

Erskine Practice Arthurstone Medical Centre

Help Us to Help You

Suggestions and Complaints Procedure

The Erskine Practice
Arthurstone Medical Centre
39 Arthurstone Terrace
Dundee
DD4 6QY

Telephone - 01382 458333
Fax - 01382 461833
E-Mail - erskine.tayside@nhs.net

Comments, complaints and suggestions

Our aim is to provide the highest level of care for all our patients. We will always be willing to hear if there is any way that you think that we can improve the service we provide.

Making a complaint

If you have any complaints or concerns about the service that you have received from the doctors or staff working for this practice, please let us know.

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know **as soon as possible** – ideally within a matter of days or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- Within 6 months of the incident that caused the problem; or
- Within 6 months of discovering that you have a problem, provided that is within 12 months of the incident.

Neil Smith, General Manager will be pleased to deal with any complaint. He will explain the procedure to you and make sure that your concerns are dealt with promptly. You can make your complaint:

In person – ask to speak to Neil Smith (General Manager) or Fiona Ross (Office Administrator)

In writing – some complaints may be easier to explain in writing – a complaints form is available from reception for your use - please give as much information as you can, then send your complaint to the practice for the attention of Neil Smith as soon as possible

What we shall do

Our complaints procedure is designed to make sure that we settle any complaints as quickly as possible.

We shall acknowledge your complaint within 3 working days and aim to have looked into your complaint within 20 working days of the date when you raised it with us. We shall then be in a position to offer you an explanation, or a meeting with the people involved.

When we look into your complaint, we shall aim to:

- find out what happened and what went wrong
- make it possible for you to discuss the problem with those concerned, if you would like this
- make sure you receive an apology, where appropriate
- identify what we can do to make sure the problem doesn't happen again.

At the end of the investigation your complaint will be discussed with you in detail, either in person or in writing.

Complaining on behalf of someone else

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have his or her permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

We hope that if you have a concern you will make use of our practice complaints procedure. We believe this will give us the best chance of putting right the problem and give us an opportunity to improve the practice.

NHS Tayside

NHS Tayside has a separate complaints and advice team which can be contacted on Freephone: 0800 027 5507 or e-mail complaints.tayside@nhs.net. This team will be able to give impartial advice and support but it must be made clear that NHS Tayside cannot assume responsibility for either the circumstances leading to the complaint or for the resolution of the complaint as this rests solely with the GP practice.

Ombudsman

If you remain dissatisfied with the responses to your complaint you have the right to refer the matter to the Scottish Public Services Ombudsman at:

SPSO
Freepost EH641
Edinburgh EH3 0BR

Telephone 0800 377 7330
E-Mail: ask@spsso.org.uk

Their website address is www.spsso.org.uk which has an on-line complaints facility.

Help us get it right

We constantly try to improve the service we offer.

Please let us know when you think we have done something well or if you have any suggestions as to how we can do something better

Complaint Form

Name _____ DOB _____

Address _____

Telephone Number _____

Patient's Details (If Different From Above)

Name _____ DOB _____

Address _____

Telephone Number _____

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

I (name) authorise the complaint set out below
to be made on my behalf by (name of
representative) and I agree that the practice may disclose to that person information
(in so far as is necessary to answer the complaint) about me

Name _____ Date _____

Name & Address _____

Continued >>

Details of Complaint (including dates of events and persons involved):