**Patient Information Leaflet**

At Leslie Medical Practice we aim at all times to provide the best possible service, both clinical and administrative. However there may be times when you felt that we have not done this.

Should you have a complaint or concern about the service you have received from the practice, please let us know. We operate a Practice Complaints Procedure as part of the NHS system, for dealing with complaints, comments and suggestions.

***How do you Complain?***

We hope that most problems can be resolved easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be resolved in this way and you wish to make a complaint, we would like you to let us know in writing as quickly as possible to enable us to investigate the matter and establish what happened. If this is not possible please let us have details of your complaint as follows:-

* Within 6 (six) months of the incident that caused the problem.

or

* Within 6 (six) months of you discovering that there is a problem, provided this is within 12 (twelve) months of the incident.

Our Practice Manager will be happy to deal with any complaints that you may have. She will fully explain the procedure and ensure that your concerns are dealt with appropriately. Complaints should be made in writing, addressed to the Practice Manager. Alternatively you may request an appointment to discuss your concerns with the Practice Manager. We would ask that you are as specific as possible about the details of your complaint to enable us to fully investigate the issues.

***Do you have any comments or suggestions?***

If you have any comments or suggestions as to how we can improve the services that we provide or have any positive feedback regarding an experience you have had within the Practice we would like to know.

**Practice Complaints Procedure**

***What we will do:-***

Acknowledge receipt of your complaint within two working days and aim to have completed our investigation within ten working days from the date we received your complaint. Following this investigation we shall then be in a position to give you a response, or offer a meeting with those involved. When appropriate this response may be from the member of staff or GP involved and not necessarily from the Practice Manager.

Through an investigation into your complaint, we shall aim to:-

* Find out what happened and what went wrong
* Enable you to discuss your complaint with those concerned, if you would like to do so.
* Where appropriate, ensure that you receive an apology.
* Identify what we can do to ensure the problem doesn’t happen again.

***If you are complaining on behalf of somebody else:-***

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of somebody else, we have to know that you have their permission to do so. We will require a letter signed by the person concerned, unless they are incapable of providing this due to illness.

***If you are not satisfied with our response:-***

If following an investigation and response from us you remain unsatisfied you have the option to contact the Scottish Public Services Ombudsman within twelve months of the event or within twelve months of the complainant becoming aware that there are grounds for complaint. The contact details for the Ombudsman are:

The Scottish Public Service Ombudsman

Bridgeside House,

99 McDonald Road,

Edinburgh

EH7 4NS

Telephone: 0800 377 7330 Email: [ask@spso.org.uk](mailto:ask@spso.org.uk) Website: www.spso.org.uk

In addition you may wish to contact the Patient Advice and Support Service (PASS) who are an independent service providing advice and support to patients who wish to provide feedback or make a complaint about NHS treatment. You will find information about PASS on their website, <http://www.patientadvicescotland.org.uk/>, or by contacting your local Citizens Advice Bureau.

***Where the complainant is not the patient:-***

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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise this complaint to be made on my behalf by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I agree that the Practice may disclose the necessary confidential information to answer the complaint. |
| Patients Signature: Date: |
| Name:  Address:  Date of Birth: |

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| Practice Complaints Form |
| Name:  Address: |
| Patients Details:  *(If different from the above)*  Name:  Address:  Date of Birth:  Usual GP: |
| Details of Complaint:  *(Please provide as much information as possible including dates of events and persons involved)*  Complainants Signature: Date: |