

COMPLAINING ON BEHALF OF SOMEONE ELSE

Please note that York Medical Group 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.

COMPLAINING TO OTHER AUTHORITIES

The practice management team hope that if you have a problem you will use the Practice Complaints Procedure. However, if you feel you cannot raise your complaint with us, or you are dissatisfied with the response received from us, you can contact any of the following 2 bodies:

- York Advocacy Hub, 30 Clarence Street, York YO31 7DE
Tel: 01904 414357
- National Commissioning Board, Central Contact Centre, PO Box 16738, Redditch, B97 9PT or telephone 0300 311 22 33 Mon to Fri 8am to 6pm or email England.contactus@nhs.net
- As a last resort, if you are not happy with the response from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England. You can call the Ombudsman's Complaints Helpline on 0345 015 4 033 or <http://www.ombudsman.org.uk> or Textphone (Minicom): 0300 061 4298

If you have a genuine concern about a staff member or regulated activity carried on by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the website: www.cqc.org.uk/contact-us

Help with other medical services ICAS

INDEPENDENT COMPLAINTS AND ADVOCACY SERVICE (ICAS)

ICAS is a national service that supports people who want to make a complaint about their NHS Care or treatment. Your local ICAS service can be found on the website below:

<https://www.england.nhs.uk/2013/03/advocacy-complaint/>

If you feel you need an interpreter please let reception know and this can be arranged.



"Trust our family to look after your family"

Feedback, Comments or Complaints Leaflet

**Please Take a Copy
Let the Practice know your views**

(Revised April 2019)

LET THE SURGERY KNOW YOUR VIEWS

The team at York Medical Group aim to offer a good service – please refer to our Practice Charter Leaflet and on line leaflet. We at York Medical Group are always looking for ways to improve the services we offer to patients. We are always interested to hear feedback about your experience at the practice. This is valuable to us to help us build and improve patient care.

YOU CAN TELL US ABOUT YOUR EXPERIENCES USING THE COMMENTS FORM AT THE BACK OF THIS LEAFLET

- Could you easily get through on the telephone?
- Did you get an appointment with the practitioner you wanted to see?
- Did you have a long wait?
- Were our team helpful during your visit/phone call?

PRACTICE COMPLAINTS PROCEDURE

We endeavour to offer the best service to all our patients. If you feel we have fallen short please feel free to discuss this with any staff member. If the issue is not resolved to your satisfaction they will suggest you contact Karey Bennett to whom you may talk to informally discuss the problem and offer you further advice on our formal complaints procedures. If you

wish to follow this please let us know as soon as possible after a problem or issue arises. If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales:

- Within 12 months of the incident that caused the problem

OR

- Within 12 months from when the complaint comes to your notice

The Practice will acknowledge your complaint within three working days.

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.

If you would rather email your complaint to us please use the following email address:

VOYCCG.YMGPostmaster@nhs.net

COMPLAINTS AND COMMENTS FORM

Name: _____

Address: _____

Telephone: _____

Date of complaint / comment: _____

Details: _____

Signed: _____