

Leslie Medical Practice

Anderson Drive, Leslie, Glenrothes, Fife, KY6 3LQ

Telephone: (01592) 620222

Website: www.lesliemedicalpractice.co.uk

Dr F A Reglinski Dr F De Soyza Dr M G Cumming Dr R Muvva

Practice Complaints Procedure

What we will do:-

Acknowledge receipt of your complaint within two working days and aim to have completed our investigation within ten working days from the date we received your complaint. Following this investigation we shall then be in a position to give you a response, or offer a meeting with those involved. When appropriate this response may be from the member of staff or GP involved and not necessarily from the Practice Manager.

Through an investigation into your complaint, we shall aim to:-

- Find out what happened and what went wrong
- Enable you to discuss your complaint with those concerned, if you would like to do so.
- Where appropriate, ensure that you receive an apology.
- Identify what we can do to ensure the problem doesn't happen again.

If you are complaining on behalf of somebody else:-

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of somebody else, we have to know that you have their permission to do so. We will require a letter signed by the person concerned, unless they are incapable of providing this due to illness.

If you are not satisfied with our response:-

If following an investigation and response from us you remain unsatisfied you have the option to contact the Scottish Public Services Ombudsman within twelve months of the event or within twelve months of the complainant becoming aware that there are grounds for complaint. The contact details for the Ombudsman are:

The Scottish Public Service Ombudsman
Freepost EH641
Edinburgh
EH3 0BR

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Telephone: 0800 377 7330 Email: ask@spsos.org.uk Website: www.spsos.org.uk

In addition you may wish to contact the Patient Advice and Support Service (PASS) who are an independent service providing advice and support to patients who wish to provide feedback or make a complaint about NHS treatment. You will find information about PASS on their website, <http://www.patientadvicescotland.org.uk/>, or by contacting your local Citizens Advice Bureau.

Where the complainant is not the patient:-

I _____ authorise this complaint to be made on my behalf by _____ and I agree that the Practice may disclose the necessary confidential information to answer the complaint.

Patients Signature:

Date:

Name:

Address:

Date of Birth:

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Practice Complaints Form

Name:

Address:

Patients Details:

(If different from the above)

Name:

Address:

Date of Birth:

Usual GP:

Details of Complaint:

(Please provide as much information as possible including dates of events and persons involved)

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Complainants Signature:

Date: