

Patient's Guide

Private Psychiatry LLP

Orchard House

High Street

Leigh

Kent TN11 8RH

Tel: 01732 836320

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Email: advice@privatepsychiatry.co.uk

Responsible Individual:

Dr Adrian John Winbow MB BS FRCPsych DPM

Registered Manager:

Ms Tania Harding

Introduction

Private Psychiatry LLP is a one stop mental health service catering to the South East of England. Our team is dedicated to improving the mental health of our patients and providing individualised care.

Our aims

- To provide first class mental healthcare services to our patients and maintain the highest standards of clinical care.
- To meet the needs of our patients through comprehensive evidence-based treatments and interventions.
- To invest in our staff and recruit highly qualified, dedicated professionals who are focussed on patient centred care.

Our objectives

- To provide a service to our patients that is safe, effective, efficient and valued by them.
- To listen to our patients and ensure that they are the focus of our service.
- To work as a team to meet the needs of our patients and to support each other to maintain the highest standards of care.

Disability statement

Private Psychiatry LLP is able to provide access to consultation rooms for patients with wheelchair mobility needs. We are able to provide written information in larger type for individuals with visual difficulties.

Consultations and Confidentiality

Consultations are conducted in private and all information given during consultations remains confidential.

Patient Satisfaction Survey

Private Psychiatry LLP conducts an ongoing survey of our patients modelled on the NHS patient Satisfaction Questionnaire, to inform and improve our services. A summary of the results of the survey can be made available on request. A copy of the Questionnaire can be found from Appendix 1.

Access to health records

All patients have the right to access their records in accordance with the Access to Health Records Act. Requests can be submitted in writing to the Practice Manager (Ms Tania Harding) who will be able to explain the procedure.

Chaperones

All patients may bring a chaperone for any consultation, assessment, therapy or review appointment. If you want or require a chaperone but you are not able to bring one with you, please let the office know when booking the appointment.

Smoke free zones

All of our rooms and offices are smoke free zones and we request all patients and visitors to kindly refrain from smoking while on our premises.

Mobile phones

We request all patients to kindly turn off their mobile phones during consultations.

Fees

Our fees are as follows:

London

- Initial appointment (1hr) £320
- Follow-up (1hr) £280
- Follow-up (30 mins) £160
- Telephone (15 mins) £80

Other Counties

- Initial appointment (1hr) £295
- Follow-up (1hr) £260
- Follow-up (30 mins) £150
- Telephone (15 mins) £75

Nurse Consultant

- Domiciliary visit (1hr) £120-200
- Out-patient appointment £80

Medico-Legal Work

- Standard case £550 + VAT
- Complex case £850 + VAT

Comments, suggestions and complaints

Should you have any comments, suggestions or complaints, please raise these initially with your doctor, nurse or other member of staff.

If you are unhappy with our service and wish to make a complaint, please read the Complaint Procedure (see Appendix 2). You may also make comments or suggestions about this guide. Please send them to our company office.

Contract

All patients are requested to complete and sign a *Financial Agreement Contract and Consent to Treatment* (see Appendix 3).

Information to GPs

We consider it good practice to inform our patients' GPs about their care, problems, diagnosis and treatment. We will ask you to sign a consent form to allow us to do this. If you do not wish us to inform your GP of your consultations and treatments please indicate on the form. If you require a copy of your letters or a summary of your care, this can be sent to you. Please let your Consultant know.

Translation

Copies of this leaflet translated into other languages can be made available on request.

Appendix 1

YOUR CARE AND TREATMENT

1. How long have you been in contact with Private Psychiatry LLP (Dr Adrian Winbow & Associates)?

- 1 year or less (Go to 2)
- 1 to 5 years (Go to 2)
- 6 to 10 years (Go to 2)
- More than 10 years (Go to 2)
- Don't know/Can't remember (Go to 2)
- I have never been in contact with Private Psychiatry LLP (Go to 43)

2. When was the last time you saw someone from Private Psychiatry LLP (Dr Adrian Winbow & Associates)?

- In the last week
- More than 1 week but less than 1 month ago
- 1-3 months ago
- 4-6 months ago
- More than 6 months ago

HEALTH PROFESSIONALS

Psychiatrists

3. Have you seen a psychiatrist in the last 12 months?

- Yes (Go to 4)
- No (Go to 9)

The LAST time you saw a psychiatrist ...

