

Long Furlong Medical Centre

Suggestions & Concerns

Help Us Get It Right

We constantly try to improve the service we offer. Please let us know when you think we have done something well or if you have any suggestions as to how we can do something better!

Constructive suggestions to improve our service are always welcome and may be handed in at reception, dropped into the suggestion box in the waiting room, emailed to: receptionists.longfurlong@nhs.net or via our website: www.longfurlongmedicalcentre.co.uk – using the Contact Us link

Care is best delivered in an atmosphere of mutual respect and we expect our staff to treat all our patients with respect and understanding, and request that patients acknowledge this by treating our staff courteously. Our receptionists try very hard to please patients, doctors and our nursing team, so please do not blame them if something goes wrong, use the suggestions box or complaints procedure to help us to ensure the problem does not happen again.

Making a Complaint

We always try to give the best service possible, but there may be occasions when you are unhappy with the services we provide or any of the staff working within in the practice.

We operate a practice complaints procedure as part of the NHS system for dealing with complaints which is a two stage process.

Stage 1

If you have a complaint or concern about the service you have received from the doctors or any of the staff working within this practice, please let us know by emailing the attached form to the practice manager, Debbie Major, debbie.major@nhs.net. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice.

We will try to address your concerns fully, provide you with an explanation and apology where appropriate and discuss any action that may be needed so that you feel satisfied that we have dealt with the matter thoroughly. However, if this is not the case and you wish to continue with your complaint you can contact Patient Services or the National Commissioning Board whose details are provided on the next page.

Please note that we have to respect our duty of medical confidentiality to patients. If you are complaining on behalf of someone else we will need their permission in writing, unless that patient is not capable through age, physical or mental illness, of providing it.

Dr Barter and Dr Lowe have overall responsibility and accountability for the management of complaints against the practice and Mrs Debbie Major has responsibility for investigating complaints, ensuring that the statutory complaints arrangements are complied with and that remedial action is put in place.

We will acknowledge receipt of your complaint within 3 working days.

We believe it important to deal with complaints quickly, so we will aim to investigate and respond to your complaint within ten working days. Occasionally this may take longer, depending on the number of enquiries to be made, but we will keep you informed.

There are a few things that you should consider when making a complaint:

- if you are raising a concern on behalf of someone else, you must have their consent.
- you can request an advocate to support you throughout the complaint. Details of the various patient support services are provided below.
- complaints must be raised with us within 12 months of the incident or within 12 months of you being made aware of the problem
- please consider what outcome you would like to see as a result of the complaint

Patient Services Team (formerly PALS) are available to answer queries and concerns related to Oxfordshire Clinical Commissioning Group. As a patient, relative or carer you may need on-the-spot help, advice and support. This is where Patient Services can help. Patient Services provide confidential, on-the-spot advice and support, helping you to sort out any concerns you may have about the care we provide and guiding you through the different services available from the NHS. Tel: Freephone: 0800 052 6088. Or send feedback by email to: patient.services@oxfordshireccg.nhs.uk

Alternatively you can contact NHS England, the body which commissions GP services, who will then manage your complaint for you. They can be contacted at: Tel: 0300 311 22 33 or email england.contactus@nhs.net

You can also use the **NHS Complaints Advocacy Service**, a free independent advocacy service in Oxfordshire hosted by SEAP that helps individuals to make a complaint about any aspect of their NHS care or treatment. This includes treatment in a private hospital or care home that is funded by the NHS. Tel: 0300 343 5718 email: oxfordshire@seap.org.uk

Stage 2

If you are unhappy with the outcome of your complaint you can refer the matter to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government at: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP. Tel: 0345 015 4033.

Visit the [Parliamentary and Health Service Ombudsman website](#) for more detailed advice.

LONG FURLONG MEDICAL CENTRE RECORD OF COMPLAINT

Complainant's Details

Name	
Address	

Patient's Details if different from above

Name	
Address	

Do you have any **disabilities or special requirements** that need to be taken into account when we contact you?

Yes No - If 'Yes' please provide details

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Ethnicity

White	Mixed	Asian or Asian British	Black	Other Ethnic Groups
<input type="checkbox"/> British .	<input type="checkbox"/> White & Black	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish .	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African .	<input type="checkbox"/> Other
<input type="checkbox"/> Other White origin	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black origin	
	<input type="checkbox"/> Other mixed background	<input type="checkbox"/> Other Asian background		

First Language

<input type="checkbox"/> Arabic	<input type="checkbox"/> Bengali	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Croatian	<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> French
<input type="checkbox"/> German	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Kurdish
<input type="checkbox"/> Mandarin	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Russian	<input type="checkbox"/> Serbian
<input type="checkbox"/> Sinhala	<input type="checkbox"/> Spanish	<input type="checkbox"/> Swahili	<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Tamil	<input type="checkbox"/> Thai
<input type="checkbox"/> Turkish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Welsh .	<input type="checkbox"/> Sign Language (British)		
<input type="checkbox"/> Other: Please state						

Please provide details of your concerns on the next page:

DATE:..... **TIME (of incident):**.....

1. Please describe in one or two sentences the issues that have led to this complaint. This will help us understand the key problems that you have experienced.

2. Has this problem occurred previously?

3. Please can you identify where the issue may have arisen? For example, did this happen as a result of conflicting messages, a personality conflict, or a problem with communication within the practice etc.

4. Are you looking for a specific outcome from this complaint? Common outcomes that help us improve our service include training, improved communication, looking at ways to work differently, or by simply apologising where your experience has not been as you had wished.

5. We would like to review this complaint as part of our complaints procedure to ensure our systems are as efficient as we can make them. Are you happy for us to review things going forward?

Signature: _____ **Date:** _____

Print: _____

Patient's consent if different from above: Patient's Signature: _____

Office Use Only

Date Received: _____

Acknowledged: _____

Completed: _____