



PALS Project: Improving access to Independent NHS
Complaints Advocacy and Healthwatch Surrey

November 2016

Aims

- To build a closer working relationships with Patient Liaison and Advice services (PALS)
- To ensure PALS have the right information to be able to signpost to Healthwatch Surrey and Independent Health Complaints Advocacy (IHCA).
- To promote accessibility of information and services
- To encourage joint working and information sharing between Healthwatch Surrey and PALS
- Increase awareness of Healthwatch Surrey and the work we do.

Background

1. Why build a closer relationships with PALS?

PALS and Healthwatch have common aims:

- To promote the involvement of service users, carers and the public in how services are delivered and commissioned
- Service improvement

... and common features

- Working across Health and Social Care
- Accessible to all
- Provide Information, Advice and Signposting
- A front door to the complaints process.

2. Why investigate access to PALS?

There were a number of contributing factors that led Healthwatch Surrey to undertake this project:

- A previous Healthwatch Surrey report¹ which looked at how easy it was to find information on the complaints process on the websites of providers and commissioners of healthcare in Surrey, found that there was considerable variation in the amount of information provided

¹ The first step into the complaints maze: How easy is it to make a complaint about NHS healthcare in Surrey? November 2014

about support organisations such as PALS, health complaints advocacy services and Healthwatch.

- In July 2015, phone contact with PALS departments revealed a lack of awareness of the new Independent Health Complaints Advocacy provider. Visits to PALS also found no Healthwatch Surrey or current advocacy literature.
- We heard from members of the public that Trust leaflets updated recently (July 2015) still contained the wrong information.
- People who use PALS are highly likely to want to use services provided by Healthwatch Surrey.
- ‘Making Complaints Easier’ is a priority for Healthwatch Surrey.
- As of April 2015, the NHS Standard Contract requires all healthcare services (except GPs, opticians, dentists and chemists) to provide clear information to patients, their carers and representatives about how to contact their local Healthwatch.

Methodology

Phase 1: Background desk based research on the definition of the PALS service, identification of PALS services within Acute, Mental Health and Community providers, what good looks like. (PALS National core standards, 2003).

Phase 2: Web based research by volunteers. 3 volunteers undertook a ‘Web Exercise’ to assess information levels and accessibility and a spreadsheet of findings produced.

Phase 3: Creation of questionnaire and observation sheets, and volunteer training. Using the results of the Web Exercise, created a questionnaire and observation sheet for volunteers to use when visiting PALS departments. 7 volunteers were recruited to visit PALS departments, and these were all invited to a training evening to discuss the aims and objectives of the project, to receive background information and information about core standards, and to talk through the questionnaire and observation sheets. A 25 slide power point presentation was prepared to facilitate the training.

Phase 4: Organised and completed questionnaires, observations and interviews in PALS departments. Staff made initial contact with managers/leads in PALS offices to explain the project and advise them of the volunteers who would be leading the visit to their department. Volunteers then contacted the PALS leads to arrange a convenient time to visit. Volunteers worked in pairs to visit departments and complete the sheets and questionnaires. If the department was not physically accessible, a phone conversation was arranged.

Phase 5: Feedback from website research and questionnaires and observation collated and themes identified. Volunteers consulted on overall findings and recommendations.

Phase 6: Report will be shared with PALS and patient liaison teams across the acute, mental health and community providers in Surrey.

Findings

Desk based research findings: What is PALS?

As defined by *NHS Choices*:

The Patient Advice and Liaison Service offers confidential advice, support and information on health related matters. They provide a point of contact for patients, their families and their carers.

PALS can:

- help you with health-related questions
- help resolve concerns or problems when you're using the NHS
- tell you how to get more involved in your own healthcare

PALS can give you information about:

- The NHS
- The NHS complaints procedure, including how to get independent help if you want to make a complaint
- Support groups outside the NHS

How is PALS set up - nationally and in Surrey?

- PALS was established nationwide in 2002. The scheme was announced in the [NHS Plan 2000](#).
- All NHS Trusts in England were required to establish a PALS Service, this included Primary Care Trusts (PCT).
- When the PCTs were dissolved and replaced by Clinical Commissioning Groups, the PALS service was not carried over to be provided by the CCGs. As a result, PALS continue only to be provided in NHS Hospital Trusts, including Mental Health and Ambulance Trusts.
- PALS are allowed to assist with the filing of a formal complaint in addition to their informal resolution powers.
- In some areas, PALS departments have become combined with Complaints teams, which can make it difficult for members of the public to differentiate between the two.
- Community providers are not required to provide a PALS service. However, they do provide services that have a similar function or name. These staff would normally also handle complaints. In Surrey, these services are: Virgin Care - PALS, CSH Surrey - Customer Liaison Officer, First Community Health - Clinical Governance Manager.

What does good look like?

PALS National Core Standards (2003) *Source: National Archives*

- 1) The PALS service is identifiable and accessible to the community serviced by the Trust
- 2) PALS will be seamless across health and social care
- 3) PALS will be sensitive and provide a confidential service that meets individual needs
- 4) PALS will have systems that make their findings known as part of routine monitoring in order to facilitate change
- 5) PALS enables people to access information about Trust services and information about health and social care issues
- 6) PALS plays a key role in bringing about culture change in the NHS, placing patients at the heart of service planning and delivery
- 7) PALS will actively seek the views of service users, carers and the public to ensure effective services

Web based exercise findings:

Three volunteers carried out a web based search of the websites of:

Royal Surrey, Ashford and St Peter's, Frimley Health, Surrey and Sussex Healthcare Trust, Epsom and St Helier University Hospitals, Surrey and Borders Partnership, South East Coast Ambulance Service, First Community Health, Virgin Care and Central Surrey Health.

They considered:

- Is information about PALS/complaints on the front page or clearly visible/signposted by hovering?
- How many clicks does it take to find information about PALS?
- Does it explain what PALS is?
- Does it have telephone and email address for a named contact in PALS or is it a general contact?
- Does it have PALS office opening hours?
- Does it say where the PALS office can be found?
- Does it have clear information about the complaints process?
- Is there information about NHS complaints advocacy?
- Is the information about the provider of advocacy correct?
- Is there a downloadable leaflet? If so when last updated?
- Is there information about Healthwatch?
- Style/language/layout of the website

The results have all been collated on the attached excel spreadsheet.

Visit findings

We were able to have conversations with Patient Liaison teams and individual staff at 9 of the 10 acute, mental health and community providers in Surrey. Across all of the visits, our volunteers noted the care and dedication with which staff undertook their role and their commitment to improving care for the patients and carers who use their organisation.

Overall, we found that Surrey Patient Liaison Services in 2016 are quite different from one another in function and organisation, perhaps as a result of having received little policy attention since their creation in 2002 despite the extensive changes in the healthcare sector in general.

There is currently little sharing of good practice or dialogue between PALS from different employers. Many PALS work more closely with their organisation's complaints function than was initially envisaged, and many offer a more limited and more reactive service than the 2003 guidelines suggested.

See below table of provider meetings led by volunteers:

Provider	Meeting
Royal Surrey County Hospital	11th March 11am, Royal Surrey
Ashford & St Peter's Hospitals	16th March, 1pm, St Peter's
Frimley Health	14th March 10.30, Frimley Park
Surrey and Sussex Healthcare Trust	Provider did not respond
Epsom & St Helier University Hospitals	11th March, 2pm, Epsom Hospital
Surrey and Borders Partnership	7th April, Trust Headquarters
South East Coast Ambulance Service	8th March (via Telephone - visit not possible due to nature of service)
First Community Health	31st March 2pm, Headquarters, Redhill
Virgin Care	12 th May, Englefield Green Health Centre & Woking Community Hospital
Central Surrey Health	8th April, Leatherhead Hospital

Current PALS offer in Surrey

- All health service we contacted offer a mechanism for patients and carers to engage in dialogue about their treatment.
- Two of nine providers did not use "PALS" to describe their service
- Five of nine patient liaison services are based in office that they public cannot visit without an appointment (e.g. based in a call centre or an area of a hospital where public access is restricted).

