# NORTH AVENUE SURGERY

**16/18 North Avenue**

**Cambuslang**

**Tel: 0141 641 3037/1000**

## Complaints Procedure – Patient Information Leaflet

### Practice Complaints Procedure

If you have a complaint or are concerned about the service that you have received from the doctors or any of the staff working at this Practice, please let us know as we strive to provide the best possible service that we can. We operate a practice complaints procedure as part of a NHS system for dealing with complaints. Our complaints system meets national criteria.

### How to complain?

We hope that most problems can be quickly and easily sorted out, ideally 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 days or, at most, a few weeks, since this will enable us to establish what happened more easily. If it is not possible to do this, 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, provided this is within 12 months of the incident.

Complaints should be addressed to Mrs Louisa Munro, the Practice Manager, or to any of the doctors. Alternatively, you may ask for an appointment with Mrs Munro in order to discuss your concerns. She will explain the complaints procedure to you and will 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 will do

We will acknowledge receipt of your complaint within **3 working days** and investigate your complaint within **20 working days** of the date when you raised it with us. If you have not received awknowledgement within the 3 working days please contact the practice on 0141 641 3037. We will then be in a position to give you an explanation and/or to offer a meeting with those involved. In investigating your complaint, we will aim to:

* Find out what happened and what went wrong;
* Enable you to discuss the problem with those concerned, if you so wish;
* Ensure that you receive an apology, where this is appropriate;
* Identify what we can do to make sure that the problem does not happen again.

### 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 that person’s permission to do so. A note signed by the person concerned will be required, unless they are incapable (because of illness) to provide this. If you are complaining on behalf of someone who has died, permission from the person’s next of kin will be required.

### Complaining to the Primary Care Trust

We hope that, if you have a problem, you will make use of our practice complaints procedure. We believe that this will give us the best chance to put right whatever has gone wrong and an opportunity to improve our practice. However, this does not affect your right to approach the Primary Care NHS Trust for Lanarkshire if you feel that you cannot raise your complaint with us **or** you are dissatisfied with the result of our investigation. Please note that you must submit any complaint within 28 days of receipt of the practice’s response to your complaint. You can contact the Complaints Officer, Valerie Fisher , at the address below:

Valerie Fisher
Patient Affairs Manager, Primary Care
NHS Lanarkshire Head Quarters
Kirklands
Fallside Road
Bothwell

Tel:01698 752800

Scottish Public Services Ombudsman

SPSO, Bridgeside House

99 McDonald Road,

Edinburgh

EH7 4NS

0800 377 7370

[www.spso.org.uk](http://www.spso.org.uk)

**PATIENT FEEDBACK AND COMPLAINTS FORM**

Please note that we can only investigate issues with patient consent. If you are completing this form on behalf of an adult, we require their consent to proceed.

**Patient Details**

Name:

DOB:

Address:

**Summary of Feedback/Complaint**
Please describe in one or two sentences the issues that have led to this complaint. This will help us understand the key problems you have experienced.

**Have you experienced this issue before?**
This may include at this surgery or at a previous healthcare provider. Please provide details if it was previously resolved.

**Please can you describe how this issue may have occurred**
For example, problems can arise due to conflicting messages, personality conflicts, or where we were unable to meet your expectations. Understanding this aspect helps us to explore the full circumstances surrounding the issue.

**Please describe any specific outcomes you are looking for from this feedback?**
Understanding our patient’s needs is important to us so that we can explore and address issues fully. Common outcomes that patients value include improving our service through training, saying sorry when we have made a mistake, addressing a communication issue or exploring the issues with you in more detail.

**Next steps and what you can expect from us**

We would like to review this feedback as part of our ongoing commitment to improving our services where possible and reaching a positive outcome for both you and the practice, ensuring that our systems are as effective as we can make them.

Would you like us to review this feedback going forward as part of our learning? YES. NO. (please delete as appropriate)

Please sign to indicate your consent (signature and printed name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are completing this for somebody else, please write your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_