4. Did the psychiatrist listen carefully to you?

- Yes, definitely
- Yes, to some extent
- No

5. Did you have trust and confidence in the psychiatrist you saw?

- Yes, definitely
- Yes, to some extent
- No

*Still thinking about the **LAST** time you saw a psychiatrist ...*

6. Did the psychiatrist treat you with respect and dignity?

- Yes, definitely
- Yes, to some extent
- No

7. Were you given enough time to discuss your condition and treatment?

- Yes, definitely
- Yes, to some extent
- No

8. In the last 12 months, have any of your appointments with a psychiatrist been cancelled or changed to a later date?

- No
- Yes, 1 appointment was cancelled or changed
- Yes, 2 or 3 appointments have been cancelled or changed
- Yes, 4 or more appointments have been cancelled or changed

9. The last 2 times you had an appointment with a psychiatrist, was it ...?

- With the same psychiatrist both times
- With two different psychiatrists

Psychiatric Nurse Consultant

10. Have you seen a Psychiatric Nurse Consultant from Private Psychiatry LLP in the last 12 months?

- Yes (Go to 11)
- No (Go to 14)

The LAST time you saw a Psychiatric Nurse Consultant (PNC) ...

11. Did the PNC listen carefully to you?

- Yes, definitely
- Yes, to some extent
- No

12. Did you have trust and confidence in the PNC?

- Yes, definitely
- Yes, to some extent
- No

13. Did the PNC treat you with respect and dignity?

- Yes, definitely
- Yes, to some extent
- No

Therapists/Counsellors

14. Have you seen a therapist/counsellor in the last 12 months?

- Yes (Go to 15)
- No (Go to 17)

The LAST time you saw the therapist/counsellor ...

15. Did the therapist/counsellor listen carefully to you?

- Yes, definitely
- Yes, to some extent
- No

16. Did the therapist/counsellor treat you with respect and dignity?

- Yes, definitely
- Yes, to some extent
- No

MEDICATIONS

17. In the last 12 months have you taken any medications for your mental health problems?

- Yes (Go to 18)
- No (Go to 22)

18. Do you have a say in the decisions about the medication you take?

- Yes, definitely
- Yes, to some extent
- No

19. In the last 12 months, have any new medications (eg, tablets, injections, liquid medicines, etc) been prescribed for you by a psychiatrist?

- Yes (Go to 20)
- No (Go to 22)
- Can't remember (Go to 22)

The **LAST** time you had a new medication prescribed for you ...

20. Were the purposes of the medications explained to you?

- Yes, definitely
- Yes, to some extent
- No

21. Were you told about possible side effects of the medications?

- Yes, definitely
- Yes, to some extent
- No

YOUR CARE PLAN

A care plan shows your mental health needs and who will provide services for you. It might be a document given to you by your psychiatrist or it might be a letter, explaining how your care has been planned.

22. Have you been given (or offered) a written or printed copy of your care plan?

- Yes
- No
- Don't know/Not sure

23. Do you understand what is in your care plan?

- Yes, definitely (Go to 24)
- Yes, to some extent (Go to 24)
- No, I don't understand it (Go to 24)
- Not sure (Go to 24)
- I do not have a care plan (Go to 29)

24. Were you involved in deciding what was in your care plan?

- Yes, definitely
- Yes, to some extent
- No
- I did not want to be involved

25. Has your care plan been reviewed in the last 12 months?

- Yes, more than once (Go to 27)
- Yes, once (Go to 27)
- No, not in the past 12 months (Go to 29)
- Don't know/Can't remember (Go to 29)

26. Were you told that you could bring a friend or relative to your care review meetings?

- Yes
- No
- Don't know/Can't remember
- I did not wish to invite a friend or relative

The LAST time you had a care review meeting ...

27. Were you given a chance to express your views at the meeting?

- Yes, definitely
- Yes, to some extent
- No

28. Did you find the care review helpful?

- Yes, definitely
- Yes, to some extent
- No

CONTACTING US

The LAST time you telephoned Private Psychiatry LLP (Dr Adrian Winbow & Associates) ...

29. Was your call answered

- Immediately
- After several rings
- After a second attempt
- After two or more attempts
- Not answered

30. The last time you called us, did you get the help you wanted?

- Yes, definitely
- Yes, to some extent
- No

31. Have you needed to contact Private Psychiatry LLP (Dr Adrian Winbow & Associates) outside of normal working hours in the last 12 months.

- Yes (Go to 32)
- No (Go to 35)

32. When you called outside of working hours was your call dealt with

- Immediately
- After one hour
- After several hours
- After 24 hours
- After 48 hours
- I could not contact anyone

33. The last time you called Private Psychiatry LLP (Dr Adrian Winbow & Associates) did you receive the help that you wanted?

- Yes, definitely
- Yes, to some extent
- No

34. When contacting Private Psychiatry LLP (Dr Adrian Winbow & Associates) in general do you find our response to be

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

STANDARDS

35. Have you been admitted to a hospital as a mental health patient in the last 12 months?

- No
- Yes, once
- Yes, 2 or 3 times
- Yes, more than 3 times

Mental Health Act

36. In the last 12 months, have you been detained (sectioned) under the Mental Health Act?

- Yes (Go to 37)
- No (Go to 38)

37. When you were sectioned, were your rights explained to you?

- Yes, completely
- Yes, to some extent
- No
- Not sure/Don't know

YOUR FAMILY OR CARER

38. Has a member of your family or someone else close to you been given enough information from Private Psychiatry LLP about your mental health problems?

- Yes, definitely
- Yes, to some extent
- No, but they would have like some information
- No, but they got information from somewhere else
- No information was needed

39. Has a member of your family or someone else close to you had enough support from Private Psychiatry LLP (Dr Adrian Winbow & Associates)

- Yes, definitely
- Yes, to some extent
- No, they have not had any support from Private Psychiatry LLP
- No support was needed

OVERALL

40. Overall, how would you rate the care you have received from Private Psychiatry LLP in the last 12 months?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

41. Do you have enough say in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No

42. Has your diagnosis been discussed with you?

- Yes, definitely
- Yes, to some extent
- No

ABOUT YOU

Reminder. All the questions should be answered by the person named on the front of the envelope that the questionnaire was sent in. If you are helping someone to fill in the questionnaire, the answers given should still be from the point of view of the person named

on the envelope. This includes the following background questions on gender and date of birth.

43. Are you male or female?

- Male
- Female

44. What was your year of birth? (Eg, 1934)

Please write in here

45. In general, how is your mental health right now?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

46. Who was the main person or people who filled in this questionnaire?

- The person named on the front of the envelope
- A friend or relative of the person named on the front of the envelope
- Both the person named on the front of the envelope and a friend or relative

47. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE

- British
- Irish
- Any other White background (Please write here

b. MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background (Please write here

c. ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (Please write here

d. BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background (Please write here

e. CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Any other ethnic group (Please write here

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of Private Psychiatry LLP (Dr Adrian Winbow & Associates) in the last 12 months, please do so here.

Is there anything particularly good about your care?

Is there anything that could be improved?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the stamped addressed envelope provided.

Appendix 2

Complaints Procedure

Definition of a complaint

The expression of dissatisfaction by an individual or a group is considered to be a complaint. This can be made either verbally or in writing. Any form of dissatisfaction concerning treatment provided by us (Private Psychiatry LLP) can be investigated through the Complaints Procedure.

Aims of our complaints procedure

- To protect both the service user and provider during the process of enquiry.
- To provide an open and transparent format with which to address concerns raised by members of the public (or a legal representative thereof) who has sought or receive a service provided by Private Psychiatry LLP.
- To ensure that all complaints are dealt with comprehensively, objectively and impartially.
- To ensure that all complaints are dealt with in confidence (except where others could be put at risk as a result of matters arising from the complaint)
- To offer the right to appeal if a complainant is not satisfied with our response.
-

Who can make a complaint?

A member of the public (or a legal representative thereof) who has sought or received a service provided by Private Psychiatry LLP

How to make a complaint

Step 1

Try to resolve the complaint informally by speaking to the individual(s) concerned or their line manager. You can ask for the name and position of the individual and their line manager should you need to do so.

