

**WHITEFIELD HEALTH CARE**  
**Yarnspinners Primary Health Care Centre**  
**Nelson**  
**PATIENT INFORMATION LEAFLET**

**Practice complaints procedure**

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 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**. Please complete the attached form, or send in a letter if you prefer. You should address your complaint in writing to Mrs Joanne Edmunds, our complaints manager. Alternatively you may ask for an appointment to see Mrs Edmunds to discuss your concerns. She 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**

Please note that we keep 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 part consent form is provided below.

**What we will do**

- We will acknowledge your complaint within 3 working days and aim to have fully investigated within 10 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect it to finish. When we look into your complaint;
- we will investigate the circumstances;
- make it possible for you to discuss the problem with those concerned if you would like this.
- make sure you receive an apology where this is appropriate.
- take steps to make sure any problem does not arise again.

**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****London****SW1P 4QP****Tel 0345 0154033**

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**PATIENT THIRD PARTY CONSENT**

PATIENT'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMPLAINANT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT, OR YOUR COMPLAINT/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 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 \_\_\_\_\_

**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)