



Tel: 01534 723318
Fax: 01534 611062
Email: admin@firstmedical.gpnet.je
www.firstmedical.je

Our aim is to put you, the patient, first and provide you with the best possible service. To make this aim a reality it is important that you have the opportunity to tell us what you think about the service we provide. Our Compliments, Comments and Complaints Procedure is one way you can do this. You can tell us when we get things wrong so we can put them right as soon as possible for you and if relevant our other patients. You can also tell us when we get things right, make comments about the things we do or how we do them or perhaps suggest new ways for us to do things.

Introduction

Our Practice is committed to delivering a quality service at all times. However, we do accept that occasionally things can and do go wrong. If you are dissatisfied with any aspect of the service you have received from us, we would like to hear from you. Equally, if you are pleased with the services you have received, or have a suggestion on how we might improve, please let us know.

Complaints

We need to know the exact nature of your complaint. To help us investigate, respond and remedy your complaint, please provide as much information as possible about what has happened, the individual or department involved and why you felt the service we offered did not meet your expectations.

How to lodge a complaint

You can make your complaint in the method most convenient to you, however our preference is to receive the detail of your complaint in writing rather than by telephone, therefore ensuring that all the facts of your complaint are recorded correctly. You can write or email to:

First Medical
Bath Street
St Helier
JE2 4SU

Email: Admin@firstmedical.gpnet.je

We will acknowledge your complaint within 4 working days of receipt. This will be in the form of a holding email.

It is our intention that complaints will be responded to in writing within 1 month from the holding email. If a full response cannot be given within 1 month (e.g. when a matter is very complex or where we will have to consult with a third party) you will be kept informed of the progress that is being made and when you will likely receive our formal response.

The Partners of the Practice accept full responsibility for effective complaints handling. In all cases we will treat your correspondence in strict confidence, with fairness and objectivity.



Bath Street Medical Centre
87-91 Bath Street
St Helier
JE2 4SU



New Era Medical Centre
Victoria Road
St Clement
JE2 6QG



St Peter's Medical Centre
Rue de L'Eglise
St Peter
JE3 7AG



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What to do if you are still unhappy

If you feel your complaint has not been satisfactorily dealt with you have the option to put your concerns directly, in writing, to Dr Naidoo Director of the Practice at the address above. They will investigate your escalated complaint and will reply to you within 10 working days of receipt of your dispute.

If you wish to make a formal complaint regarding a GP

If your complaint is regarding a GP of the Practice and having followed our complaint procedure above you are still unsatisfied with the response you have received, you may take the matter up further with the Primary Care Governance Team. Further information on how contact the PCGT will be provided on request.

Compliments, Comments and Complaints Form

Private and Confidential

Patient Name:		Date:	
Person Making Comment if Different to Patient Name Above:			
Home Address & Post-Code:		Daytime Telephone:	
		Email Address:	

I would like to make a	<input type="checkbox"/> Compliment <input type="checkbox"/> Comment <input type="checkbox"/> Complaint	
Regarding	<input type="checkbox"/> Service Received <input type="checkbox"/> A GP <input type="checkbox"/> Our Staff <input type="checkbox"/> Fees and Charges <input type="checkbox"/> Other	
Appointment Details:	Date and Time:	GP Seen:



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Please give details of your Compliment, Comment or Complaint here. (Continue on a separate sheet, if necessary)

Signed:		Dated:
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Practice Use Only	Received Date:	Actioned By:
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