCG but provided by other organisations such as acute hospitals, community care and any other providers. It is important to confirm with the caller or correspondent that they wish to make a complaint rather than simply enquire about the details of a service. If they use the complaints help-line or email address the status of the enquiry is already confirmed.

3.6. Complaints that cannot be dealt with under this policy

3.7. The following complaints will not be dealt with under the NHS Complaints regulations 2009:

- A complaint made by a local authority, NHS Body, Primary care provider or independent provider
- A complaint made by an employee of a local authority or NHS body about any matter relating to employment
- A complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made
- A complaint which is the same as a complaint that has previously been made and resolved
- A complaint which has previously been investigated under the 2004, 2006, or 2009 regulations
- A complaint which has been investigated by a Health Service Commissioner under the Health Service Commissioners Act 1993
- A complaint arising out of the alleged failure by the organisation to comply with a request for information under the Freedom of Information Act 2000
- The complaints procedure will cease immediately if the complainant explicitly indicated an intention to take legal action in respect of the complaint
- Complaints made to the CCG no later than 12 months after the subject of the complaint occurred or realising that there was something to complain about. This is at the discretion of the Assistant Director of Governance and can be extended under exceptional circumstances. A decision not to extend the 12 month period will be confirmed in writing providing an explanation

3.8. Where a complaint is raised which the CCG is not able to investigate under the NHS Complaints Regulations 2009, where possible the complainant will be signposted appropriately to progress their concern.

3.9. Who can make a complaint

3.10. A complaint can be made by any person who is receiving or has received NHS treatment or services, any person can also complain if they are or may have been affected by an action or decision of the CCG.

3.11. A complaint can also be made by a representative acting on behalf of a person who receives or has received services from or commissioned by the CCG who:

- Is a child
- Is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
- Has died
- Has requested a representative to act on their behalf

3.12. If a complaint is made on behalf of an individual then the CCG will need to seek consent from the patient so that a full investigation can be carried out

3.13. If the individual is not able to provide consent for a person to make the complaint on their behalf (for example, they are incapable due to lack of physical or mental capacity or they are a child) then their legal guardian or parent or other verified appropriate representative will be accepted to act on their behalf.

3.14. If a patient is deceased, the relationship of the complainant to the deceased patient must be clarified and confirmed as the next of kin or Executor of Estate.

3.15. If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent from the patient prior to contact with the CCG (in line with requirements of the Data Protection Act 1998 processing of Sensitive Personal Data – Elective representatives Order 2002).

3.16. Serious Complaints

3.17. If a complaint is an allegation or suspicion of any of the below it should immediately be investigated as a formal complaint:

- Physical abuse
- Sexual abuse
- Financial misconduct
- Criminal offence

3.18. In a situation where a person disclosed physical/sexual abuse or financial misconduct it must be reported even if the person does not want to make a complaint. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under

disciplinary procedure. In the case of financial misconduct the CCG's detailed financial policies must be followed.

4. Roles & Responsibilities

- 4.1. **The Chief Officer** is responsible for ensuring compliance with the arrangements made under these regulations and ensuring that action is taken if necessary depending on the outcome of the complaint and also for cultivating a culture of listening and learning from patient experiences.
- 4.2. The Chief Officer or Assistant Director of Governance is also responsible for approving and signing all complaints response letters.
- 4.3. **The Assistant Director of Governance** is responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under these regulations.
- 4.4. **The Governance Support Manager** will manage all complaints centrally as stated by the NHS Complaints Regulations 2009. Complaints will be assessed upon receipt and then recorded on a database. Following the outcome of the investigation the Governance Support Manager will assess the complaints again and provide any lessons learnt information.
- 4.5. **Service Managers** will be responsible for investigating formal complaints about their service. They will implement systems for ensuring that all current investigations into complaints are tracked and monitored and target dates for draft responses are met.
- 4.6. The CCG values all forms of feedback and actively encourages staff to record all forms of feedback including complaints, compliments, concerns and comments.

