

COMPLAINTS PROCEDURE

If you have any concerns or feedback regarding the service provided by any staff member at our practice, we encourage you to share your thoughts with us. Our practice is committed to maintaining high standards of care and values your input. We have implemented a comprehensive Complaints Procedure aligned with the national NHS standards to address and resolve any issues that may arise.

It is essential to note that if you choose to file a complaint, our practice adheres to a strict policy to safeguard against discrimination or any adverse impact on your care, treatment, or support. Your well-being and experience with our services remain our top priorities, and we are dedicated to addressing and resolving concerns in a fair and supportive manner. Your valuable feedback helps us continually improve and enhance the quality of care we provide.

COMPLAINING ON BEHALF OF SOMEONE ELSE

Please be assured that at Linkway Medical Practice, we adhere rigorously to the principles of medical confidentiality. If you are lodging a complaint on behalf of another individual, it is essential for the practice to ensure that you have obtained their explicit permission. To facilitate this, we kindly request a signed note from the concerned individual, unless their condition prevents them from providing such authorization due to illness or disability. This precautionary measure is in place to uphold the privacy and rights of our patients, and we appreciate your understanding in this matter.

Linkway Medical Practice

Complaints Procedure Leaflet



HOW TO COMPLAIN

We hope that most problems can be sorted out easily and quickly at the time they arise. But if your problem cannot be sorted out in this way and you wish to make a complaint then please let us know as soon as possible because this will enable us to establish what happened more easily.

A complaints form can either be downloaded from our website www.linkwaymedicalpractice.co.uk or collected from reception. The forms will be given to you in a envelope for you to return to the surgery.

Please give us as much detail as possible about the complaint or alternatively you can make an appointment where HR/Complaints manager for assistance with your with our complaints form.

WHAT HAPPENS NEXT?

We will acknowledge your complaint within three working days. You will be offered the opportunity to discuss the complaint by either the telephone or face to face, or a written response. The practice will aim to give you an idea of an expected timescale in which it will attempt to deal with the complaint.

When we look into the complaint we shall aim to:

1. Find out what happened and what went wrong.
2. Make it possible for you to discuss the problem with those concerned, if you would like this.
3. Make sure you receive an apology where this is appropriate.
4. Identify what we can do to make sure the problem does not occur again.

WHAT IF I AM NOT HAPPY WITH THE OUT COME OF MY COMPLAINT?

If you have used our practice complaints procedure and you are not happy with the response we would encourage you to come back to us. We can look again at what you are not satisfied with. We may arrange to meet with you. We will do all we can to resolve your concerns. If you are still not happy with our response you can then take the matter further by contacting Parliamentary and Health Service Ombudsman (PHSO)

For more information you can go to the following website www.ombudsman.org.uk/making-complaint

You can call:

0345 015 4033

You can email:

phso.enquiries@ombudsman.org.uk

You can write to:

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

NHS Complaints Advocacy

POhWER offer free support for any-one who wishes to make a complaint about the NHS through the process off making a complaint.

POhWER
Holt Court South,
Jennens Road,
Birmingham
B7 4EJ
pohwer@pohwer.net

Complaint Details

Complaint Form

Date: ____ / ____ / ____

Date of incident: ____ / ____ / ____

Complainant's Details

Name: _____

Address: _____

Telephone: _____

Patient's Details

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Telephone: _____

**LINKWAY MEDICAL PRACTICE
COMPLAINTS FORM**