

House of Lords

Wednesday 22nd October 2003

Patient Forum Regulations

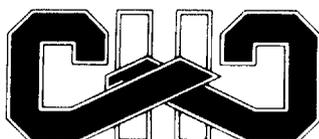
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Appendix

Monitoring of the PALS and ICAS Services 2003

Lord Clement Jones



ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

Key Findings of Random Surveys conducted by ACHCEW PALS and ICAS

April 2003 Survey

- 100 PALS telephoned - Random Survey**
- 51 PALS provided a personal response**
- 28 PALS able to provide contact details for Independent Complaints Advocates**

ICAS Survey - September 2003

**Eleven national ICAS numbers (0845) were called
Eight gave a personal response -
only three could provide an independent advocate.**

ICAS = INDEPENDENT COMPLAINTS ADVOCACY SERVICE

October 2003 Survey

- 100 PALS telephoned - Random Survey (100 different PALS)**
- 51 PALS provided a personal response**
- 27 PALS able to direct caller to the new ICAS service which started on
1st September 2003**

ICAS = INDEPENDENT COMPLAINTS ADVOCACY SERVICE

October 2003

Patient Advice and Liaison Services (PALS)

Background and Policy Objectives

Patient Advice and Liaison Services (PALS) are the visible end to the new system of patient and public involvement. They are in-house services, are not independent and do not therefore replace CHCs. New ICAS services were established on September 1st 2003 which are independent and will operate alongside existing specialist advocacy services, such as mental health and learning disability advocacy. PALS should be complementary to the existing and newly formed advocacy services. They are supposed to provide information and on the spot help for patients, their families and carers, and should be an important lever for change and improvement in the NHS.

The NHS Plan announced the Government's commitment to establish PALS in every trust by 2002. The DH document 'Involving Patients and the Public in Healthcare' (2001) outlined plans for a 'radical new system of patient and public involvement', designed to place patients and those who pay for the NHS at the heart of decision-making.

The need for change in the NHS was further emphasised in Professor Sir Ian Kennedy's (Chair of the Commission for Health Improvement) Report on the Public Inquiry into the children's heart surgery at the Bristol Royal Infirmary; "...the priority for involving the public should be that their interests are embedded into all organisations and institutions concerned with quality of performance in the NHS: in other words, the public should be 'on the inside' rather than represented by some body on the outside."

The first wave of PALS 'Pathfinder' sites became operational in April 2001. The Pathfinder programme provided valuable information, testing out what worked best through working examples. These experiences were used to inform the 'core standards' for the national role-out of PALS.

Health Committee: May 15th 2003

Mr Hinchliffe: '...are we seeing a well managed transition?'

Mr Lammy: 'I think we are and I think PALS is key to that'

Ref: <http://www.doh.gov.uk/patientadviceandliaisonservices/background.htm>

Monitoring the PALS Service

In April 2003, 12 months after the deadline by which all trusts were supposed to have established PALS, ACHCEW carried out an anonymous telephone survey of 100 PALS services, identified through the Department of Health as being operational. The purpose of the survey was to test whether PALS provided a good source of advice for patients and to test the DH claim that 96% of PALS in England were providing effective services to the public. The results of the survey, in a report titled 'A Friend in Deed', were published in May 2003.

The report concluded that PALS services were still not yet established in all trusts and PCTs. In those that were up and running, some were not easy to access through the Trust's main switchboard and a number of established PALS services were reliant on just one person, making

the service difficult to provide in that person's absence. In addition many PALS services appeared to be reliant on answering services with 28 of the 100 calls being connected to an answer machine or voicemail.

Of the 100 calls made only 28 resulted in a credible response, at the first attempt, to a basic question from a member of the public, about the availability of independent complaints advocacy.

In the first week of October 2003, following a meeting between ACHCEW and the new Minister for Health, Rosie Winterton (10th September 2003), a full two months after CHCs ceased to offer a complaints advocacy service, and one month after the introduction of the new National ICAS service, ACHCEW carried out a further survey identical to that carried out in April 2003.

The survey was carried out using exactly the same methodology, the same questionnaire and asking exactly the same questions as that used in the April survey. The only difference being that a completely different group of 100 trusts were selected in the October survey.

It was disappointing to note that despite the impact made by the original report, the report of the Select Committee on Health, the discussions that followed and the time elapsed since the publication of 'A Friend in Deed', there was no detectable improvement in our second survey.

In the October survey, 20% of the trusts surveyed were unable to put the caller in contact with the PALS service at the first attempt through the trust's main switchboard. This compared with 21% in the April survey. Of those calls that did get through, 23 were connected to an answer machine (28 in April).

Most disappointing of all, of the 54 calls that got a direct personal response, only 27 actually directed the caller to the new National ICAS Provider's 0845 helplines, with the balance offering responses that varied from total ignorance of the existence of the ICAS service to severe confusion over whether the new service was in operation yet or how to access it.

In addition on Monday 8th September 2003, one full week after the new National ICAS system went 'live', ACHCEW carried out a telephone survey of the eleven 0845 telephone numbers that between them cover the whole of England as a helpline service for the provision of Independent Complaints Advocacy Services. In this survey only eight of the eleven calls were able to make direct personal contact at the first attempt and of those eight, only three indicated that they could provide an independent advocate. While in all cases the service operators were helpful and courteous, the survey displayed a great variability in the level of knowledge of what the service could provide and how this would be achieved.

From the perspective of a patient who is likely to be already angry and/or frustrated by their treatment in the NHS before they approach PALS, the repeatedly poor performance in some Trusts is likely to exacerbate their anger and leave them feeling more frustrated and powerless. Clearly the ICAS results were disappointing, but as the monitoring was carried out one week into their operation, we would expect a massive improvement when the system is next monitored.

Our findings are difficult to reconcile with the government's declared intention to place

'...patients and those who pay for the NHS at the heart of decision making'

Appendix I

'Other' responses offered by the Trust Main Switchboards

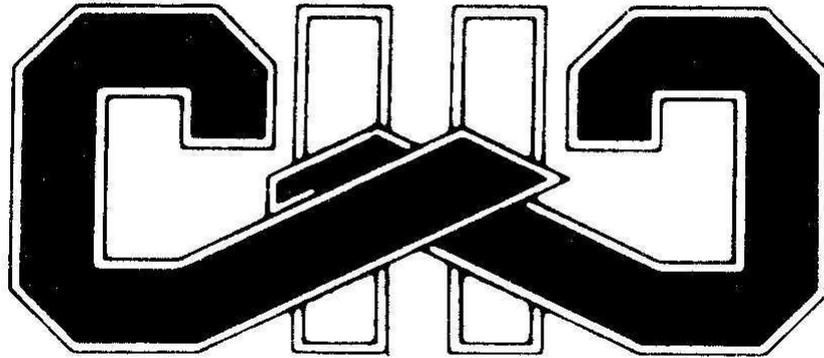
- ☞ "What's that?". "I don't have a number for them and I don't know who would know!"
(Central Manchester Primary Care Trust)
- ☞ Do not have a PALS service. Offered to put the caller through to the complaints manager.
(Cambridgeshire & Peterborough Mental Health Partnership Trust)
- ☞ Switchboard said they do not have a PALS service. Offered to put caller through to the complaints dept.
(Queen Mary's Sidcup NHS Trust)
- ☞ We do not have a PALS service – sorry
(Berkshire Healthcare NHS Trust)
- ☞ No one available in the whole PCT - major staff meeting. Ring back after 2.00pm
(Poole Primary Care Trust)
- ☞ Main switchboard did not know and could not find out where PALS was. Thought it might be at another PCT but did not know which one. Suggested caller ring back at lunchtime to see if they could track down which one.
(Doncaster West Primary Care Trust)
- ☞ Switchboard was unsure and put caller through to patient services. They tried to return the caller to the switchboard and cut the caller off.
(Nottingham City Primary Care Trust)
- ☞ PALS Lines busy. Held on for 5 minutes then gave up
(Epsom & St Helier NHS Trust)
- ☞ Connected to 2 incorrect extensions as PALS Officer number engaged. Given direct line number to ring back later
(Brighton & Hove City NHS Trust)
- ☞ Main switchboard said PALS Officer off sick. Try again Monday
(Central Cornwall Primary Care Trust)
- ☞ PALS not available. Given direct line to ring later or leave a message. Main switchboard not able to put caller through to the answer machine.
(Mid Sussex Primary Care Trust)
- ☞ Number connected to was engaged. Switchboard did not come back and phone cut off automatically after 2 minutes.
(Royal West Sussex NHS Trust)
- ☞ PALS Manager out today. Caller given direct line to ring back or offered to put caller through to the answerphone
(Cherwell Vale Primary Care Trust)
- ☞ Switchboard said PALS manager out Mon & Tues. No answerphone but the caller's contact phone number could be left with the switchboard
(South West Oxfordshire Primary Care Trust)
- ☞ Pals manager not available until after 2pm (Rang at 12.00 midday)
(Southend on Sea Primary Care Trust)

- ☞ Switchboard operator did not know what PALS was. Put caller through to 'Rethink Advocacy Services'.
(Mersey Care NHS Trust)
- ☞ At main switchboard no one knew about PALS Services. Advised caller to contact the Gloucester Royal and gave their no.
(Gloucestershire Ambulance Services NHS Trust)

Appendix II

Other responses to standard question from PALS Services

- ☞ Wanted personal details. Insisted PALS was independent. Suggested GP's not employed by the PCT. No knowledge of ICAS. Gave Charity Voices as advocacy contact - deals only with Learning Disabilities and Older People.
(New Forest Primary Care Trust)
- ☞ Rang at 14.15 Mon 6/10/03. Message said office would be closed until Monday 6/10/03.
(East Kent Hospitals NHS Trust)
- ☞ Insisted on caller giving personal details. Did not have requested information to hand. Offered to ring caller at home.
(Leicester City West Primary Care Trust)
- ☞ Referred the caller to the CHC in Norwich until the end of the year.
(Norwich Primary Care Trust)
- ☞ Total confusion. According to PALS new ICAS numbers not working. Put caller through to old CHC Number "as it is becoming an ICAS"
(South of Tyne & Wearside Mental Health NHS Trust)
- ☞ Very Helpful but took 5 mins to get info and decide that "something called ICAS is taking over from CHCs". Gave CAB Liskeard number and said they would 'possibly' be able to help.
(Plymouth Hospitals NHS Trust)
- ☞ PALS manager stated that the system was in a period of reorganisation. Thought ICAS still working out of the Advocacy centre in Hastings. Given their number and a freephone number
(East Sussex Hospitals NHS Trust)
- ☞ Not sure what was replacing CHCs which were closing at the END of December. Offered to ring back
(Airedale NHS Trust)
- ☞ Gave number of local Advocacy Services - NOT ICAS. Said Bradford CHC was working to END December and then "being devolved into PALS". If they took the callers case on they would bring it back to the PALS to deal with, with their complaints section.
(Bradford Teaching Hospitals NHS Trust)
- ☞ No idea about ICAS. Said only have Internal Advocacy for inpatients. Gave number of a local advocacy service in Wakefield.
(South West Yorkshire Mental Health NHS Trust)
- ☞ PALS Manager not available. Spoke to his secretary. She referred the caller to the Advocacy Co-ordinator - "A recent appointment"
(Sedgefield Primary Care Trust)



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