Step 2

If you are not satisfied with the outcome of your informal complaint you should:
Put your complaint in writing by letter, fax, email, audio tape to:

Tania Harding, Practice Manager
Private Psychiatry LLP
Orchard House
High Street
Leigh, Tonbridge
Kent, TN11 8RH

If your complaint is about the Practice Manager, then you should address your complaint to:

Dr Adrian Winbow, Medical Director
Private Psychiatry LLP
Orchard House
High Street
Leigh, Tonbridge
Kent, TN11 8RH

Step 3

Your complaint will then be acknowledged by letter within seven working days from the date of receipt of your letter. The acknowledgment letter will contain:

- Name, address and telephone number of the person investigating your complaint.
- The date the investigation will start.

Step 4

A full response to your complaint will be sent to you within 21 working days from the date of receipt of your written complaint. The letter will be from the person(s) named in the initial acknowledgment letter to you.

The response will contain:

- A summary of the investigation.
- The decision as to whether your complaint has been upheld or not.
- Reasons for this decision.
- Any redress which can be offered if appropriate, ie, a verbal or written apology, a refund or deduction in fees or other appropriate measures.
- A summary of any action to be taken as a result of the complaint.
- If the investigation time needs to be extended, a letter will be sent to you outlining the rationale for this and the proposed date by which a response will be given. This will take into account the nature of the complaint and the availability of information required to further the investigation.

Step 5

If, after our written response to your complaint, you are still dissatisfied then you should appeal by letter, fax, email or audio tape within seven working days of receiving it to the Practice Manager (or the Medical Director if it is about the Practice Manager).

An appeal will go before a panel comprising three LLP partners who have been previously uninvolved with the complaint. The panel will then read all relevant documentation, speak to individuals involved and make a final decision. The final decision will be put in writing to you within 28 working days of receiving your appeal and will contain:

- A summary of the final decision.
- The rationale behind the decision.
- Any redress which can be offered if appropriate, ie, a verbal or written apology, a refund or deduction in fees or other appropriate measures.
- A summary of any action to be taken as a result of the complaint.

Step 6

If, after following steps 1 to 5, you continue to be dissatisfied with the response you have received you can contact the Care Quality Commission:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Address: Care Quality Commission National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Appendix 3

Financial Responsibility Agreement and Consent to Treatment

PRIVATE AND CONFIDENTIAL

Mr/Mrs/Ms/Miss (*please circle*)

First Names: _____ Surname: _____

Address: _____

Tel No: Home: _____ Work: _____ Mobile: _____

Email: _____

I give my consent for my GP to be informed about my treatment with Private Psychiatry LLP
Yes/No (*please circle*)

GP Name: Dr _____

GP Practice Address: _____

How Did You Hear About Private Psychiatry LLP? _____

NEXT OF KIN DETAILS TO CONTACT IN THE EVENT OF AN EMERGENCY

Mr/Mrs/Ms/Miss (*please circle*) Relationship: _____

First Names: _____ Surname: _____

Address of Next of Kin: _____

Next of Kin Telephone:

Home: _____ Work: _____ Mobile: _____

FUNDING AGREEMENT

Are you insured? Yes/No (*please circle*) If yes, please give details below:

Insurance Company Name: _____

Membership No: _____

Authorisation No: _____

The fee for the initial assessment is £_____ and payment is due at the time of your appointment. If you have medical insurance, **please note that you will be responsible for any shortfalls or unpaid treatment** and any queries relating to this must be directed to your insurance company directly. Cheque to be made payable to Private Psychiatry LLP. *We accept all major credit/debit cards.*

I agree to take financial responsibility for the cost of treatment and I consent to treatment under the sole care of Dr _____, Consultant Psychiatrist.

Patient's Name:
(*CAPITAL LETTERS*): _____

SIGNATURE: _____

Date: _____

If you have any further queries, please contact Tania Harding – Practice Manager
Tel No: 01732 836320

Information acquired by this practice will become part of the data held in accordance with the provisions of the Data Protection Act 1998. Medical information will be kept confidential and may be disclosed, on a strictly confidential basis, to those involved in your treatment or care or their agents. Anonymised data may, however, be used or, disclosed to others for research or statistical purposes. Access to non medical information may be granted to others on a strictly confidential basis in the course of, and for the purpose of, efficient administration (for example: in connection with audit, systems development, improving or managing our services).