

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 problem 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.

Complaints should be addressed to the Practice Manager (Zalihe Yavas) or any of the Doctors. Alternatively, you may ask for an appointment with the Practice Manager in order 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.

WHAT WE WILL DO

We will acknowledge your complaint within two working days and aim to have looked into your complaint within ten working days of the date when you raised it with us. We shall then be in a position to offer you an explanation, or a meeting with the people involved. When we look into your complaint, we shall aim to:

- Find out what happened and what went wrong
- Make it possible for you to discuss the problem with those concerned, if you would like this
- Make sure you receive an apology, where it is appropriate
- Identify what we can do to make sure the problem doesn't happen again

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 by the person concerned will be needed, unless they are incapable (because of illness) or providing this.

COMPLAINING TO THE HEALTH AUTHORITY

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 has gone wrong and an opportunity to improve our Practice. However this does not affect your right to approach the local health authority, if you feel you cannot raise your complaints with us or you are dissatisfied with the result of our investigation, you can contact any of the following 3 bodies:

NHS England

Email: England.contactus@nhs.net

Tel: 0300 311 22 33 or write to : NHS England, PO Box 16728, Redditch, B97 9PT

Haringey CCG

River Park House

225 High Road, Wood Green, London. N22 8HQ

Tel: 0203 688 2704 / 2729

Fax: 0208 489 1299

Email: info@haringeyccg.nhs.uk

Contacting the Care Quality Commission

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000616161, or alternatively visit the following website: <http://www.cqc.org.uk/contact-us>

PALS, ICAS & OMBUDSMAN

Patient Advisory Liaison Service (PALS)

PALS provide a confidential service designed to help patients get the most from the NHS. PALS can tell you more about the NHS complaints procedure and may be able to help you resolve your complaint informally.

NHS COMPLAINTS ADVOCACY SERVICE

This is a national free and independent service that supports people who want to make a complaint about their NHS Care or treatment. HELPLINE: 0203 553 5960

Text: Send the word 'pohwer' and then your name and number to 81025.

Email: LondonHCAS@pohwer.net

OMBUDSMAN

If you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England.

You can call the Ombudsman's Complaints Helpline on 0345 015 4033 or <http://www.ombudsman.org.uk> or Textphone (Minicom): 0300 061 4298

Complaint Form (Continued)

Complainant's details

Name: _____

Address: _____

Patient's details (where different from above)

Name: _____

Address: _____

Date of Birth: _____

Details of complaint (including date(s) of events and persons involved)

Complainant's signature Date