

## COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that New Islington Medical Practice keeps strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so. A note signed by the person concerned will be required, unless they are incapable of providing this due to illness or disability.

## YOU HAVE THE RIGHT TO APPROACH THE OMBUDSMAN.

The contact details are:

**The Parliamentary and Health Service Ombudsman**

**Millbank Tower**

**Millbank**

**London**

**SW1P 4QP**

**Tel: 0345 0154033**

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

You may also approach PALS for help or advice. The Patient Advice and Liaison Service (PALS) is based in Central Manchester and provide confidential advice and support, helping you to sort out any concerns you may have about the care we provide, guiding you through the different services available from the NHS.

The contact details are: The Patient Advice & Liaison Service, Central Manchester Foundation Trust, Oxford Road, Manchester, M13 9WL. Tel: 0161 276 8686

New Islington Medical Practice

## Comments and Complaints

### DOCTORS

Dr Wameedh Ali

Dr Michael Gilbert

Dr Sarah Ayton (locum)

Ancoats Primary Care Centre  
Old Mill Street  
Manchester  
M46EE

**0161 272 5660**

[www.nismp.co.uk](http://www.nismp.co.uk)



## LET THE PRACTICE KNOW YOUR VIEWS

New Islington Medical Practice is always looking for ways to improve the services it offers to patients. To do this effectively, the practice needs to know what you think about the services you receive. Tell us what we do best, where we don't meet your expectations plus any ideas and suggestions you may have. Only by listening to you can the practice continue to build and improve upon the service it offers.

### TELL US ABOUT OUR SERVICE BY COMPLETING THE COMMENTS FORM IN THIS LEAFLET

Could you easily get through on the telephone?  
Did you get an appointment with the practitioner you wanted to see?  
Were our staff helpful and courteous?

### PRACTICE COMPLAINTS PROCEDURE

If you have a complaint about the service you have received from any member of staff working in this practice, please let us know. The practice operates a Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints system meets national criteria.

**Note:** If you make a complaint it is practice policy to ensure you are not discriminated against, or subjected to any negative effect on your care, treatment or support.

## HOW TO COMPLAIN

In the first instance please discuss your complaint with the staff member concerned. Where the issue cannot be resolved at this stage, please contact Kim McDermott – Practice Manager who will try to resolve the issue and offer you further advise on the complaints procedure. If your problem cannot be resolved at this stage and you wish to make a formal complaint please let us know as soon as possible, ideally within a matter of days. This will enable the practice to get a clear picture of the circumstances surrounding the complaint.

If it is not possible to raise your complaint Immediately, please let us have details of your complaint within the following timescales:

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

The practice will acknowledge your complaint within two working days and aim to have looked into your complaint within ten working days of the date you raised it with us. At this stage you should be offered an explanation or a meeting with the person(s) involved. When the practice looks into your complaint it aims to:

Ascertain the full circumstances of the complaint. Make arrangements for you to discuss the problem with those concerned, if you would like this. Make sure you receive an apology, where this is appropriate. Identify what the practice can do to make sure the problem does not happen again

## COMPLAINTS AND COMMENTS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of complaint / comment: \_\_\_\_\_

Details: \_\_\_\_\_

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