

Harley Health Village

PATIENT INFORMATION BOOKLET

Leading with excellence, caring with compassion

64 Harley Street
London
W1G 7HB

Telephone: 0207 6314779

Email: admin@harleyhealthvillage.co.uk

Welcome to Harley Health Village, the premier Hospital located in Harley Street, London. We offer Outpatient consultation and Full Operating facilities. Most of our patients are operated on Day Case basis. However, we also provide overnight facilities where needed. Please note that the overall responsibility of your care is with your Operating Surgeon.

The purpose of this document is to provide you information about who we are, and how we will look after you during your stay here at Harley Health Village.

We completely understand that undergoing surgical procedures can be scary, stressful and may make you feel vulnerable. We place highest priority in providing you support during this time and make your stay with HHV as comfortable and stress free as possible.

BEFORE YOUR SURGERY

HHV requires that your surgeon has seen you himself or herself, in a one to one consultation at least two weeks before your surgery. They may have performed any relevant health checks. These are done to ensure your fitness for surgery

COMING IN FOR YOUR OPERATION

Once you have booked your surgery, you will receive an admission letter from your clinic advising you

- * of the date and time to come into hospital and where to go
- * about eating and drinking before the surgery, (pre-operative fasting)

You should

- * eat and drink normally **up until** the times specified on your admission letter
- * have a shower or bath on the morning of surgery (this will reduce the risk of developing a wound infection)
- * **Continue** to take any regular medication, unless specified otherwise, and if you are diabetic or taking anti-coagulants (blood thinning medication) you may have received additional information regarding these

You should NOT

- * shave your operation site (shaving increases the risk of developing a wound infection)

GOING HOME AFTER YOUR OPERATION

If You have been scheduled as a day case, so we expect you to go home on the same day that you have your surgery. Otherwise you will be admitted as overnight stay patient. Please make sure you have made the following arrangements:

Who is going to take you home?

How will you travel home car/taxi/other ?

What arrangements have you made at home for your care ?

INTRODUCTION

Consent
An Outline of a Patient's Journey

PREPARING FOR YOUR OPERATION

Pre-operative Assessment Clinic
Preparing Yourself for Surgery

YOUR OPERATION

What to Bring with You
Eating and Drinking Before Your Operation
Pre-Operative Drinks
Admission Ward
Going to Theatre
The Recovery Area

GUIDE TO ANAESTHETIC

Guide to Anaesthetic
Anaesthetic risk
Side Effects and Complications
Pain Relief

AFTER YOUR OPERATION

Advice Following General Anaesthesia
Contact Information

LEAVING HOSPITAL

The First Few Days at Home

GENERAL INFORMATION & USEFUL CONTACTS

Mobile Phones
How to get here
Wifi

Fire Drill

Complaint Procedure

Duty of Candour

Patient Satisfaction Survey

INTRODUCTION

We aim to provide you with an efficient, high quality service during your stay at Harley Health Village. You can participate in achieving the best result for you by doing the following:

- * Follow any pre-surgery health advice (eg. stop smoking, lose weight, gentle exercise)
- * Follow the pre-operative fasting advice
- * Remain active after discharge by moving your legs while in bed or walking regularly
- * Ensure your pain and PONV (post-operative nausea vomiting) is well controlled

CONSENT

You will be asked to sign a consent form before your surgery to allow the surgeon to perform the required surgical procedure. The Anaesthetist will also talk to you and ask for your consent verbally to give the anaesthetic for your operation.

Please make sure that you understand the procedure, the risks and your options prior to signing the form. It is important that you completely understand the information and cooperate in your care. You will be given several opportunities to ask any questions you may have.

Please make sure you are given a copy of the consent form.

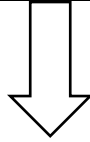
Please remember that you have a right to cancel your consent and your operation at any stage, even after you have signed consent form. and will be taken to theatre by a member of staff.

