**PRIORY MEDICAL GROUP**

**COMPLAINTS PROCEDURE**

**Main site**

**19 Albion Road**

**North Shields**

**Tyne and Wear**

**NE29 0HT**

**Tel: 0191 2570223**

We aim to provide patients with the best care we can, but there is the chance that we may sometimes fall short of the mark. If you have any compliments, comments, or complaints about our service, we want to hear about it. This leaflet will tell you what to do if you need to complain about any of the services we offer.

1. **WHO CAN COMPLAIN**

You or your nominated representative can complain about any aspect of care or treatment you have received at this organisation to this organisation via the complaints manager or directly to the Integrated Care Board (ICB).

1. **TIME LIMITS**

We hope that most problems can be sorted out quickly and easily at the time they arise and with the person concerned.

If the 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 because this will enable us to establish what happened more easily. Usually, complaints can only be investigated if they are made either within 12 months of the incident that caused the problem or within 12 months of you realising that you have something to complain about. These time limits can be waived if there are valid reasons why you could not submit a complaint sooner.

1. **ADVOCACY SERVICES**

If you feel you need help with making a complaint there are Advocacy Services which can help give you free, confidential and independent support with making your complaint Advocates are independent professionals who are trained to support you and they do not work for the surgery or the NHS.

Healthwatch North East ICA,

16 The Forum, Aidan House,

2nd Floor, Sunderland Road,

Customer First Centre Gateshead,

Spirit of North Tyneside Wing NE8 3HU

Wallsend NE28 8JR Tel: 0808 802 3000

Tel: 0191 263 5321

[www.info.tellusnorth.org.uk](http://www.info.tellusnorth.org.uk) www.carersfederation.co.uk

1. **INVESTIGATING YOUR COMPLAINT**

We aim to complete our investigation into you complaint

within a reasonable time scale. If we find it is not going to be possible to complete our investigation in a timely manner, we will update you verbally or in writing to explain the delay.

When we investigate your complaint we aim to:

* Find out what happened and what went wrong.
* Make it possible for you to discuss the problem with the complaints manager, if you wish.
* Make sure you receive an apology, where this is appropriate.
* Identify what we can do to make sure the problem does not happen again.

1. **WHO TO COMPLAIN TO**

Complaints can be made verbally, via this form or in writing (this includes via Email) and address to:

Christopher Mettham

Priory Medical Group

19 Albion Road

North Shields

NE29 0HT

We hope that if you have a problem you will use our in-house complaints procedure. We do believe this will give us the best chance of putting right whatever has gone wrong and improving our practice.

1. **YOUR RIGHTS WHEN MAKING A COMPLAINT**

You have the right to:

* Have any complaint dealt with efficiently and properly investigated.
* Know the outcome of any investigation into your complaint.
* Take your complaint to the Independent Parliamentary Service Ombudsman (PHSO) if you are not satisfied with the way your complaint has been dealt with by the practice/ICB.

PHSO

Millbank Tower

London SW1P 4QP

Telephone: 0845 015 4033

Web – ombudsman.org.uk/making-complaint

Integrated Care Board

The Lavendar Centre

Pelton Lane

Chester le Street

DHZ 1HS

Tel: 0191 3890600

1. **WHAT THE PRACTICE WILL**

We will acknowledge your complaint within 3 days, this may be orally or in writing. Then we will look at:

* Details of all parties and how they can be contacted.
* The issues that need to be addressed.
* The planned outcomes.
* The time-scale for the investigation
* How the responses will be provided. How the practice will provide follow-up on any action or measures taken as a result of a patient complaint as a means of continuous improvement.

1. **YOUR COMPLAINT**

Your name………………………………..................

Address……………………………………………….

……………………………………………………………

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Telephone number ………………………………

Email……………………………………………………