

It is advisable that complaints are (if possible) resolved locally through practice procedures, however if you feel that you require assistance with your complaint, or that it has not been resolved to your satisfaction, then the below services and options are available to you.

If you wish to raise your complaint through NHS England, contact details are:

NHS England  
PO Box 16738  
Redditch  
B97 9PT

By email to: [england.contactus@nhs.net](mailto:england.contactus@nhs.net) (Please state: 'For the attention of the complaints team' in the subject line.) By telephone: 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

#### **Independent Complaints Advocacy Service (ICAS):**

ICAS supports people who wish to make a complaint about their NHS care or treatment. There are different providers of these services in different areas of England.

London, East of England and West Midlands

Provider: PoHWER

Website: [www.pohwer.net](http://www.pohwer.net) Phone: 0300 456 2370

#### **Parliamentary and Health Service Ombudsman:**

If you are still unhappy after your complaint has been investigated, you can refer it to the Parliamentary and Health Service Ombudsman, who is independent of the NHS.

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Address: Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP

Phone: 0345 015 4033 Textphone (Minicom): 0300 061 4298

Request a call back Text 'call back' with your name and your mobile number to 07624 813 005 (standard rates apply).

#### **Care Quality Commission (CQC):**

The CQC has a leaflet on their website "How to complain about health care and social care services" which you may wish to look at.

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

## The Law Medical Group Practice

### Compliments, Comments, Concerns and Complaints

#### Information for Patients

#### Compliments and Comments:

Your views are important to us and by listening to them we can improve the services we provide to all our patients. We are always pleased to receive your compliments or comments and we ensure they are shared with all staff concerned. How to do this: Suggestions Box, verbally, written note, NHS Choices website.

#### Concerns and Complaints:

We hope that we can resolve most problems easily and quickly, often at the time they arise and with the person concerned.

However, if you do wish to make a formal complaint, please do so as soon as possible after the event - ideally within a matter of a few days.

This will enable us to establish more easily what has happened.

If 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 Complaints Manager, who will make sure that we deal with your concerns promptly and in the correct way, in accordance with the NHS and our own complaints procedures.

#### Please send your complaint to:

Name: Ms. Stavroulla Nicolaidis

Job Title: Operations Manager

Phone: 020 3818 8441

Address: The Law Medical Group Practice

Willesden: 9—11 Wrottesley Road, London NW10 5UY

Wembley: 124—128 Harrow Road, Wembley, Middlesex HA9 6QQ

Email: [law.medical@nhs.net](mailto:law.medical@nhs.net)

## COMPLAINT FORM

### What we will do

We will acknowledge your complaint within three working days and we aim to have fully investigated and replied within 20 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances, 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 investigations and asking you to contact us again if you have any remaining questions regarding your complaint.

### Complaining on behalf of someone else

#### Third Party Consent

If you're complaining on behalf of someone else (other than your own child under 16 years) we will need to obtain the patient's consent to investigate and to release information to you. Below are the details and signature needed.

**Third Party Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

I wish this person to complain on my behalf. I fully consent to The Practice releasing information to, and discussing my care and medical records with the person named above in relation to this complaint.

This authority is for an indefinite period/ a limited period only (delete as appropriate). Where a limited period applies, this authority is valid until .....

Signed: \_\_\_\_\_ (Patient only)

Date: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Continue on a separate sheet if necessary*