

PRACTICE COMPLAINTS PROCEDURE

**3W PARTNERS**

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**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 the 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 in writing (either using this form, or in a letter).** We discourage the submission of complaints via any other means, especially via emails, due to the sheer volume of clerical, administrative and clinically related email communications received by all key NHS personnel. It is far too easy for emails to go astray. Ideally, the complaint should be submitted within a matter of days or at most a few weeks as 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 12 months of the incident that caused the problem; or
* within 12 months of discovering that you have a problem.
* outside the 12 month limit providing there were good reasons for not making the complaint within the time limit and it is still possible to investigate matters effectively and fairly.

Complaints should be addressed to the Practice Manager or any of the doctors. Alternatively, you may ask for an appointment with the Practice Manager, in order to discuss your concerns. They 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 four working days and agree a time frame for investigating your complaint. We will then be in a position to offer you an explanation, or a meeting with the people involved. When we look into your complaint, we will 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 this 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) of providing this.

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.

This does not affect your right to approach the local Clinical Commissioning Group (CCG), if you feel you cannot raise your complaint with us or you are dissatisfied with the result of our investigation.

If you wish to make a formal complaint about the practice which we have been unable to resolve please contact:

**The Complaints Manager**

**NHS Central Southern Commissioning Support Unit,**

3rd Floor, Rapid House, 40 Oxford Road, High Wycombe, Bucks HP11 2EE

You may also like to contact the **Patient Advice and Liaison Service (PALS)** whose role it is to help resolve concerns or problems. They can be contacted on 0800 328 5640 or by e-mail on:

Bucksccg.palscomplaints@nhs.net



Complaints Form

Name of Patient: ………………………………………………………….

Address of Patient: ………………………………………………………….

 …………………………………………………………..

Date of Birth of Patient: ………………….

Name of Complainant: ………………………………………………………….

*(if not the patient)*

Address of Complainant: ………………………………………………………….

 …………………………………………………………..

1. Please give the name of the practice team member to which the complaint relates *(if known)*:

 ………………………………..

2. If you do not know the name of the member of staff, please indicate whether this is a doctor, nurse, dispenser or a member of the reception staff:

 Doctor Nurse Dispenser Receptionist

3. Please indicate whether the complaint concerns a contact at the surgery, a home visit or a telephone call:

 Surgery Home Visit Telephone Call Other

4. Please provide as much detail about the nature of the complaint as possible *(continue overleaf if necessary)*:

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I hereby authorise the practice to disclose information from my medical records to whoever may be appropriate in relation to this complaint. *(In the case of a child signature should be that of the parent/guardian)*.

Signed: ……………………………. Dated: ……………………….

Completed forms (or letters) should be returned to:

Complaints Administration,

3W Health, Whitchurch Surgery, 9 Oving Rd, Whitchurch, Aylesbury, HP22 4JF

Alternatively, please hand in the completed form or letter at the Reception Desk

of our Wing, Whitchurch or Winslow Surgery.