If you require a sick note please ask the surgeon at this point

AN OUTLINE OF A PATIENT'S JOURNEY

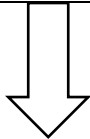
Seen by consultant (or member of their team)

Decision made that surgery is needed and appropriate. Patient referred for review in the pre-op assessment clinic.

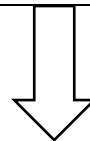


Assessed by pre-operative assessment team

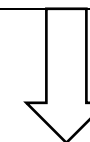
Patient's fitness for surgery assessed.
If fit, patient added to the surgery waiting list.



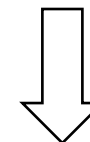
Admission for surgery



Operation/Procedure



Post operative care



After discharge from hospital

Follow up maybe be needed with you operating Surgeon, GP, or community nurses, this will be arranged by your clinic.
Patients will be informed of arrangements before they leave hospital.

PRE-OPERATIVE ASSESSMENT

The Pre-operative Assessment appointment will be made by your clinic, it can last for approximately 2 hours. Please allow for this time when planning your day.

It is normal for clinics to arrange your operative assessment on the same day as your surgical outpatient appointment. However, occasionally you may need, or choose, to return on another day. For some patients it may be appropriate to assess you over the telephone.

At the assessment you will:

- * be asked about your general health, medical history, medication and any allergies you may have
- * have swabs taken to screen for MRSA (Methicillin Resistant Staphylococcus Aureus)
- * be given information about your operation
- * be advised about when to start your pre-operation fasting (times to stop eating and drinking)

You may have investigations that will help the doctor assess any medical problems which may affect your anaesthetic or surgery. This can include a heart trace (ECG) and blood tests.

Your medication will be reviewed and you will be advised which pills / medicines to take on the day of your operation and which ones not to take.

Please bring a list of all the pills, medicines, herbal remedies and supplements you are taking; both prescribed and those you have bought over the counter.

PREPARING YOURSELF FOR SURGERY

If you smoke

Harley Health Village is a smoke free site. Giving up smoking for several weeks before the operation reduces the risk of infections and wound healing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help. You may want to use Nicotine patches during this period to help you not smoke. **You should try not to smoke on the day of your operation.**

For support to quit smoking

Talk to your GP or nurse at pre-assessment clinic. They will be able to provide you with nicotine replacement therapy (NRT) prior to your admission.

If you are overweight

Reducing your weight will reduce the risk of developing a wound infection after surgery.

Long standing medical conditions

If you have long-standing medical condition such as diabetes, asthma or high blood pressure (hypertension) you should make sure they are well controlled. See your GP if you have any concerns.

Dental problems

If you have loose teeth or crowns, treatment from a dentist may reduce the risk of damage to your teeth during anaesthesia.

Postoperative wound infection

Ensure you are thoroughly showered before surgery. Good hand and personal hygiene reduces the risk of wound infection.

WHAT TO BRING WITH YOU

As storage space is limited, only bring essential items with you. If you are having a **day case** procedure so you do not need an overnight bag.

Essential items to bring with you:

HHV will provide you gown, slippers and reading material while you wait for your surgery. However, you may want to bring your own if you so prefer. Please also bring:

- Your pills and medicines (in the original containers)
- Any booklets / letter that the clerical team ask you to bring

Please do NOT bring:

- Cigarettes or tobacco
- Alcoholic drinks
- Large sums of money
- Valuables such as jewellery
- Mains electrical equipment

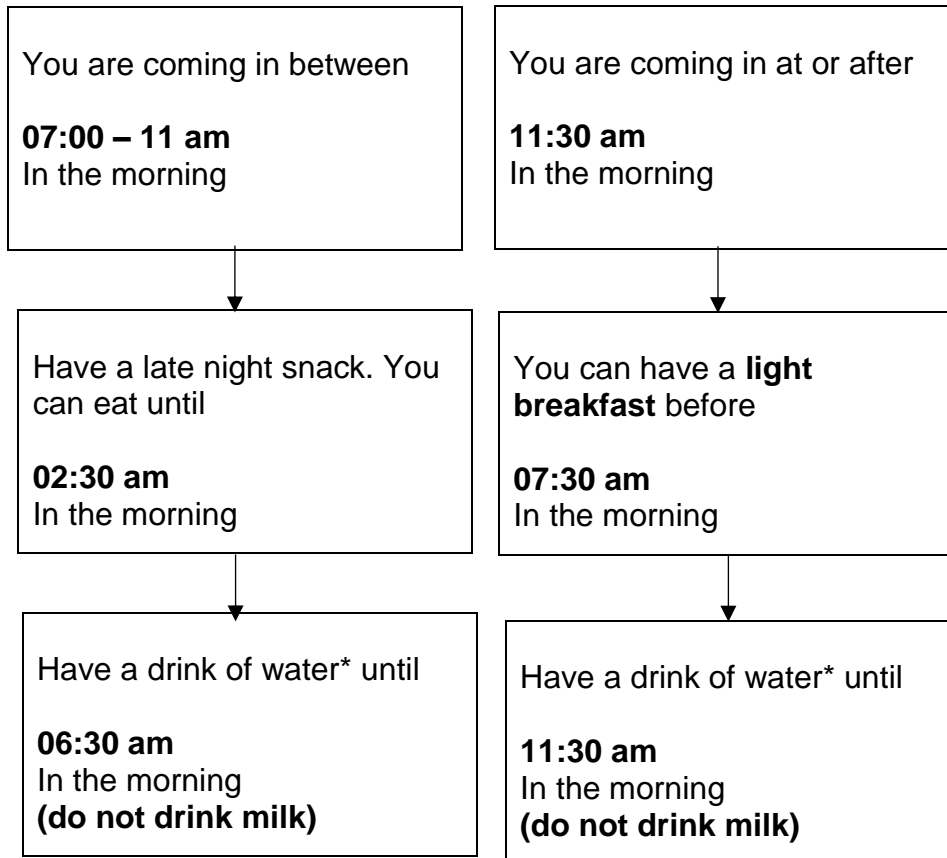
Prior to theatre, ensure that:

- Body piercings and nail varnish are removed
- Excess make-up is removed
- Jewellery is removed – wedding band can be taped

Please be aware that any valuables including: money, jewellery and expensive electronic equipment are brought in at your own risk and the hospital is not liable should they go missing or become damaged.

Eating and Drinking Before Your Operation – Fasting Instructions

Your Clinic or Surgeon may have provided you a guideline for fasting before your surgery. If so please follow that. You may also find the following table helpful, as below:



Do not have chewing gum or sweets/mints between the time you should stop eating and your operation.

If you have diabetes, please see additional information further in the booklet.

Eating and Drinking Before Your Operation – Fasting Instructions

Patients with Diabetes

We expect you to be eating and drinking as soon as possible after your operation. This may be about 2 hours or so. You should be placed first or second on the list to keep your 'fasting time' to a minimum.

Admission

When you come into hospital for your operation you will normally for admission first. As space is limited, we ask that only one relative / friend waits with you. Your admission time is at least one to one and a half hour before your scheduled operating time. When you arrive at the hospital, please check at the reception. The reception staff will ask you to fill in a registration form and ask you about your food preference for after the surgery.

A short while later a nurse will admit you to your room.

The Nurse:

- Will take you to your room and make you familiar with it
- will confirm your details and attach an identity bracelet
- Will fill in forms and measure your BP, pulse etc.
- may measure your legs for a pair of surgical stockings (TEDs) to prevent blood clot formation.
- may give you some tablets / medicine

Your Anaesthetist:

- will confirm your personal and operations details
- will ask about your general health
- will discuss the types of anaesthetic/ pain relief available
- may allow you to have drink, depending on the time of your operation

Your Surgeon:

- will confirm your personal and operation details
- will confirm / gain your consent for the operation (you will be given a copy)
- will mark the site of your operation with a marker pen

Nothing will happen to you until understand and agree with what has been planned for you. **You have the right to refuse if you do not the treatment suggested.**

GOING TO THEATRE

Most patients walk into the Theatre. You will be taken by a member of staff. A relative or friend can go with you to the entrance of the theatre complex but is normally not allowed into the actual area.

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on.

Theatre staff will check your identification bracelet, your name and date of birth and will ask you about other details in your medical records, as a final check that you are having the right operation.

Routine monitoring equipment to record heart rate and blood pressure will be attached to you. This will involve placing sticky discs on your chest underneath your surgical gown.

As part of the Surgical Safety Checklist there will be a final check of you details before you are given your anaesthetic and you have your operation.

RECOVERING FROM YOUR SURGERY

After your operation, you will be transferred back to your room to recover. You are not fully awake at this stage. The nurse will make sure that you are safely awake and pain free. Before you leave theatre, the anaesthetists would have given adequate pain killers and anti-sickness medication during surgery to make sure you are comfortable. Some surgeon may also use local anaesthetic to numb the area of operation.

During recovery the nurse will measure your Blood pressure through a cuff. She will also attach a monitor to your finger to check your pulse and level of Oxygen in your blood to ensure you are fully oxygenated.

Once you are fully awake you will be provided with drinks of your choice. Once you have consumed these drinks and are not sickly, the food that you have ordered will be provided to you.

The Nurse will encourage you to sit up right on the bed initially and then to sit out of bed and walk a little to help your recovery.

Once you are safe to go home the nurse will complete the discharge checklist and provide you with discharge information. Your relative/ friend will need to sign to say they have received and understood this information.

PAIN RELIEF

It is our primary objective that you are completely pain free, after your operation, in as much as possible. Please feel free to ask for pain relief from the nurses if you are in pain. Different pain killers are available which are of different strength and act differently. These will be given to you as per your need.

Do Not hesitate to ask for pain relief.

EATING AND DRINKING

It is also our primary Objective that you are eating and drinking freely before you are discharged. The food and drinks are available freely and if you need to eat or drink more please do not hesitate to tell the nurse. However, it is advisable to eat light food for 24 hours after general anesthesia.

DISCHARGE

HHV follows strict criteria before you are ready for discharge from the hospital. You will be ready for discharge once you have met this criteria. Briefly, it includes that you are fully awake, free of pain, mobile without fainting, are eating and drinking freely without sickness, have passed urine and your wound site is secure with no signs of bleeding. Most people will achieve this 3 to 4 hours after the surgery.

DISCHARGE SUMMARY

HHV encourages patients to inform your general practitioner. However you have a right to refuse that. HHV will provide you a copy of discharge summary detailing the procedure you have had.

POSTOPERATIVE DISCHARGE CHAPERONE

Please ensure you have an appropriate adult to pick you up from hospital and stay with you for 24 hours after your operation. We do not discharge without a chaperone.

POSTOPERATIVE PAIN RELIEF

HHV will provide you with appropriate pain relieving tablets. It is the responsibility of your surgeon to explain how to take these tablets. We will provide Free pre-packaged take-home medications as they are convenient.

POSTOPERATIVE ANTIBIOTICS

HHV follows national guidelines in this matter. Evidence shows that postoperative antibiotics do not provide any extra benefit or reduce the risk of infection. They have however a disadvantage of increasing bacterial resistance.

You would have been given IV antibiotic at the start of the surgery. In overwhelming majority of patients this suffices. HHV therefore recommends that no or minimal postoperative antibiotics are prescribed. Your Surgeon may however choose differently depending upon your specific circumstances.

POSTOPERATIVE INSTRUCTIONS

HHV requires all Surgeons to provide instructions and emergency contact number. Please bring it to the attention of you Nurse if you have not received these before your discharge.

Your Surgeon would have provided you with verbal and written instructions on discharge and may have warned of any symptoms that might be experienced. HHV requires the surgeons to explain these instructions preferably in the presence of the responsible person who is to escort and care for the patient at home.

You should not drink alcohol, operate machinery or drive until allowed by your surgeon to do so.

POSTOPERATIVE DRIVING

You will not be able to drive home after your surgery. You may not be for to drive for at least 24 to 48 hours after general Anesthesia. More importantly, you should not drive until the pain or immobility from your operation allows you them to control your care safely and perform an emergency stop. However, your surgeon, who is responsible for your overall care, may advise you not to drive for longer period depending upon your operation.

FOLLOW-UP APPOINTMENT

HHV requires all operating Surgeons to provide you with the appointment to check your wounds. This will generally be 7-14 days later. Your surgeon will also offer you another checkup appointment few weeks after that.

GUIDE TO ANAESTHETICS

Anaesthetists are doctors who:

- are responsible for giving you your anaesthetic and for your wellbeing and safety throughout your surgery
- discuss types of anaesthesia and the associated risks with you.

Some types of anaesthesia

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

Local anaesthesia (LA) involves injections which numb a small part of your body. You stay conscious but free from pain.

Regional anaesthesia (RA) involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain.

General anaesthesia (GA) gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

Combinations of anaesthetics are often used e.g. GA plus LA.

Anaesthetic Risk

People vary in how they interpret words and numbers. This scale is provided to help you understand definitions of risk.

Very Common	Common	Uncommon	Rare	
Very Rare				
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000

SIDE EFFECTS AND COMPLICATIONS

Very common and common side effects (1 in 10-100)

- Feeling sick and vomiting after surgery
- GA Sore throat
- RA GA Dizziness, blurred vision
- RA GA Headache
- RA GA Itching
- RA GA Pain during injection of drugs
- RA GA Bruising and soreness
- GA Temporary confusion or memory loss

Uncommon side effects and complications (1 in 1000)

- GA Chest infections
- RA GA Bladder problems
- GA Muscle pains
- RA GA Slow breathing (depressed respiration)
- GA Damage to teeth, lips or tongue
- RA GA An existing medical condition getting worse
- GA Awareness (becoming conscious during your operation)

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. There are probably about five deaths for every million anaesthetics in the UK.

You can get further information about Anaesthesia from:

- * The Association of Anaesthetists of Great Britain and Ireland (AAGBI)
<http://www.aagbi.org/>
- * Royal college of Anaesthetists – <http://www.rcoa.ac.uk/>

PAIN RELIEF

It is common to feel some pain after an operation. Different operations lead to varying degrees of discomfort and everyone experiences pain differently. We will make sure you are comfortable and that any pain is at an acceptable level before you go home.

Pain relief is available in different form and strengths. The type of pain relief will be discussed with you by your anaesthetists and will depend on the extent of surgery, your general health and personal preferences.

Types of pain relief:

- **Oral medication:**

Tablets or liquid painkillers like paracetamol and ibuprofen are suitable for mild to moderate pain. Make sure you take these at home. They are most effective when taken regularly. These tablets are generally safe. Codeine containing tablets can make you drowsy, nauseated and cause constipation. Anti-inflammatory tablets like ibuprofen can cause gastric irritation and are best taken with food.

- **Local Anaesthetic Infiltration**

This is done by the surgeon around the operative site at the end of the operation. It numbs the incision site and helps with pain relief in the first few hours after surgery.

- **Regional anaesthesia-A Nerve Block**

For operations on the arm or leg, an injection of local anaesthetic can be given near the nerve. This will numb the particular area for several hours after the operation (2 – 24hours).

You may either receive a single injection at the start of the operation or alternatively your anaesthetist may leave a catheter (fine tube) near the nerve so that the local anaesthetic can be continued to be administered for up to 2 days after the operation. The anaesthetist will discuss this with you in more detail.

You may not be able to control the movement in the arm or leg and the feeling of numbness and heaviness will only go away when the LA wears off.

- **Regional anaesthesia – Spinal**

This is an injection close to your spinal cord and numbs you from the waist down. It can be given with or without GA or sedation. Although there is no feeling at operative site while the spinal works, you may experience pain when the spinal wears off. Therefore, it is important to get painkillers on board.

- **Post-Operative Nausea**

Harley Health Village places highest priority on making sure that you are free of nausea or sickness after your surgery. In this regard the anaesthetist will give you very strong anti-sickness medication. Our staff will also under take various other measure such as making sure you are fully hydrated and pain free because you also feel nausea under those conditions

ADVICE FOLLOWING GENERAL ANAESTHESIA

Minor side effects are common. These include:

- Headache, dizziness, light-headedness
- Nausea and/or vomiting
- Sore throat & dry mouth
- Tiredness, aches and pains

For your safety, we advise that in the first 24 hours after surgery you do **not**:

- Drive (please contact your own insurance company regarding your policy and general anaesthetic)
- Work, operate machinery, use electrical equipment or tools
- Drink alcohol
- Sign legal documents i.e. cheques

You must have a responsible adult with you till you are completely self- caring. This is usually 24 hours but can be longer depending on your circumstances. The responsible adult needs to be aware of:

- Risk of bleeding - slight oozing is normal, but call ambulance if there is a large amount of blood loss or if the patient becomes dizzy / disorientated which could indicate internal bleeding.
- Uncontrollable pain - if prescribed medicine is not helping, call the GP or call an ambulance.
- If sickness or vomiting does not ease after 24 hours, get advice from a GP, call NHS direct or call an ambulance.

CONTACT INFORMATION

Who to contact if you have concerns about your treatment.

64 Harley Street
London
W1G 7HB

Telephone: 0207 6314779

Email: admin@harleyhealthvillage.co.uk

THE FIRST FEW DAYS AT HOME

Wound Care

Slight redness and tenderness is normal for the first 1-2 weeks.

If you experience any of the following, please follow the contact advice listed on page 20:

- Excessive bleeding / fluid discharge from the wound
- Inflammation
- Pain
- Swelling

Removal of Clips / Stitches

- Some stitches dissolve over a period of time and will NOT need to be removed.
- Other stitches and clips will need to be removed. This is usually done between 10-14 days after surgery by the Practice Nurse at your GP surgery.

Exercise

- Gradually increase your activity during the weeks following your operation until you are back to your normal level of activity.

Work / Returning to normal activity

- Your surgeon will advise you when you can return to work / normal activity following your operation. If required, you will be given a fit/sick note.

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

DVT is the term used when a blood clot develops in the deep veins in the leg, most frequently below the knee. A PE is when a part of a DVT breaks off and travels to your lung. This is a potentially serious complication.

At your pre-assessment visit your risk of DVT will be assessed and your treatment, if any, may include:

- Surgical stockings fitted prior to going to theatre - keep these on until you are moving around to your normal level of activity

- Blood thinning drugs in the form of injections or tablets, you may need to take them after your operation

Moving your legs while in bed and walking as soon as possible after surgery will help reduce the risk of clots forming.

MOBILE PHONES

Areas where mobile phones can be used will be signed in the hospital. There are areas in the hospital where mobile phones cannot be used because they interfere with sensitive equipment. Please show respect to other patients by using your phone quietly. Please do not take any photos.

HOW TO GET HERE

Our closest train stations are:

Marylebone Station – Approximately 6 minutes by taxi

Euston Station- Approximately 6 minutes by taxi

St Pancras and Kings' Cross stations- Approximately 8 minutes' drive by taxi

Our closest tube stations (at 6 to 10 minutes' walk) are

Oxford Circus Station – Central, Bakerloo or Victoria line

Bond Street Station- Central or Jubilee line

Regents Parks – Bakerloo line

Great Portland – Hammersmith & City, Circle or metropolitan Line

WiFi

Harley Health provides free WiFi to all its patients and users. Please ask reception for details

Fire Drill

Harley Health Village carries out routine checks on Monday morning around 8am. If you hear the fire alarm at any other time your attending nurse will alert you and help you in evacuating the building.

COMPLAINTS PROCEDURE

HOW TO MAKE A COMPLAINT

It is the policy of the HHV out-patient department that all complaints, however slight, should be dealt with immediately if at all possible. We hope that by doing that, satisfaction can be reached very quickly; this is known as a Local Resolution Procedure.

