

## **NORTH PARADE MEDICAL CENTRE COMPLAINTS PROCEDURE**

If you have any complaint or concern about the services that you have received from the doctors or staff working for this practice you are entitled to ask for an explanation. We operate an informal, in-house complaints procedure to deal with your complaints. This procedure does not deal with matters of legal liability or compensation. In some cases the in-house procedure is not an appropriate form of investigation, in which case you will be referred to the appropriate authority.

Your complaint should be addressed to our practice manager, Ryan McLaughlin, who will ensure that it is investigated thoroughly and as speedily as possible. If you prefer to make an appointment to speak to your doctor directly you may do so. Complaints must be made within six months from the date on which the matter which is the subject of the complaint occurred or six months from the date on which the matter which is the subject of the complaint comes to the complainant's notice provided that the complaint is made no later than 12 months after the date on which the matter which is the subject of the complaint occurred. If the complaint falls outside these time limits it may still be considered for investigation by the practice.

Please note that the practice must ensure strict adherence to the rule of medical confidentiality. We cannot provide confidential information without appropriate authority if you are not the patient in question.

If you prefer to put your complaint in writing you may do so. A copy of our complaint form is available at reception, or you may set out the complaint in your own way. If you require assistance with this the practice manager will be pleased to help you. Please complete and send your complaint to the practice manager, Ryan McLaughlin as soon as possible.

Your complaint will then be investigated by someone within the practice. It is likely, as a first step, the investigator will contact you directly to ensure that he or she fully understands your complaint. This will normally be within three working days. The investigator will then interview appropriate members of practice staff and may inspect relevant documents. We will aim to report back to you within ten working days although, in some cases, more time may be required. At the conclusion of the investigation we will respond in writing to your complaint and will discuss any issues with you where this is considered necessary by you or the practice. The HSC request that we send anonymised details of all complaints we receive to them for monitoring purposes. Please let us know if you do not wish your anonymised complaint correspondence to go HSC.

This procedure does not affect your right to seek compensation in law. Nor does it affect your right to raise your complaint through the Health and Social Care Board. If you wish to do so their address is: Complaints Office, Health and Social Care Board, 12/22 Linen Hall Street, Belfast, BT2 8BS. Telephone 03005550115 or complaints hotline 02895363893 or e-mail [complaints.hscb@hscni.net](mailto:complaints.hscb@hscni.net). The patients and Client Council can provide free confidential advice and information on making a complaint. You can contact them on Freephone 08009170222. If you remain dissatisfied with local resolution or if local resolution has been exhausted you can approach the NI Public Services Ombudsman directly within 6 months of completion of the local process. Freephone 0800343424 or email [nipso@nipso.org.uk](mailto:nipso@nipso.org.uk) If the practice feels that local resolution has been exhausted then we will give you two weeks written notice of this and provide further details on referring the matter to NIPSO. Please also see the HSC leaflet "If you have a complaint" which is available at the surgery.

**THE MEDICAL CENTRE**  
**6, North Parade, Belfast, BT7 2GG.**

**Tel: 028 9064 7158**

**Fax: 028 9064 3865**

**COMPLAINT FORM**

Complainant's Details

Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_

Patient's Details (if different from above)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Summary of Complaint (i.e. what do you wish to complain about?): *Please use a separate sheet if necessary.*

Full details of complaint

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

Identify member(s) of practice \_\_\_\_\_

\_\_\_\_\_

Full description of events (i.e. the facts and surrounding circumstances giving rise to your complaint)  
*Please use a separate sheet if necessary.*

Complainant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Where the Complainant is not the patient:**

I \_\_\_\_\_ hereby authorise the above complaint to be made and I agree that members of the practice staff may disclose (in so far as it is necessary to do so to answer the complaint) confidential information about me which I provided to them.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_