5. Wigan Borough CCG Complaints Procedure

- 5.1. A complaint can be made orally, in writing or electronically. If the CCG receives an oral complaint the member of staff receiving the complaint must make a written record of the complaint and provide a copy to the Governance Support Manager as soon as possible. Where required interpreters should be used to ensure that accurate details of the complaint are recorded. The Governance Support Manager will acknowledge the complaint within 3 working days of receipt.
- 5.2. Where possible the Governance Support Manager will have discussed or engaged in written communication with the complainant and cover the following issues:
 - The manner in which the complaint is to be handled i.e. written response or meeting.
 - The period of time in which the investigation is likely to be completed.
 - The complainant's desired outcomes from raising their complaint.

5.3. If the complainant does not accept the offer of a discussion in relation to the above, the CCG will determine the response period and notify the complainant of that response period in writing.

5.4. See complaints procedure flow chart for more details of this process – Appendix 1

6. Confidentiality

6.1. Complaints will be handled in the strictest confidence at all times. Care will be taken that information is only disclosed to those who have a demonstrated need to have access to it.

6.2. Information will not be disclosed to patients or complainants unless the person who has provided the information has given written explicit consent to the disclosure of that information. If the Governance Support Manager requires consent from an individual they will send a consent form (Appendix 2) which can be signed and returned to the CCG.

6.3. Particular care must be taken where the patient's record contains information provided in confidence by or about a third party who is not a health professional.

6.4. Complaints will be dealt with in the strictest of confidence and should be kept separately from patients' medical records.

7. Safeguarding

7.1. It is recognised that there may be circumstances in which the nature of, or aspects of, a complaint indicate safeguarding or wellbeing concerns about a child or adult.

7.2. In these circumstances a complaint will be escalated as necessary and in line with the CCG and Wigan Safeguarding Children Board and Wigan Safeguarding Adults Board safeguarding procedures and such information contained in the complaint disclosed in the best interests of the complainant/patient.

7.3. If the Governance Support Manager receives a complaint which they feel is a safeguarding children or adult concern they must consult with the Assistant Director Safeguarding Children or the Assistant Director Safeguarding Adults as appropriate for advice the same day.

7.4. Where a complaint refers to allegations of a safeguarding children or adult nature against a member of staff, Section 5 'managing allegations against persons who work with children or adults at risk' within the CCG Safeguarding Children, Young People and Adults at Risk of Abuse Policy must be followed.

7.5. This will either supersede the complaints policy where such concerns form the whole of the process, or where only part of the complaint, the two processes occur simultaneously with decisions about response times and involvement of the member of staff being taken jointly. Where the Safeguarding Policy is invoked, the complainant must be notified immediately.

7.6. Where safeguarding concerns are identified, the complainant will be notified within one working day of the escalation and rationale for disclosure of information. Where

safeguarding concerns form only part of a complaint the complainant will be informed of how the differing aspects of the complaint will be handled.

8. Response to oral complaints

- 8.1.** Any member of staff receiving an oral complaint should establish whether the matter is one that they, a colleague, line manager or a member of the Governance Team can respond to immediately.
- 8.2.** If a member of staff is approached by a service user who wishes to make an oral complaint which the member of staff is able to resolve to the service user's satisfaction within one working day then the issues will not be recorded as a formal complaint. However, to ensure that the CCG captures all the concerns of services users, staff are requested to inform the Governance Support Manager of such issues.

9. Investigation and Response

- 9.1.** The CCG will investigate a complaint in a manner appropriate to resolve it as speedily and efficiently as possible after receiving the complaint. This investigation will be carried out by someone not directly involved in the events leading to the complaint. During the investigation the Governance Support Manager will keep the complainant informed as far as is reasonably practicable as to the progress of the investigation.
- 9.2.** As soon as possible after completing the investigation, and within the timescales agreed with the complainant, The CCG will send a formal response in writing to the complainant which will be signed by the Chief Officer or Assistant Director of Governance.
- 9.3.** The response will include:
- An explanation of how the complaint has been considered
 - Honest explanations based on facts
 - The conclusion reached in relation to the complaint including any remedial action that the organisation considers to be appropriate
 - Confirmation that the organisation is satisfied any action required as a result of the complaint has been or will be actioned.
- 9.4.** The formal written response can be in the form of minutes from a meeting held with the complainant(s) where a response was provided.

10. Support for Staff

- 10.1.** All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman.
- 10.2.** Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. The following sources of support are available to staff:

- Line Manager
- Directorate Manager
- Assistant Director of Governance and Governance Support Manager
- Occupational Health
- Professional Bodies

10.3. The organisational style and culture within the CCG will promote positive attitudes towards dealing with complaints.

11. Complaints Meetings

11.1. Should a complainant wish to meet with either the Assistant Director of Governance or the Governance Support Manager to discuss the contents of their complaint this will be arranged. Complainants may also wish to meet with representatives of the CCG to discuss their concerns as part of the investigation process or as their method of response. If so this will be discussed when the complaint plan is drafted at the beginning of the process.

11.2. All meetings will be minuted and a copy of those minutes sent to all those involved to confirm accuracy before the document is recorded in the complaints file.

12. Improving our Services

12.1. Following the conclusion of a complaint investigation, if appropriate, all actions will be clearly documented within an action plan, acted upon and monitored. If an action has been identified during the complaints investigation the Governance Support Manager will note the details of the action to be taken and share these with the Director of the services concerned.

12.2. The Governance Support Manager will ensure that an action plan is completed by the relevant staff with details of what action will be taken and when this will be completed. This action plan should be completed at the same time as the complaint response and where appropriate receive further updates at an appropriate future time.

12.3. In order to improve the complaint service, following completion of a complaint an evaluation form will be sent to every complainant requesting feedback on the complaints process and their outcomes.

12.4. Reporting

12.5. The CCG will demonstrate how we use feedback to learn and improve. An annual report will be produced which will detail the number of complaints we have received, the issues that the complaints have raised, the lessons learnt and the number of cases that were referred to the Parliamentary and Health Service Ombudsman.

12.6. The Assistant Director of Governance is responsible for the production of reports based on the complaints and action plans which will identify trends and highlight issues for audit. Complaints reports will be made to the Corporate Governance Committee on a quarterly basis.

13. Complaints against Commissioned Services

13.1. The CCG has contracts in place with multiple providers. Under the 2009 Regulations a patient can choose to approach either the provider or the commissioner (the CCG) to make a complaint.

13.2. If a complaint received by the organisation concerns a commissioned service the Governance Support Manager in discussion with the complainant will decide who the most appropriate body is to handle the complaint. It is anticipated that commissioned services will handle any complaints which concern their services. However in some cases this may not be possible and the Governance Support Manager will contact both the patient and the relevant organisation to explain what action will be taken and who will be managing the complaint.

14. Complaints which involve more than one organisation

14.1. Where a complaint includes issues that relate to the CCG and another NHS Body or Local Authority, the Governance Support Manager will liaise and work together with representatives of the other organisations to ensure a full investigation takes place and that a single response which answers all concerns is provided to the complainant.

15. Second Stage Review – Parliamentary and Health Service Ombudsman

15.1. If a complainant remains dissatisfied with the response gained at a local resolution stage they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case.

15.2. The PHSO may investigate a complaint where:

- A complaint is not satisfied with the result of the investigation undertaken by the CCG.
- The complainant is not happy with the CCG's response and does not feel the CCG has resolved their concerns.
- The Assistant Director of Governance has decided not to investigate a complaint on the grounds that it was not made within the required time limit.

15.3. Usually complainants should have already complained to the CCG or the provider involved before sending a complaint to the Parliamentary and Health Service Ombudsman.

