SILVERBIRCH MEDICAL PRACTICE

39 SILVERBIRCH ROAD, COUNTY DOWN, NORTHERN IRELAND, BT19 6EU
TELEPHONE: 028 9145 5000

PATIENT COMPLAINT FORM

We make every effort to give the best service possible to everyone who attends the Practice. However, we are aware that things can go wrong resulting in a Patient feeling that they have cause for complaint. If this is the case we would wish for the matter to be settled as quickly as possible. We operate a practice complaint procedure as part of an NHS complaints system, for dealing with complaints.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so AS SOON AS POSSIBLE - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem.

You should address your complaint in writing to the Practice Manager – Mary McCabe (you can use the attached form), who will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality. If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed.

WHAT WE WILL DO

We will acknowledge your complaint within 2 working days and aim to have fully investigated within 10 working days of the date it was received. If we envisage this will take longer, we will explain the reason for the delay. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations

COMPLAINT FORM

Patient Full Name: ……

Date of Birth: ……

Address: ……

Complaint details: (Include dates, times, and names of practice personnel, if known)

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SIGNED: …… PRINT NAME : ……

DATE: ……

PLEASE RETURN THIS FORM BY HAND OR BY POST TO: SILVERBIRCH MEDICAL PRACTICE, 39 SILVERBIRCH ROAD, COUNTY DOWN, NORTHERN IRELAND, BT19 6EU