

## Comments, Complaints and Suggestions

[Please circle which you feel is most appropriate]

Our aim is to provide the highest level of care for all our patients. We will always be willing to hear if there is any way that you think that we can improve the service we provide.

### Making a complaint

If you have any complaints or concerns about the service that you have received from the doctors or staff working for this practice, please let us know.

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know **as soon as possible** – ideally within a matter of days or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- Within 12 months of the incident that caused the problem; or
- Within 12 months of discovering that you have a problem.

The Complaints Lead will be pleased to deal with any complaint. They will explain the procedure to you and make sure that your concerns are dealt with promptly. You can make your complaint:

- In person*** – ask to speak to the Shift Lead or Complaints Lead.
- In writing*** – some complaints may be easier to explain in writing - please give as much information as can, then send your complaint to the practice for the attention of the Complaints Lead as soon as possible. A complaints form is provided with this information leaflet. This can also be sent via our practice website using the following link:

[Complaints - Sherwood Medical Partnership](http://www.sherwoodmedical.co.uk/policies/complaints/) –

<https://www.sherwoodmedical.co.uk/policies/complaints/>

### What we will do

Our complaints procedure is designed to make sure that we settle any complaints as quickly as possible.

We shall attempt to contact you by telephone to discuss and acknowledge your complaint within 3 working days; this will be followed up by an acknowledgement letter and will start looking into your complaint as soon as possible. We will endeavour to respond as soon as we can but the time taken to properly investigate and respond to a complaint will vary depending on the nature of the complaint. We shall then be in a position to offer you an explanation and a meeting with the people involved.

When we look into your complaint, we shall aim to:

- find out what happened and what went wrong
- make sure you receive an apology, where appropriate
- identify what we can do to make sure the problem doesn't happen again.

At the end of the investigation your complaint will be discussed with you in detail, either in person or in writing.

Please be assured that patients, carers and relatives will not be treated adversely as a result of having complained.

### **Complaining on behalf of someone else**

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have his or her permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this. In the event that this is the case the necessary action to uphold patient confidentiality will be considered on a case by case basis.

### **What else you can do**

We hope that, if you have a problem, you will use our practice complaints procedure. We believe that this will give us the best chance of putting right whatever has gone wrong and the opportunity to improve our practice.

You can also contact the Patient Experience Team, for confidential advice and support.

Email [nnicb-nn.patientexperience@nhs.net](mailto:nnicb-nn.patientexperience@nhs.net)

Telephone: 0115 8839570 or

By post: Patient Experience Team, Nottingham and Nottinghamshire Integrated Care Board, Sir John Robinson House, Sir John Robinson Way, Arnold, Nottingham, NG5 6AD

To make a complaint regarding secondary care contact PALS:

**Telephone - King's Mill Hospital** - 01623 672222 - office is open Monday to Friday 8.30am-6:00pm and Saturday 9.00am-1:00pm.

- **Newark Hospital** - 01636 685 692 - office is open Monday to Friday 8:00am-5:00pm.

**Email:** [sfh-tr.pet@nhs.net](mailto:sfh-tr.pet@nhs.net)

**Address:** Patient Experience Team, Sherwood Forest Hospitals NHS Foundation Trust, King's Mill Hospital, Mansfield Road, Sutton-in-Ashfield, Notts. NG17 4JL

POhWER provide a free, independent and confidential advocacy service to support people with their NHS complaint.

Visit [POhWER's website for more information](#). Here you will find [self help tools](#) and [leaflets in alternative languages](#).

[POhWER Homepage](https://www.pohwer.net) – <https://www.pohwer.net>

You can telephone POhWER at the local rate for Nottinghamshire on [0300 456 2370](tel:03004562370).

If you remain dissatisfied with the responses to your complaint, you have the right to ask the Health Service Ombudsman to review your case. The Ombudsman is independent of government and the NHS. Her service is confidential and free. There are time limits for taking a complaint to the Ombudsman, although she can waive them if she thinks there is a good reason to do so. To contact the Ombudsman:

- Telephone 0345 015 4033
- Write to: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP
- Go to website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

### **Complainant details**

Name \_\_\_\_\_

Contact number \_\_\_\_\_

Address \_\_\_\_\_

I am the patient / relative / friend / carer (please circle)

If you are making a complaint on behalf of another patient please ask the patient to complete this section wherever possible.

I, \_\_\_\_\_ hereby give my consent  
for \_\_\_\_\_ to make a  
complaint regarding the care and treatment received by Sherwood Medical  
Partnership and herewith consent to the disclosure of confidential information  
to them for the purpose of providing information in response to this complaint  
only.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_/ \_\_\_\_/ \_\_\_\_

If they are unable to complete this, please tell us  
why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Help us get it right. We constantly try to improve the service we offer. Please let us know when you think we have done something well or if you have any suggestions as to how we can do something better.

Address: Crown Medical Centre, Crown Farm Way, Forest Town, Mansfield,  
NG19 0FW

Telephone: 01623 626132

## Comments, Complaints and Suggestions

[Please circle which you feel is most appropriate]

Patient Full Name:

Date of Birth:

Address:

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

[illegible]

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SIGNED.....Print name.....  
(Continue overleaf if necessary)