

PORTER BROOK MEDICAL CENTRE/STUDENT HEALTH AT SHU PATIENT COMPLAINT FORM

If you have a complaint or concern about the service you have received from a clinician or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure which meets national guidelines.

HOW TO MAKE A COMPLAINT

We hope that we can sort out most problems easily and quickly and, should you require, our Practice Manager will discuss the problem with you and try to resolve the issue as it arises. However, if you wish to make a formal complaint, please do so as soon as possible (ideally within a few days) as this allows 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. Your complaint should be addressed to the Practice Manager in writing (you can use the attached form). She will make sure your concerns are dealt with promptly and in the correct way. Please try to be as concise and specific as possible.

COMPLAINING ON BEHALF OF SOMEONE ELSE

We adhere strictly to the rules of medical confidentiality. 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 available on request.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days. We will offer to meet with you to discuss how the complaint will be handled and within what timescale. We will investigate the complaint thoroughly and aim to ensure you receive a written explanation or face to face discussion within a maximum of 25 working days. If we expect it to take longer, we will respond explaining the reason for the delay and tell you when we expect to complete. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the problem; 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.

If you feel you cannot raise the complaint with us, you may wish to write to the "Complaints Manager" at NHS England, PO Box16738, Redditch, B97 9PT or email: england.contactus@nhs.net marking for the attention of The Complaints Manager in the title. Alternatively you can telephone 0300 311 2233 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

Alternatively you can contact VoiceAbility (providing the NHS Complaints Advocacy Service in the Sheffield Area) on 0300 330 5454, Textphone Number: 0786 002 2939 or email

nhscomplaints@voiceability.org . VoiceAbility offer a free, independent and confidential service to help people make their NHS complaints.

TAKING IT FURTHER

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

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
SW1P 4QP
Tel: 0345 015 4033
www.ombudsman.org.uk

PORTER BROOK MEDICAL CENTRE/STUDENT HEALTH AT SHU - PATIENT COMPLAINT FORM

Patient Full Name:

Date of Birth:

Address:

Day time telephone number:

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

Continue on a separate sheet if necessary

Signed:

Print Name:

Date:

**PORTER BROOK MEDICAL CENTRE/STUDENT HEALTH AT SHU - PATIENT THIRD-PARTY
CONSENT**

Patient's Name:	
Patient's Date of Birth	
Telephone Number:	
Address:	

Complainant Name:	
Telephone Number:	
Address:	
Your relationship to the patient	

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 PATIENTS SIGNED CONSENT BELOW.

I fully consent to my Doctors releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

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 only)

Date: