

Dr Ngozi Anumba
Dr James Attwood
Dr Andrew McGinty
Dr Paula McGinty
Dr Caroline Mitchell
Dr N W P Smith



Woodhouse Health Centre
5-7 Skelton Lane
Woodhouse
Sheffield S13 7LY

Associates:
Dr Sarah Nevitt

Tel: 0114 2293090
Email: SHECCG.WoodhouseHealthCentre@nhs.net

PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets or exceeds national criteria.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so **AS SOON AS POSSIBLE** - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing 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.

We ask that you address your complaint in writing to the Complaints Manager (you can use the attached form) however you can also contact us via phone, or email (contact details shown on letterhead above). We will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality (a separate leaflet giving more detail on confidentiality is available on request). If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem with those concerned; 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 practice investigations

Author: Gordon Osborne
Date: February 2015
Reviewed: August 2018
Review Date: August 2020

TAKING IT FURTHER

Complaining to NHS England

NHS England welcomes concerns, compliments and complaints as valuable feedback that will help us learn from your experiences and make improvements to services we commission.

You can complain or give feedback:

By post to: NHS England
PO Box 16738
Redditch
B97 9PT

By email to: england.contactus@nhs.net

If you are making a complaint please state: 'For the attention of the complaints team' in the subject line.

By telephone: **0300 311 22 33**

For more information please visit:

<https://www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/>

Sheffield NHS Complaints Advocacy

Do you have a complaint about a NHS service? Do you live in Sheffield?

We can provide information on the complaints process, and if necessary, support you to make your complaint.

For more information please visit:

<https://sheffieldadvocacyhub.org.uk/sheffield-nhs-complaints-advocacy/>

If you need an advocate for yourself, friends or family, call us on **0800 035 0396**

Email: info@sheffieldadvocacyhub.org.uk

Our support is free, confidential and independent of the NHS.

Ombudsman

If you remain dissatisfied with the outcome you may refer the matter to:

The Parliamentary and Health Service Ombudsman
3 New York Street
Manchester
M1 4HN

Tel 0345 0154033

www.ombudsman.org.uk

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COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

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

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SIGNED.....Print name.....

(Continue overleaf if necessary)

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PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM

PATIENT'S NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

ENQUIRER /
COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until.....(insert date)

Signed (Patient)

Date.....

Should the patient be physically incapacitated through ill health please fill in your details above and sign below. A copy of this will be sent to the patient.

The patient is unable to sign the form at this stage but I acknowledge the patient is aware that I have gained their agreement to consent to the Doctor releasing information to, and discussing their care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

Signed: (Patient representative)

Date:

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