The function of PALS

- PALS managers recognised the core standards from 2002-3 (see above), but some felt these had limited relevance given the changes in the health sector since then. Consequently, they did not feel there was any appropriate national guidance on how the services should work.
- Generally there was no clear separation between the PALS service and Complaints team. Reasons for this included: PALS and Complaints are managed by the same person; the same individuals performing both roles.

- Only one PALS Team reported to us that patients they deal with see them as independent, adding that they are ‘surprised when they learn they are trust employees’.
- In two cases, there is only one person responsible for the handling of patient concerns or complaints. Some of the volunteers felt that if the patient or family member did not get on with that person, or didn’t feel that they were handling their concern very well, patients may not feel listened to.
- One of the providers handles PALS/Complaints enquiries for their services across the whole country, which means contact with patients and families is usually limited to phone only.
- Two of the PALS teams told us that they regularly go out to wards or service locations, rather than speaking to people in their offices.
- Most of the PALS teams told us that patients and family are encouraged to first raise concerns with service staff (otherwise known as local resolution). If this is not possible, they are referred to PALS or dedicated staff, and then to the complaints team, if necessary.
- Some of the PALS staff we met felt that they were understaffed which limited opening hours and availability to patients and families.

Who we met

Over the course of the project, we had conversations with a variety of people whose roles included responsibility for or involvement with PALS and Complaints. This list illustrates how differently providers refer to complaints and patient liaison services, and how this might confuse patients seeking their help.

- Customer Liaison, Complaints and Claims Officer
- Head of Nursing and Quality
- Head of Patient Experience
- PALS and Complaints manager
- Clinical Governance Manager
- PALS Manager
- Patient Liaison Manager
- PALS Officer
- Patient Experience Lead
- Complaints Co-ordinator
- Volunteer Co-ordinator

Accessibility

Volunteers made observations about the accessibility and location of the PALS staff and office:

- We had varying experiences when trying to contact PALS via phone. Some of the PALS telephone lines were manned by volunteers or temporary staff who could only give limited information.
- As discussed above, not all departments we visited had a dedicated private space to meet with patients. Existing spaces were generally ‘tight’, limiting accessibility for people using wheelchairs.

- Signposting to PALS within hospitals varied. For example, in one hospital there was a large, clear sign above the office next to main entrance, in another the office was only accessible from an external door, and at another there was a make-shift sign on a locked door.
- Most of the services we spoke to said they would provide information in alternative formats, and provide interpreters if needed, but this wasn't always stated in printed/published information.
- Information about how to contact PALS outside of office hours was lacking across most providers. Most of the Staff we spoke to told us that would be someone to contact out-of-hours but this information was not displayed in the office or on the relevant area of the provider websites.

Awareness of Healthwatch and Health Complaints Advocacy Service

- All 9 services we spoke to had heard about Healthwatch.
- Six were aware that Healthwatch Surrey was the new provider of Independent Health Complaints Advocacy (IHCA) in the county.
- Two carried out of date information about the IHCA provider in their current leaflets
- Three told us they had signposted to Healthwatch Surrey for information, advice or to share feedback
- Five patient liaison teams told us they regularly signpost patients to Independent Health Complaints Advocacy.

Some of the PALS and Complaints staff we spoke to said that they would only signpost people to Complaints Advocacy support 'when appropriate' or 'if [they] felt they would benefit', which may mean that some people who need this service do not access it.

One provider gave us a copy of a generic letter they send to all "complainants", customised only to change the name and appropriate IHCA provider. This is sent together with the leaflet for that advocacy provider.

Availability of information

The volunteers made observations on whether information (leaflets or posters) about PALS, Complaints and Healthwatch were available in public areas and the PALS office at 8 of the providers. On the day of the visit:

- 6 of 8 displayed or held accurate information about Independent Health Complaints Advocacy
- 4 of 8 providers displayed or held accurate information about Healthwatch Surrey
- 4 of 8 combined information about PALS, Complaints and Independent Health Complaints Advocacy (IHCA) into one leaflet. (Two services did not provide a leaflet.)
- 2 of 8 displayed information about PALS, Complaints, Independent Health Complaints Advocacy and/or Healthwatch in public areas.

In our meetings with PALS managers and teams, all providers were offered a bundle of up-to-date information (leaflets and posters) about Healthwatch Surrey and IHCA for their records and display, with the offer of further copies upon request.

Some providers were not keen on displaying information from external organisations e.g. Healthwatch, as they wanted to channel all feedback through the organisation.

We also collected information leaflets from all the providers we visited. Volunteers noted that the information leaflets are reviewed anywhere between every 6 months and 2 years. In one case, the volunteer mentioned to the PALS manager that the provider of advocacy in the leaflet for Surrey was incorrect, but was told that as the leaflet had just been reprinted (1000 copies), this could not be corrected for another year.

Relationships and Learning

- There was positivity and openness between PALS staff and Healthwatch Surrey Volunteers and Staff during the visits. The experience of volunteers was that staff were caring and dedicated to improving care for patients.
- The Independent Health Complaints Advocacy service (IHCA) was valued by most of the providers we spoke to.
- Most of the providers expressed a wish to establish a two-way feedback mechanism with Healthwatch Surrey.
- Providers would like to understand more about the IHCA service.
- Providers would welcome more formal and informal contact with Healthwatch Surrey.
- A couple of the PALS managers we spoke to felt they didn't need to learn from other PALS or complaints teams, whereas others, particularly community providers, felt they have benefitted from shared learning in the past and would be interested in more of these opportunities.

Conclusions

- Overall, we found that Surrey Patient Liaison Services in 2016 are quite different from one another in function and organisation, perhaps as a result of having received little policy attention since their creation in 2002 despite the extensive changes in the healthcare sector in general.
- There is currently little sharing of good practice or dialogue between PALS from different employers. Many PALS work more closely with their organisation's complaints function than was initially envisaged, and many offer a more limited and more reactive service than the 2003 guidelines suggested.
- Many of the teams and managers we spoke to emphasised the importance of patient experience within the culture of their organisation - some of the staff we spoke to told us about examples where PALS feedback had resulted in improvement to patient care. It was felt that more could be done to share this information with the public or wider staff team to help increase awareness of the service.
- Volunteers identified a number of barriers that could prevent the public from accessing the PALS service. These included: offices that are hard to find or have restricted access, limited office opening hours and absence of out-of-hours information.
- Our volunteers also identified that whilst PALS and Complaints teams offered patients and families clear opportunities to raise concerns, in most cases, there was no similar opportunity beyond the Friends and Family Test to record positive comments as these are normally expressed verbally at point of care and therefore lost.

Agreed Actions

As a result of our discussions with providers, some agreed to implement a number of improvements to support the public accessibility of Health Complaints Advocacy and Healthwatch Surrey. These included to:

- Add information about Healthwatch into their generic or PALS leaflets
- Revise feedback leaflet to make communication of complaints easier, particularly telephone communication for those receiving care at home.
- Send out Healthwatch Surrey leaflets and place them on wards and in public places
- Put up posters on the walls in wards
- Add a line to the complaints and PALS letters about Healthwatch Surrey
- Find out if PALS enquiry information can be shared with Healthwatch Surrey.

Further Recommendations for Patient Liaison Services

In addition to the above; we believe the following further action would improve the ongoing access to Complaints, Advocacy, PALS and Healthwatch information.

- All providers should check accuracy of printed and web based information on a quarterly basis.
- All people considering a complaint be offered information about free advocacy support.
- To make greater effort to share positive improvements made from PALS feedback and complaints with the public and staff.
- Providers should ensure all printed information offers access to alternative formats.
- Providers should display up-to-date information about how the public can contact PALS outside of office hours is available online and on the office door.

Recommendations and Actions for Healthwatch Surrey

- To feed findings into further work on making complaints easier for patients and their families.
- For Healthwatch Surrey to help to develop stronger links between PALS and Complaints teams across Surrey. E.g. facilitating a forum for complaints managers.
- To provide updated leaflets and posters to providers
- To offer providers opportunity for health complaints advocates to meet with PALS/Complaints teams to help them find out more about the service.
- To maintain contact and volunteer-led relationship development with the PALS offices across Surrey
- To compare results of desktop web exercise to previous findings and recommendations from the Complaints Maze report.
- 6 months on, to undertake follow up visits to providers and a web exercise to find out what changes have been made.