15.4. The CCG will provide information on how to contact the PHSO when issuing the formal written response.

15.5. When the CCG is informed that a complainant has approached the PHSO the Governance Support Manager will:

- Co-operate fully with the PHSO and provide all information that has been requested in relation to the complaint investigation
- Advise the relevant Director that a request for investigation has been made so that all staff involved can be informed

15.6. The PHSO will notify the CCG of the outcome and the Governance Support Manager will in turn notify the relevant Director to inform the staff involved in the complaint.

16. Equality, Diversity & Human Rights Impact Assessment

16.1. The CCG recognises and values all people and welcomes feedback on all issues. The objective is to break down barriers irrespective of age, gender ethnicity or disability.

16.2. The Assistant Director of Governance will put in place a procedure to ensure that the diversity of its complainants is monitored and actions taken to improve any discrepancies or discrimination.

17. Consultation & Approval Process

17.1. The policy was drafted and distributed for comments to senior members of the CCG Management Team.

17.2. Approval of the draft policy was through Senior Leadership Team and Corporate Governance Committee.

18. Dissemination & Implementation

18.1. The CCG will ensure that all staff are aware of the complaints policy and procedure and will be aware of how to access it.

19. Monitoring Compliance

19.1. The CCG will monitor the operation and effectiveness of the complaints process as well as how information about complaints is being used to improve services and delivery of care across the organisation and partner organisations. The complaints service will provide a system for:

- The dissemination of learning from complaints across the organisation and partner organisations
- The use of the complaints procedure as a measure of performance and means of quality control
- Information derived from complaints to contribute to practice development, commissioning and service planning

20. Standards & Key Performance Indicators

20.1. This policy must be reviewed at least every three years or when there are significant changes in the policy.

20.2. This policy will be monitored for effectiveness by self-assessment against any external accreditation that is applicable and may be subject to review by internal audit.

