

Huntley
Mount Medical Centre,
Huntley Mount Road, Bury,
Lancashire BL9 6JA.
Tel: 0161 761 6677

**WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART
OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS. OUR
SYSTEM MEETS NATIONAL CRITERIA.**

**OUR PRACTICE MANAGER, ASIF BUTT WILL GIVE YOU FURTHER
INFORMATION. OUR PRACTICE COMPLAINTS LEAFLET GIVES
DETAILS OF THE PROCEDURE AND IS AVAILABLE FROM
RECEPTION.**

**OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF
SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS
THAT MAY OCCUR.**

HELP US TO HELP YOU.

HUNTLEY MOUNT MEDICAL CENTRE

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Mount Medical Centre,
Huntley Mount Road, Bury,
Lancashire BL9 6JA.**

PATIENT INFORMATION LEAFLET

PRACTICE COMPLAINTS PROCEDURE:

If you have a complaint or concern about the service you have received from the doctors or any staff working in this practice, please let us know. We operate a practice complaints procedure as part of an NHS system of dealing with complaints.

Our complaints system meets the national criteria.

HOW TO COMPLAIN

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 the 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 this is within 12 months of the incident.

Complaints should be addressed to Mr Asif Butt (Practice Manager) or any of the General Practitioners. Alternately, you may ask for an appointment with Mr Asif Butt in order to discuss your concerns. He will explain procedure to you and make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint.

We shall acknowledge your complaint within two working days and aim to have investigated your complaint within twenty working days of the date when you raised it with us. We shall then be able to offer you an explanation, or a meeting with the people involved. When we investigate 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 this is appropriate.
- Identify what we can do to make sure the problem doesn't happen again.

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 must 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.

COMPLAINING TO THE PRIMARY CARE TRUST:

We hope that, if you have a problem, you will use our practice complaints procedure. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. But this does not affect your right to approach an independent body, if you feel you cannot raise your complaint with us or if you are dissatisfied with the result of our investigation. You may contact PALS (Patient Advice and Liaison Service) on telephone number: 0800 121 4430 or if you still remain dissatisfied with the response to your complaint and do not wish to allow us the opportunity to resolve with you any outstanding concerns, you also have the right to ask the Parliamentary and Health Service Ombudsman to review your case. The Parliamentary and Health Service Ombudsman is an independent body that carries out independent investigations into complaints about UK Government Departments and their agencies, and the NHS in England. You can contact the Parliamentary and Health Service Ombudsman on the Helpline contact number 0345 015 4033.

COMPLAINT FORM
COMPLAINANT'S DETAILS

NAME:

ADDRESS:

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PATIENT' DETAILS (WHERE DIFFERENT FROM ABOVE)

NAME:

ADDRESS:.....

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DATE OF BIRTH:

USUAL PRACTITIONER:

DETAILS OF COMPLAINT (INCLUDING DATE(S) OF EVENTS AND PERSONS INVOLVED).

COMPLAINANT'S SIGNATURE:

.....

DATE:

WHERE THE COMPLAINANT IS NOT THE PATIENT:

I Authorise the complaint set out overleaf to be made on my behalf by and I agree that the practice may disclose to(only in so far as is necessary to answer the complaint) confidential information about me which I provided to them.

PATIENT' SIGNATURE:

DATE.....

NAME AND ADDRESS:

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