

ROSEGARTH SURGERY

Rothwell Mount

Halifax

HX1 2HB

Telephone: 01422 353450

Appointments: 01422 350420



DR. PAUL G. SAWCZYN

DR. DAVID A. TAYLOR

DR. DEEPA PRASAD

DR. HELEN DAVIES

DR. CATHERINE HUGH

DR. KIRT CHAUDHARI

DR. JULIA TAYLOR

DR. RICHARD LOH

SIDDAL SURGERY

117 Oxford Lane

Siddal

Halifax

HX3 9DG

Telephone: 01422 352080

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 the practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets or exceeds national criteria.

MAKING A COMPLAINT

Most problems can be sorted out quickly and easily with the person concerned, often at the time they arise, and this may be the approach you try first.

The practice would prefer to speak to patients face to face or over the telephone. Please ask for one of the following people below:

THE PRACTICE RECEPTION MANAGER IS:

Joanne Lockley-Middleton

THE PRACTICE PATIENT LIAISON OFFICERS ARE:

Andrea Adams & Donna Spencer

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. You should address your complaint in writing to the practice manager. He/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

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 7 working days and aim to have fully investigated within 14 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 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; 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

TAKING IT FURTHER

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

Calderdale Patient and Liaison Service
4th Floor
F Mill
Dean Clough
Halifax
HX3 5AX

Tel 01422 281541

Email – pals@calderdale-pct.nhs.uk

If you remain dissatisfied with the outcome and have not managed to achieve any resolution of the matter, it may be referred to

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk

The Complaint Form is on the next page >>>

ROSEGARTH & SIDDAL SURGERY - PATIENT THIRD-PARTY CONSENT

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 in relation to this complaint only, 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: