COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that Wellington Medical Practice 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 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:

Patient Advisory Liaison Service (PALS) for Your Area Shropshire CCG on 0800 032 0897 customer.care@shropshireccg.nhs.uk

> NHS England 0300 311 22 33

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:

Tel 03000 616161
alternatively visit the following website:
http://www.cqc.org.uk

PALS, ICAS & OMBUDSMAN

PATIENT ADVISORY LIAISON SERVICE (PALS)

PALS provide a confidential service designed to help patients get the most from the NHS. PALS can tell you more about the NHS complaints procedure and may be able to help you resolve your complaint informally.

INDEPENDENT COMPLAINTS AND ADVOCACY SERVICE (ICAS)

ICAS is a national service that supports people who want to make a complaint about their NHS Care or treatment. Your local ICAS service can be found at:

Telford and Wrekin Independent Health Complaints
Advocacy Service
0800 161 5600
www.ecstaff.co.uk

OMBUDSMAN

As a last resort, if you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England. You can call the Ombudsman's Complaints Helpline on:

Tel 0345 015 4033

or

http://www.ombudsman.org.uk

or

Textphone (Minicom): 0300 061 4298

WELLINGTON MEDICAL PRACTICE

Feedback Leaflet

LET THE PRACTICE KNOW YOUR VIEWS

PARTNERS

Dr T P O'Brien – Senior Partner
Dr D Ebenezer – Managing Partner
Dr N Singh – Clinical Partner
Dr J Ebenezer – GP Partner
Dr R Kaur – GP Partner

PRACTICE COMPLAINTS PROCEDURE

If you have a complaint about the service you have received from any member of staff working in this practice, please let us know.

The practice operates a Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints system meets the national criteria.

Note: If you make a complaint it is practice policy to ensure you are not discriminated against, or subjected to any negative effect on your care, treatment or support.

HOW TO COMPLAIN

In the first instance please discuss your complaint with the staff member concerned. Where the issue cannot be resolved at this stage, and you wish to make a formal complaint, please complete a feedback form which is available at reception or by letter to the practice as soon as possible, ideally within a matter of days. This will enable the practice to get a clear picture of the circumstances surrounding the complaint.

If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales:

• Within 6 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

HOW TO COMPLAIN cont.

Write to us at:

Wellington Medical Practice (Complaints)
Chapel Lane
Wellington
TF1 1PZ

The practice will acknowledge your complaint within ten working days and aim to have looked into your complaint within thirty working days of the date you raised it with us. At this stage you should be offered an explanation or a meeting.

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

Feedback Details
Name:
Address:
Telephone:
Date of complaint:
Details:
- <u></u> -

Signed: