

Tooting South Medical Centre

Practice Complaints Procedure

Author:	Narjis Chohan
Date Written:	August 2012
Date of Review:	June 2020
Next Review Date Due:	June 2021
Version Number:	2.0
Practice Name:	Tooting South Medical Centre
Practice Address:	22 Otterburn Street, Tooting London SW17 9HQ

INDEX

		Page
1	Introduction	3
2	How to Complain	3
3	What we will do	4
4	Complaining on behalf of something	4
5	PALS (Patient Liaison Service) and Ombudsman	4

1. Introduction

Tooting South Medical Centre will always try to deliver the best service possible for patients; however there may be times when you feel that this has not happened. We operate a Practice Complaints Procedure as part of a NHS wide system for dealing with complaints which also meets the national criteria.

Patients and carers can access information about our Complaints Procedure from the practice reception, on the practice website or by reading the practice leaflet.

We aim to investigate and explain to you the reason for the problem you may have experienced.

2. 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 on the day. This is because the sooner we know about a problem; the easier it will be for us to establish what happened.

In any event, 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, providing this is within 12 months of the incident.

Complaints should be addressed in writing to:

In the first instance complaints about your GP or the service that has been provided to you from the practice to:

The Deputy Practice Manager, Ms Charleen Mullins Tooting South Medical Centre 22 Otterburn Street SW17 9HQ. Alternatively you may book an appointment with the Deputy Practice Manager in order to discuss your concern. She will explain to you the complaint procedure and will make sure that your complaint will be dealt with promptly.

It would be helpful you are as specific as possible about your complaint.

The practice will support patients with language of communication needs in order to access the complaints process. Please contact the practice if you require support.

3. 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:

- 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.

4. Complaining on behalf of someone else:

Please note that we operate a strict confidentiality process, therefore if you are complaining on behalf of someone else, it is essential that you have written and signed consent by the person concerned to authorise you to complain on their behalf unless they are medically incapable of providing written consent.

5. PALS (Patient Advice and Liaison Service) and Ombudsman.

We hope that, if you have a problem, you will use our practice complaints procedure so that we can resolve the complaint locally . We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice.

If you remain dissatisfied you can write to the Ombudsman who can be contacted at:

Parliamentary and Health Service Ombudsman's
Millbank Tower
Millbank
London SW1P 4QP
Tel: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
Fax: 0300 061 4000

COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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 releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, 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: