

# GROVE ROAD SURGERY

1 GROVE ROAD  
TOTTENHAM,  
LONDON N15 5HJ

## PATIENT COMPLAINT PROCEDURE

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

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 wish to make a formal complaint, please do so **AS SOON AS POSSIBLE**- ideally within a matter of a few days. This enables 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). 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 Form is provided below.

### WHAT WE WILL DO

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; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations.

## **NHS ENGLAND**

If you have a comment, complaint or compliment about your experience in a GP Practice, please contact the practice directly in the first instance. If you are unable to resolve your complaint with the practice, please contact NHS England: email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net) / tel: 0300 311 22 33 or write to: NHS England, PO Box 16728, Redditch, B97 9PT.

## **IF YOU NEED HELP WITH YOUR COMPLAINT**

You can seek support with VoiceAbility either on their website: [www.voiceability.org](http://www.voiceability.org), by phone at: 0300 330 5454 or by email at: [nhscomplaints@voiceability.org](mailto:nhscomplaints@voiceability.org).

## **OUT OF HOURS SERVICES**

This is the service that you use if you need to see a doctor outside of normal working hours (6.30pm - 8am during weekdays, and 24 hours at weekends and on bank holidays). In Haringey Barndoc provides non-emergency out-of-hours GP cover for all residents.

If you have a complaint about an out-of-hours GP contact the Barndoc Patient Experience Team with your name, contact details and full details of your complaint:

Phone: 08445 609 600

calls charged at 5p/min from any UK landline origin. There is no connection charge for using this number.

Email: [feedback@barndoc.nhs.uk](mailto:feedback@barndoc.nhs.uk)

Write to:

Patient Experience Team  
Barndoc Healthcare Limited  
Churchwood House  
Cockfosters Road  
EN4 0DR

## **TAKING IT FURTHER**

If you remain dissatisfied with the outcome you may refer the matter to:

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

Tel 0345 015 4033

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

## COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

SIGNED ..... Print name .....(Continue  
overleaf if necessary)

## PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: .....

TELEPHONE NUMBER: .....

ADRESSE: .....

.....

ENQUIRER/ COMPLAINT 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 names 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: .....

Signed off by practice.....25<sup>th</sup> February 2015.....(Date)

Due review.....25<sup>th</sup> February 2016.....(Date)

Signature.....

Designation .....Doctor.....Practice Nurse.....Practice Manager