

ENDERLEY ROAD MEDICAL CENTRE
41-45 ENDERLEY ROAD
TELEPHONE 020 8863 3333

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 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 resolved 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 help us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- within 6 months of the incident that caused the problem;
- or
- within 6 months of discovering that you have a problem, provided that this is within 12 months of the incident.

Complaints should be addressed to the Practice Manager. A form is available from Reception for this purpose or you may simply write a letter. Alternatively, please complete the attached form.

What We Shall Do

We shall acknowledge your complaint within two working days and will look into it as soon as possible. In looking 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 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 letter or note of authority, signed by the person concerned will therefore be required. A consent form is available on the back sheet of this leaflet for your convenience.

Should You Not Be Content with Our Response

We hope that, if you have a problem, you will use our Practice Complaints Procedure. We believe that this will give us the best chance of putting right whatever may have gone wrong and to improve our practice. However, if you feel too uncomfortable to complain to the service provider directly then you can make a complaint to the commissioner of the services instead.

You may contact the NHS Complaints Advocacy Service on 0300 330 5454 or their website: <https://nhscomplaintsadvocacy.org/> and they can provide free impartial support when you are making a complaint.

Should you remain dissatisfied, you may take your complaint to the Health Service Ombudsman:

visit www.ombudsman.org.uk/make-a-complaint or call 0345 015 4033.

via email: phso.enquiries@ombudsman.org.uk

If you would prefer to write, the address is:

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

Further information about the Ombudsman is available at www.ombudsman.org.uk .

ENDERLEY ROAD MEDICAL CENTRE PATIENT COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address

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..... Post Code:

Contact Telephone Number:

Complaint Details: (include dates, times, and names of practice personnel, if known)

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SIGNED..... Print Name..... Date

PATIENT THIRD-PARTY CONSENT

PATIENT NAME:

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TELEPHONE NUMBER:

ADDRESS:.....

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ENQUIRER / COMPLAINANT NAME:.....

TELEPHONE NUMBER:.....

ADDRESS:.....

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RELATIONSHIP TO PATIENT:

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 Manager releasing information to, and discussing my care and medical records with the enquirer/complainant named above in relation to this complaint only, and I authorise 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:.....

When fully completed, send all complaint forms to:

The Practice Manager
Enderley Road Medical Centre
41-45 Enderley Road
Harrow Weald
Harrow HA3 5HF