## Meadowcroft Surgery Practice Complaints Procedure

If you have a complaint or concern about the service you have received from the Doctors or any of the staff working in this practice, please let us know. We operate a practice complaints procedure as part of an NHS system for dealing with complaints. Our complaints system meets national criteria.

### **HOW TO COMPLAIN**

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problems cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know as soon as possible – ideally, within a matter of days or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- Within six months of the incident that caused the problem; or
- Within six months of discovering that you have a problem, preferably within 12 months of the incident.

Complaints should be addressed to Mrs Marie Dennis, Operations Manager, or to any of the Doctors if you feel that this is more appropriate. Alternatively, you may ask for an appointment with Mrs Marie Dennis, to discuss your concerns. She will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint as this will help us to fully investigate it.

If your complaint is relating to an external agency or other healthcare provider you should direct your complaint to that organisation for investigation.

### WHAT WE WILL DO

We will acknowledge your complaint within three working days; fully investigate the complaint with any members of our team that may have been involved and aim to have done so within ten working days of the date when you raised it with us. We will then be in a position to offer you an explanation in writing, or a meeting with the people involved if this is appropriate. When we look into your complaint, we will aim to:

- Find out what happened
- Make it possible for you to discuss the problems with those concerned, if this is appropriate and you would like this;
- Make sure you receive an apology where this is appropriate;
- ldentify what we can do to make sure the problem doesn't happen again.
- Supply details of the PALS and complaints service (Patient Advice and Liaison Service and Complaints service) for Aylesbury Vale Clinical Commissioning Group.

### COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have their permission to do so. A note signed & dated by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

## COMPLAINING TO THE PATIENT ADVICE AND LIAISON SERVICE AND COMPLAINTS SERVICE

We hope that, if you have a problem, you will use our practice complaints procedure. We believe this will give us the best chance of putting right whatever may have gone wrong and an opportunity to improve our practice. However, this does not affect your right to approach the Patient Advice and Liaison Service and complaints service if you feel you cannot raise your complaint with us or you are dissatisfied with the result of our investigation. Contact details of Patient Advice and Liaison Service (PALS) are on the enclosed leaflet.

### **FUTHER ADVICE**

For further advice you can visit:

 $\underline{\text{http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx}} \text{ or } \underline{\text{http://www.ombudsman.org.uk/}}$ 

# **MEADOWCROFT SURGERY**

Dr Tim Peacock
Dr Shirley Tinnion
Dr Phil Clayton
Dr George Gavriel
Dr Toby Gillman
Dr Cath Collier
Dr Jackie Harris

Associate GPs Dr Suzanne Clayton Dr Kathy Hoffmann Dr Kris Holy

Practice Manager John Price

Operations Manager Marie Dennis

# **Complaints form**

Complainant's details:	
Name:	
Address:	
Tel no:	
Patient details: (If different from above)	
Name:	
Address:	
Tel no:	
Summary of complaint	
Complainants Signature	Date