HHV makes its patients, each and every one, the central focus of its concern. Your satisfaction is our highest priority. However on occasions we accept that you may not be one hundred percent satisfied. Under such circumstances we invite you to express your concerns to us, and we will make it our first priority to resolve your concerns to your fullest satisfaction.

How we deal with the Complaints

HHV is a member of Independent Sector Complaints Adjudication Services. We follow the protocols agreed upon by this service. Your complaint will be investigated in three stages. A complaint should be made as soon as possible and within six months of the date of the event which is the subject to the complaint or as soon as the matter first came to the attention of the complainant.

Stage 1

- Written complaint acknowledged in 2 working days (unless a full reply can be sent within 5 working days)
- Formal response made within 20 working days

In the first stage your complaint will be investigated by HHV Complaints Management office. We will invite you for a face to face meeting. If you are not satisfied with our response you may write to us to escalate your complaint to second stage.

Stage 2 – Internal Review

If, following receipt of the final response from the Registered Manager, a patient wishes to seek a review; this should be done in writing to the Clinical Director at the same address. This request should be made within 6 months of the final written response to their complaint at stage 1.

In the second stage your complaint will be independently investigated by a senior staff at HHV. A full response will be provided. If you are still not fully satisfied you may write to the Independent Adjudicator within six months. They will fully investigate your complaint and provide you a full response.

Stage 3 – Independent External Adjudication

HHV is a member of the Independent Sector Complaints Adjudication Service (ISCAS). If a patient remains dissatisfied they may request external adjudication through ISCAS and this request must be made within 6 months of the stage 2 decision letter. info@iscas.org.uk

A full copy of the complaints procedure is available on request from the local clinic team. All patient satisfaction information is monitored through the Clinical Governance process and used to improve practice.

Address of the Independent Adjudicator

CEDR - Centre for Effective Dispute Resolution
International Dispute Resolution Centre
70 Fleet Street, London, EC4Y 1EU

T:+44(0)20 7536 6000

F:+44(0)20 7536 6001

E:info@cedr.com www.cedr.com

Making a Verbal complaint:

You may make a verbal complaint face to face to a staff or by telephone.

Any problem should be communicated straight away to a member of staff. All complaints however slight will be documented, investigated and reflected back to the staff.

If you do not receive satisfaction, then you should ask to see the Patient Support Officer or the Clinic Manager.

Making a written Complaint: (Letter; Email)

All complaints should be addressed to:

Dr S I Hussain
Complaints Management Office
Harley Health Village
64 Harley Street
London. W1G 7HB

We are regulated by CQC

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone 03000 616161

Website www.cqc.org.uk

DUTY OF CANDOUR

HHV acknowledges its statutory responsibility under Duty of Candour and encourages a culture of candour, openness and honesty. We make sure that a patient's right to openness from HHV is clearly understood by all staff ; that this right is integrated into the everyday business; and that HHV learns from mistakes with full transparency and openness. Therefore, You can trust us to be open and transparent.

PATIENT SATISFACTION

Patients are asked to complete a questionnaire after their postoperative appointment. The results are studied by the Management. Any criticisms or complaints are investigated immediately and all results are analysed. Results of analysis and lessons learnt are given as feedback to the staff. All lessons are discussed as reflection and used to improve our standards.

Any member of staff who receives a complaint or becomes aware of dissatisfaction is required to report to the Registered Manager who will deal with it as soon as possible.

We encourage an open culture and no blame policy and all staff is required to report any untoward incident without fear of reprisal.

Arrangements made for Patients' Involvement

The Management Team of HHV considers that feedback from patients is essential to the continuous improvement of the services that are offered. Therefore, the establishment provides each patient with a satisfaction survey, which is individually reviewed and the results of these surveys are collated annually into a report, which is available on request.

If patients wish to make comments regarding the services offered, the Statement of Purpose, Patient Guide or any other information or services provided, please ask to speak to a member of staff.

