

COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that CLAREMONT MEDICAL CENTRE keeps strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so. A note signed by the person concerned will be required, unless they are incapable of providing this due to illness or disability.

COMPLAINING TO OTHER AUTHORITIES

The practice management team hope that if you have a problem you will use the Practice Complaints Procedure. However, if you feel you cannot raise your complaint with us, or you are dissatisfied with the response received from us, you can contact any of the following:

CONTACTING THE CARE QUALITY COMMISSION

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website: <http://www.cqc.org.uk>

NHS SERVICES COMMISSIONED FOR THE PEOPLE OF WALTHAM FOREST

If you have a complaint relating to the way an NHS service has been commissioned or you have been directly affected by a commissioning decision made by us, please contact the NHS Waltham Forest Clinical Commissioning Group's Complaints Team. The team can be contacted on: Complaints Team, Kirkdale House, 7 Kirkdale Road, Leytonstone, E11 1HP Telephone: 020 3688 2646 Email: WFCCG.complaints@nhs.net

OMBUDSMAN

If you are unhappy with the response to your complaint you should contact the service directly to see if they can look into the case further. You also have the right to take your complaint to the Health Service Ombudsman. There are time limits for taking a complaint to the Ombudsman, although the Ombudsman can waive them if it is perceived that there is good reason to do so. You can contact their helpline on 0345 015 4033 or phso.enquiries@ombudsman.org.uk. Further information is also available on the Ombudsman website. You can write to the Ombudsman at: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP.

Claremont Medical Centre Feedback, Comments or Complaints Leaflet



**Please Take a Copy
Let the Practice know your
views**

LET THE SURGERY KNOW YOUR VIEWS

The team at CLAREMONT MEDICAL CENTRE aim to offer a good service – please refer to our Practice Leaflet. We at CLAREMONT MEDICAL CENTRE are always looking for ways to improve the services we offer to patients. We are always interested to hear feedback about your experience at the practice. This is valuable to us to help us build and improve the services we offer.

YOU CAN TELL US ABOUT YOUR EXPERIENCES USING THE COMMENTS FORM ON THE RIGHT

- Could you easily get through on the telephone?
- Did you get an appointment with the practitioner you wanted to see?
- Did you have a long wait?
- Were our team helpful during your visit/phone call?

PRACTICE COMPLAINTS PROCEDURE

We endeavour to offer the best service to all our patients. If you feel we have fallen short please feel free to discuss this with any staff member. If the issue is not resolved to your satisfaction they will suggest you contact our Practice Manager, to whom you may talk to informally discuss the problem and offer you further advice on our formal complaints procedures. If you wish to follow this please let us know as soon as possible after a problem or issue arises. If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales:

Within 3 months of the incident that caused the problem

OR

Within 6 months of discovering that you have a problem, provided this is within 12 months

The practice will acknowledge your complaint within 3 working days and aim to have looked into your complaint within ten working days of the date you raised it with us. At this stage you should be offered an explanation or a meeting with the person(s) involved. When the practice looks into your complaint it aims to:

- Ascertain the full circumstances of the complaint
- Make arrangements 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 the practice can do to make sure the problem does not happen again.

COMPLAINTS AND COMMENTS FORM

Name: _____

Address: _____

Telephone: _____

Date of complaint / comment: _____

Details: _____

Signed: _____