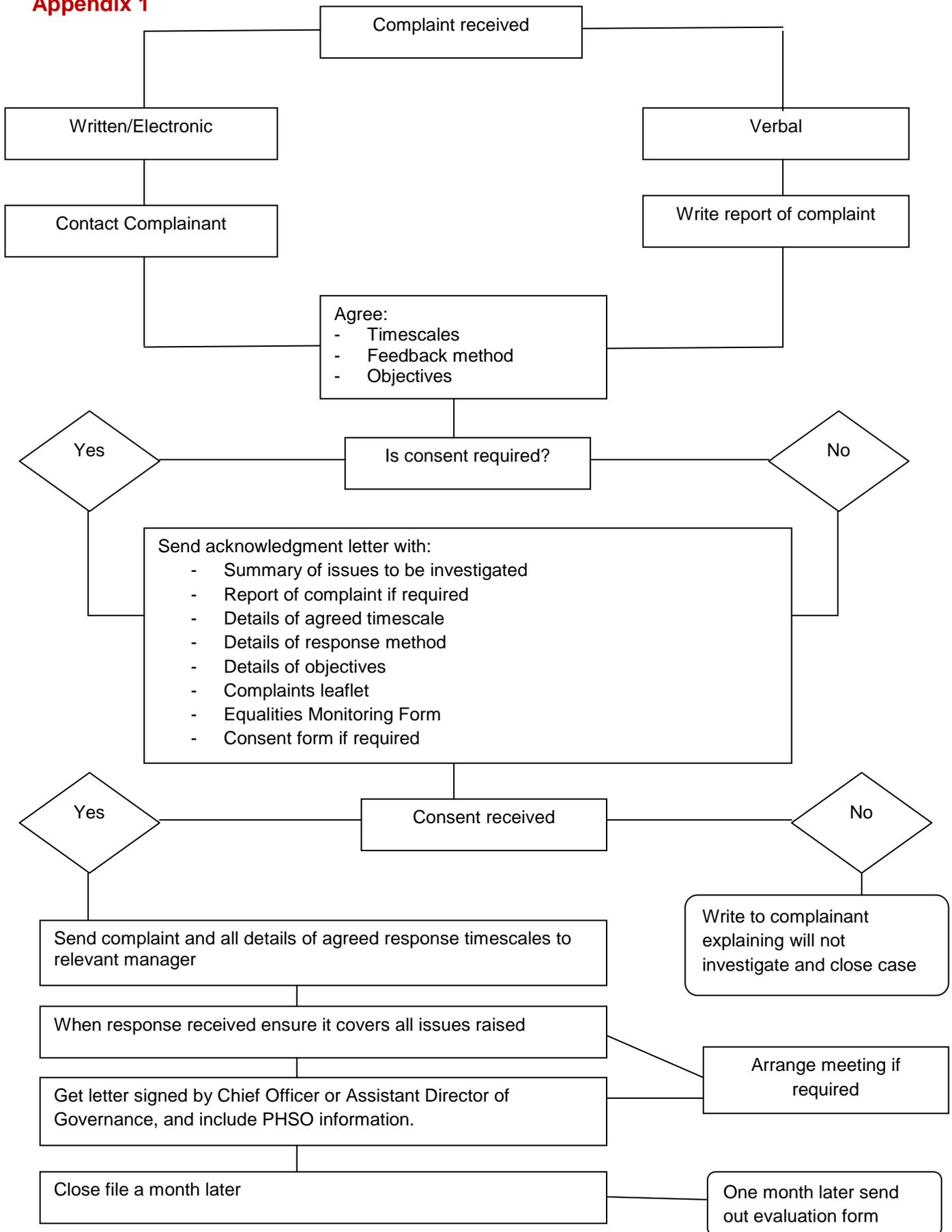
21. References & Bibliography

- Freedom of Information Act (2000) available at www.ico.org.uk
- The DOH Local Authority Social Services & National Health Services Complaints (England)
- The Parliamentary Health Service Ombudsman Access to Health Records Act 1990
- Data Protection Act 1998

22. Associated CCG Documents & Useful Contacts

22.1. See Appendix 6

Appendix 1



Appendix 2

CONSENT FORM

Patient:

Address:
.....
.....

Daytime contact number:

Date of Birth: NHS No:

I hereby give consent to

- To investigate our/my issues with all parties concerned. *NB: this may mean sharing your comments with those parties involved in your complaint or concern*
- Wigan Borough CCG to access any medical records or information that they feel are relevant to the concerns in order to undertake an investigation
- Contact with other clinicians, services or other Health Bodies that may provide advice to assist the investigation into our/my concern.

Signed:
(Patient/Next of Kin/Representative)

Date:

Return to: Governance Team
Wigan Borough Clinical Commissioning Group
Wigan Life Centre
College Avenue
Wigan
WN1 1NJ

Appendix 3

Wigan Life Centre
College Avenue
Wigan
WN1 1NJ

Date: As postmark.

Private & Confidential

Dear XXXXXXXX

With reference to the complaint we recently handled on your behalf I would be grateful if you could spare the time to complete the attached questionnaire and return it in the stamped addressed envelope provided.

It is our intention to provide a high quality service to complainants who make a complaint to Wigan Borough CCG, and try to ensure that complaints are handled satisfactorily. Where they are not we wish to make improvements if shortfalls are highlighted to us.

If you prefer not to fill in the form but would still like to make a comment you are very welcome to do so. You can do this by writing in and using the envelope enclosed or by telephoning 01942 482880 and asking for the Governance Team.

I do hope that you are able to find time to provide your comments, as your feedback will be very much appreciated.

If you would like help translating this information into another language, or you would like this information in Braille, large print or audio format, please call 01942 482711 or email public@wiganboroughccg.nhs.uk

Yours sincerely

Name
Job Title
Wigan Borough Clinical Commissioning Group

Appendix 4**COMPLAINTS SERVICE EVALUATION****Patient Questionnaire**

(Please tick appropriate box)

