

## **Wellesley Road Practice Complaints procedure**

Wellesley Road is committed to dealing with all complaints fairly and impartially, providing a high quality of service to those who complain. We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

### **HOW TO COMPLAIN**

If you wish to make a formal complaint, please do so **as soon as possible** - ideally within a matter of a few days. This will help us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form) If this presents a problem for you, contact the Practice Manager to discuss an alternative method of communication. He/she will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

### **COMPLAINING ON BEHALF OF SOMEONE ELSE**

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

### **WHAT WE WILL DO**

At each stage in the process our aim is always to resolve the complaint. We will acknowledge your complaint within 3 working days and aim to have fully investigated within 10 working days of the date it was received. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; we will offer one or more of the following outcomes

- An explanation.
- An admission that the situation could have been handled differently or better.
- An assurance that we will try to ensure the matter complained of will not recur.
- An explanation of the steps that have been or will be taken to help ensure that it will not happen again and an indication of the timescales within which any changes will be made.
- An undertaking to review practice policies in light of the complaint.
- An apology.

You will receive a final letter setting out the result of any practice investigations. We commit to ensuring that this response will be written in plain English, is informative and easy to understand and that any medical or technical terms are explained.

However, we are unable to respond to unreasonable demands made on the Practice by those who

- raise large numbers of detailed but unimportant questions and insist they are fully answered either immediately or to their own timescales.
- Seek an unrealistic outcome.
- Submit reiterations of a previous complaint.
- make excessive demands on Practice staff time by frequent contact regarding the complaint in person, by telephone, in writing and by email while the complaint is being dealt with.

### **TAKING IT FURTHER**

If you are not happy with how we have dealt with your complaint, and would like to take the matter further, you can contact the complaints team:

E-mail: [nwlccgs.complaints@nhs.net](mailto:nwlccgs.complaints@nhs.net)  
In writing: Complaints Manager NW London Clinical Commissioning Groups  
15 Marylebone Road, London NW1 5JD

## COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Please write or type the details of your complaint below. Make sure you include dates, times and names of practice personnel, if known.

**Please sign your name and date the document.**

**PATIENT THIRD-PARTY CONSENT**

PATIENT'S NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ENQUIRER / COMPLAINANT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.**

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: ..... (Patient only)

Date: .....



