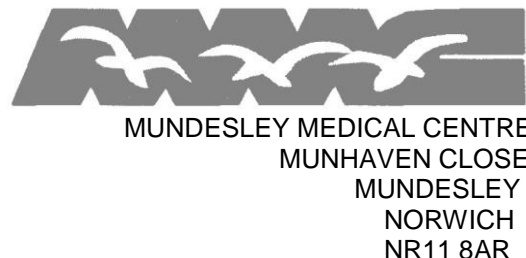


TELEPHONE: 01263 -724500
FAX: 01263- 720165



COMPLAINTS PROCEDURE

How to complain

We aim to provide patients with the best care that we can but sometimes we will fall short of the mark. By telling us when we have not met your expectations we can continue to build and improve upon the services we offer. We can also make sure you receive an apology where this is appropriate.

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 a few days or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that please let us have the details of your complaint within 12 months of the incident that caused the problem.

The GP Partner responsible for complaints is Dr. C.R. Ashworth and the delegated complaints manager is Mrs. Linda Marquis, Managing Partner to whom your complaint should be addressed. Alternatively you may ask for an appointment with Linda Marquis in order to discuss your concerns. She will explain the complaints procedure to you and 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 shall do

- Acknowledge your complaint within three working days
- Invite you to agree a plan of how the complaint will be handled and agree a reasonable timescale for investigating and concluding the complaint.
- If you decline a discussion to agree a plan we will inform you in writing how the complaint will be investigated and the expected timescales.
- Once a complaint has been investigated a letter will be sent to you explaining how the complaint was investigated, the conclusion reached and any actions to be taken as a result of the findings.
- After investigation details of how to take the complaint to the NHS Ombudsman will be included with the conclusion of the complaint.

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. We will require this authorisation in writing from the patient whom you making the complaint on behalf of.

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NORWICH
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If you are dissatisfied with result of a practice investigation

We hope that, if you have a problem, you will use our practice complaints procedure. We believe that this will give you the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. If you feel that you are dissatisfied with the result of our investigation you have the right to ask for an independent review through the Parliamentary and Health Service Ombudsman (PHSO) if you do not feel this issue has been resolved locally.

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

Complaining about another NHS service (including hospitals)

Each organisation has their own complaints procedure. We can help you with a complaint concerning another organisation if this is required.

Complaining to NHS England

The NHS England contact centre details as follows:

BY POST
NHS England
PO Box 16738
Redditch
B97 9PT

BY EMAIL
england.contactus@nhs.net

BY TELEPHONE
0300 311 2233

Need some independent help making your complaint?

The NHS Complaints Advocacy Service is a free and independent service that can help you make a complaint about a National Health Service (NHS).

The NHS Complaints Advocacy Service is:

- Free
- Independent
- Confidential

Helpline: 0300 330 5454
Fax: 0330 088 3762

Textphone: 0786 002 2939
<http://nhscomplaintsadvocacy.org/>

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COMPLAINANT'S DETAILS:

Full Name: _____

Address: _____

Date of Birth: _____

Details of complaint (including date(s) of event and persons involved): (*continue on additional sheet if required*)

Complainant's signature: _____ Date: _____

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WHERE THE COMPLAINANT IS NOT THE PATIENT:

I _____ (*insert your full name*)

authorise the complaint set out overleaf to be made on my behalf by

(*Insert the name of person making the complaint*)

and I agree that the practice may disclose to (only so far as is necessary to answer the complaint) confidential information about me which I provided to them.

Patient's signature: _____ Date: _____

Name and address: _____
