

## **DERWENT MEDICAL CENTRE**

### **COMPLAINTS PROCEDURE**

#### **HOW TO COMPLAIN (Please speak to Practice Manager)**

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form). The Practice manager will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

#### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form can be provided by reception.

#### **WHAT WE WILL DO**

We will acknowledge your complaint within 5 working days upon receipt and aim to have fully investigated within 10 working days. If we require or expect it to take longer we will explain the reason for the delay or advise you of the time frame to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations and learning points within 28 working days.

#### **WHERE ELSE CAN I GO**

##### **Patient Advice and Liaison Service**

Officers from the Patient Advice and Liaison Service (PALS) are based in all hospitals. They offer confidential advice, support and information on health-related matters to patients, their families and their carers.

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#### Our local PALS Offices are:

Edgware Community Hospital Burnt Oak Broadway Edgware Middlesex HA8 0AD T:0800 368 0412 or 020 7998 0412	Barnet Hospital Wellhouse Lane Barnet, Hertfordshire EN5 3DJ Email: <a href="mailto:bcfpals@nhs.net">bcfpals@nhs.net</a> T: 020 8216 4924
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#### **NHS Complaints Independent Advocacy Service**

Since April 1 2013, individual local authorities have a statutory duty to commission independent advocacy services to provide support for people making, or thinking of making, a complaint about their NHS care or treatment. Contact your local PALS (details above) for information about this service.

#### **Citizens Advice Bureau**

Your local Citizens Advice Bureau can be a great source of advice and support if you want to complain about the NHS, social services or local authorities. You can find your local Citizens Advice Bureau on its website. [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

#### **TAKING IT FURTHER**

If you remain dissatisfied with the outcome you may refer the matter to:

The Parliamentary and Health Service Ombudsman  
Millbank Tower  
Millbank  
London  
SW1P 4QP

**T: 0345 0154033**

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)



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SIGNED.....

Print name..... (Continue overleaf if necessary)

**PATIENT THIRD-PARTY CONSENT**

PATIENT'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.**

I fully consent to my Doctor/Practice releasing information to, and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (Insert date)

Signed: ..... (Patient only)

Date: .....