The Complaints Process

Whitewater Health

Talk to us

Every patient has the right to make a complaint about the treatment or care they have received at Whitewater Health.
We understand that we may not always get everything right and, by telling us about the problem you have encountered, we will be able to improve our services and patient experience.

Who to talk to

Most complaints can be resolved at a local level. Please speak to a member of staff if you have a concern and they will assist you where possible. Alternatively, ask to speak to the Complaints Manager, Mr Rob Whitfield Clinical Manager, but note this may need to be a booked appointment. Our Complaints lead is Dr Lynne Heathorn.

How can I make a complaint?

A complaint can be made verbally or in writing.
A complaints form is available from reception. Additionally, you can complain via our website www.whitewaterhealth.nhs.uk .

I want to complain to a third-party

If for any reason you do not want to speak to a member of our staff, then you can request that the Integrated Care Board (ICB) investigates your complaint.
They will contact us on your behalf:

Hampshire and Isle of Wight Integrated Care Board
Patient Experience and Complaints,
Hampshire and Isle of Wight Integrated Care Board,
Omega House, 112 Southampton Road, Eastleigh, Hampshire,
SO50 5PB
or call 0300 561 2561
hiowicb-hsi.patientexperience@nhs.net

Time frames for complaints

The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you become aware of the matter about which you wish to complain.

The senior management team will respond to within three business days to acknowledge your

complaint.

We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint

Investigating complaints

We will investigate all complaints effectively and in conjunction with extant legislation and guidance.

Confidentiality

We will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient's healthcare record.

Third party complaints

We allow third parties to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third-party patient complaint form is available from reception.

Final response

We will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. We will liaise with you about the progress of any complaint.

Advocacy support

- POhWER support centre can be contacted via 0300 456 2370
- Advocacy People gives advocacy support on 0330 440 9000
- Age UK on 0800 055 6112
- The Local Council can give advice on local advocacy services
- Other advocates and links can be found on this PHSO webpage

Further action

If you are dissatisfied with the outcome of your complaint from either Integrated Care Board (ICB) or this organisation, then you can escalate your complaint to Parliamentary Health Service Ombudsman (PHSO) at either:

Milbank Tower, Milbank
LONDON
SW1P 4QP

Citygate, Mosley Street
MANCHESTER
M2 3HQ
Tel: 0345 015 4033
www.ombudsman.org.uk

Patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: COMPLAINT DETAILS

Please give full details of the complaint below including dates, times, locations and names of any organisation staff (if known). Continue on a separate page if required.

SECTION 3: OUTCOME

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	

SECTION 5: ACTIONS

Passed to management Yes / No

Whitewater Health
Hook Surgery, Reading Road
Hook, Hampshire, RG27 9ED
01256 762125 www.whitewaterhealth.nhs.uk

Third party patient complaint form

SECTION 1: PATIENT DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone no.		Postcode	

SECTION 2: THIRD PARTY DETAILS

Surname		Title	
Forename		Address	
Date of birth			
Telephone No.		Postcode	

SECTION 3: DECLARATION

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act 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 ……./……./…….

SECTION 4: SIGNATURE

Surname & initials		Title	
Signature		Date	