

# CATHAYS SURGERY

## SUGGESTIONS, COMMENTS & CONCERNS

### INFORMATION LEAFLET FOR PATIENTS

If you have a suggestion, comment or concern about the service you have received from the doctors or any of the staff working in this practice, please let us know. We operate a practice based scheme as part of the NHS system for dealing with your observations.

#### **What you should do**

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 take the matter further, 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 this, please let us have the details, within 6 months of the incident that caused the problem, or within 6 months of discovering that you have a problem, provided this is within 12 months of the incident.

Concerns should be addressed to Miss Debbie Lovering, Practice Manager, or any of the doctors at Cathays Surgery, 137, Cathays Terrace, Cardiff. CF24 4HU. Alternatively, you may ask for an appointment with the Practice Manager who will explain the concerns procedure to you and make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your concern.

#### **What we shall do**

We shall acknowledge your correspondence within 2 working days and aim to have looked into your comments within 30 working days of the date when you raised it with us. We shall then be in a position to offer you an explanation, or a meeting with the people involved. When we look into the problem, we shall aim to find out what happened and what went wrong; make it possible for you to discuss the problem with those concerned, if you would like this. We will ensure you receive an apology, where this is appropriate and identify what we can do to make sure the problem doesn't happen again.

#### **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 their permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

## **What you can do next**

We hope that, if you have a problem, you will use our practice concerns 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. However, this does not affect your right to approach the local health authority, if you feel you cannot raise your concern with us or you are dissatisfied with the result of our investigation.

You should contact the Concerns Team at Cardiff & Vale University Health Board, Ward East 4A, Whitchurch Hospital, Park Road, Whitchurch, Cardiff, CF14 7XB telephone (029) 20748913 for further advice.

You may also like to contact Cardiff Community Health Council for help; their address is 2nd Floor, Andrews Building, 67 Queen Street, Cardiff, CF10 4AU, telephone (029) 2037 7407.

If you are still not happy you can contact the Public Services Ombudsman for Wales

Tel: 0845 601 0987

Email: [ask@ombudsman-wales.org.uk](mailto:ask@ombudsman-wales.org.uk)

Address: 1 Ffordd yr Hen Gae

Pencoed

CF35 5LJ

**CONCERNS FORM**

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**Complainant's details:**

**Name** ..... **Address** .....

**Telephone Number** .....  
.....

**Patient's details (if different from above):**

**Name** ..... **Address** .....

**Date of Birth** .....  
.....

**Summary of the concern (i.e. what it is your concern?)**

.....  
.....

**Full description of events (i.e. the facts and surrounding circumstances giving rise to your concern):**

.....  
.....  
.....

**Complainant's signature** .....

**Date** .....

**Where the complainant is not the patient:**

**I** ..... **Hereby authorize the above concern to be made and I agree that members of the practice staff may disclose (in so far only as is necessary to do so to answer the concern) confidential information about me with which I have provided them.**

**Patient's signature** ..... **Date** .....