Management of Complaint

1. How did you make contact with the complaints team?

Telephone

Letter

Email

Fax

Visit

2. How helpful did you find the staff involved?

Very helpful

Fairly

Not really

Not at all

3. Did you feel comfortable discussing your concerns with the complaints staff?

Yes, very much

Fairly

Not really

Not at all

4. Did you feel the complaints staff listened to and understood your concerns?

Yes

No

If no, please explain

Specific Case

1. Were you satisfied with the outcome of your complaint?

Yes

No

If no, please explain

2. Did you receive feedback on any actions taken to improve the provision of service as a result of your complaint?

Yes

No

If no, would you like to receive any feedback? _____

If you have any suggestions or comments regarding the service you have received from the complaints team or any comments regarding the NHS complaints procedure, please write them in the space below:

If you would like a member of the complaints team to contact you regarding any outstanding concerns, please provide contact details in the space below:

Name: _____ Tel: _____

Address: _____ Mobile: _____

_____ Email: _____

Thank you for taking the time to complete this questionnaire.

Please return to:

Governance Team, Wigan Life Centre, College Avenue, Wigan. WN1 1NJ

Or if you wish email to Governance.Team@wiganboroughccg.nhs.uk

Appendix 5

Equality & Diversity Monitoring Form

It would be helpful to us if you would supply the following details about yourself.

THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL NOT BE ATTRIBUTED TO ANY INDIVIDUAL.

Please tick appropriate box.

Age range:

18-24 25-44 45-54 55-64 65-74 Over 75

You are the patient.

You are complaining on behalf of a patient.

Are you?

Male

Female

Do you consider yourself to have a disability?

Yes No

If no please continue to next section

Sensory Impairment Eyesight Hearing

Speech Mental Health Conditions Physical Impairment

Ability to Lift Long Standing Illness Other _____

What is your religion?

Atheism Christianity Islam

Judaism Sikhism Buddhism

Hinduism Jainism Other

I do not wish to disclose my religious belief

Do you consider yourself to be?

Heterosexual/straight

Gay or Lesbian

Bisexual

Other

Please tick the box which best describes your Ethnic Origin:**White**English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other White background **Mixed or multiple ethnic groups**White and Black Caribbean White and Black African White and Asian Other mixed/multiple-ethnic background **Other ethnic group**Arab **Black or British Black**African Caribbean Any other Black/African/Caribbean background **Asian or Asian British**Indian Pakistani Chinese Any other Asian background Any other ethnic group **Please return the completed form in the enclosed stamped addressed envelope.**

Appendix 6

Useful Contacts

Assistant Director of Governance

NHS Wigan Borough CCG
Wigan Life Centre
College Avenue
Wigan
WN1 1NJ

The office opening times are Monday to Friday 9am to 5am.

Tel: 01942 482880

Email:

Complaints@Wiganboroughccg.nhs.uk

Bridgewater Community Healthcare NHS Trust (Community Services)

Bevan House
17 Beecham Court
Smithy Brook Road
Wigan
WN3 6PR

Tel: 0800 587 0562

Fax: 01942 482671

Email:

patient.services@bridgewater.nhs.uk

Parliamentary & Health Service Ombudsman

Millbank Tower
Millbank
London
SW1P 4QP

Tel: 0345 015 4033

Website:

<http://www.ombudsman.org.uk/make-a-complaint>

Callback Service: Text 'Call back' to 07624 813005

Wrightington, Wigan & Leigh NHS Foundation Trust

Patients Relations (for all Complaints and Concerns relating to Hospital Services)

Royal Albert Edward Infirmary (RAEI)

Wigan Lane

Wigan

WN1 2NN

Tel: 01942 822376

Email: patient.relations@wwl.nhs.uk

5 Boroughs Partnership NHS Foundation Trust

Hollins Park House

Hollins Lane

Winwick

Warrington

WA2 8WA

Tel: 01925 664004

Fax: 01925 664447

Email: complaints@5bp.nhs.uk

Healthwatch Wigan & Leigh

Ashland House

Dobson Park Way

Ince-in-Makerfield

Wigan

WN2 2DX

Tel: 01942 834666 (Monday to Thursday 10am to 3pm, 24hr answer machine)

Email: info@healthwatchwigan.org