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| **Lido Medical Practice** |  |
| **Compliments, Comments and HComplaints** |



*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 in the attached complaints form rather than by telephone, therefore ensuring that all the facts of your complaint are recorded correctly. You can write or email to the Practice Manager at:

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| Practice Manager  Lido Medical Practice  Suite 3.06, Lido Medical Centre  St Saviour’s Road  St Saviour, JE2 7LA | Email: lidomedicalpractice@lmp.gpnet.je |

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

It is our intention that complaints will be responded to in writing within 14 working days. If a full response cannot be given within 14 working days (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. We encourage you to complete the attached complaints form and record as much detail as possible to ensure we are able to provide a comprehensive response to your concerns. Any additional information received following the submission of your initial complaint may delay the investigation and will impact on the timeframe for our response

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

**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 the Managing GP 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. They can be contacted at Primary Care Governance Team, Ground floor, Maison le Pape, St Helier, Jersey, JE2 3PU Email: pcgt@health.gov.je**

**Compliments, Comments and Complaints Form**

**Private and Confidential**

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

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| I would like to make a | Compliment  Comment  Complaint | |
| Regarding | Service Received  A GP  Our Staff  Fees and Charges  Other | |
| Appointment Details: | Date and Time: | GP Seen: |
| Please give details of your Compliment, Comment or Complaint here. (Continue on a separate sheet, if necessary) |  | |

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| Signed: |  | Dated: |

Please return this form to The Practice Manager, Suite 3.06 Lido Medical Centre, St Saviour’s Road, St Saviour, JE2 7LA

Email : lidomedicalpractice@lmp.gpnet.je

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| Practice Use Only | Received Date: | Actioned By: |