

PATIENT ADVICE AND LIAISON SERVICE (PALS)

ANNUAL REPORT

01/04/2004 TO 31/03/2005



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Patient Advice and Liaison Service

Annual Report 1 April – 31 March 2005

1. Introduction

This is the annual report of the Patient Advice and Liaison Service (PALS) of the Royal Free Hampstead NHS Trust. The report details the type and number of issues raised with PALS during the period April 2004 – March 2005. In addition it highlights service improvements as a result of issues raised with PALS, and plans for the future.

2. Role of PALS

The role of PALS is to:

- resolve problems and concerns in a speedy manner before they escalate into a formal complaint
- provide users with information about the trust's services and other NHS services available locally
- act as a gateway to relevant voluntary organisations, advocacy and support groups
- inform users of the NHS complaints procedure and refer them to Independent Complaints Advocacy Service (ICAS), or other advice resources for help if they wish to pursue matters formally
- act as an early warning system for the trust by highlighting emerging themes
- operate in a network with other PALS locally to ensure a seamless service to users who move between different parts of the health care system

2.1 The establishment of PALS at the Royal Free Hampstead NHS Trust

The Royal Free Hampstead NHS Trust's PALS service was established in April 2002 and covers the trust's three main sites, Royal Free Hospital, Royal National Throat Nose & Ear Hospital (RNTNEH), Queen Mary's House and a number of outreach services at other trusts in North London.

During year 2004/05 the PALS team consisted of three full time officers, one of whom is also a PALS GP liaison officer, an interpreting services coordinator, and a PALS manager.

The team is based at the Royal Free Hospital where a drop-in service is provided Monday to Friday.

Every effort is made to ensure that the service is accessible to those who wish to use it. This includes outreach work with ward walks on the elderly wards, individual ward visits when requested, a 24 hr answer phone, post box, a website inquiry service and a duty bleep which is covered between the hours of 9 am – 5 pm, Monday to Friday.

NB: throughout this report, the term "users" is used to describe patients, their families, carers and those using the hospital's services.

2.2 Royal Free PALS mission statement

PALS aims to:

- *provide a confidential, accessible service to all users of the trust's services*
- *provide a speedy outcome to concerns, or referral to a more appropriate agency*
- *provide information on health and local services*
- *help to improve services for future users*

2.3 Promoting PALS

Much work has gone into promoting PALS to users and staff including:

- leaflets and posters are available throughout the trust and at other relevant public outlets e.g. local GP practices, local public libraries and sport venues
- regular items in the trust's newsletter Freestyle
- visits to wards and other sites
- public website and hospital intranet
- PALS notice board at Royal Free hospital
- information on PALS provided to interpreters
- presentations to staff
- presentations to patient groups e.g. Age Concern, Jewish Care
- regular dialogue with voluntary organisations, social services, local council, local advocacy groups, local community groups and other relevant agencies

PALS attend regular networking events at national, regional and local levels and have forged strong links with other PALS locally through the PALS North Central London Network.

2.4 How does PALS assist users?

All PALS services in North Central London use the following criteria for identifying the extent of assistance provided by PALS officers:

Level 1 Self help information – leaflets, directories, websites or other published material, help-lines etc.

Level 2 Assisted Information – working with a user to explore which route may provide the best remedy for the circumstance and if necessary referring on.

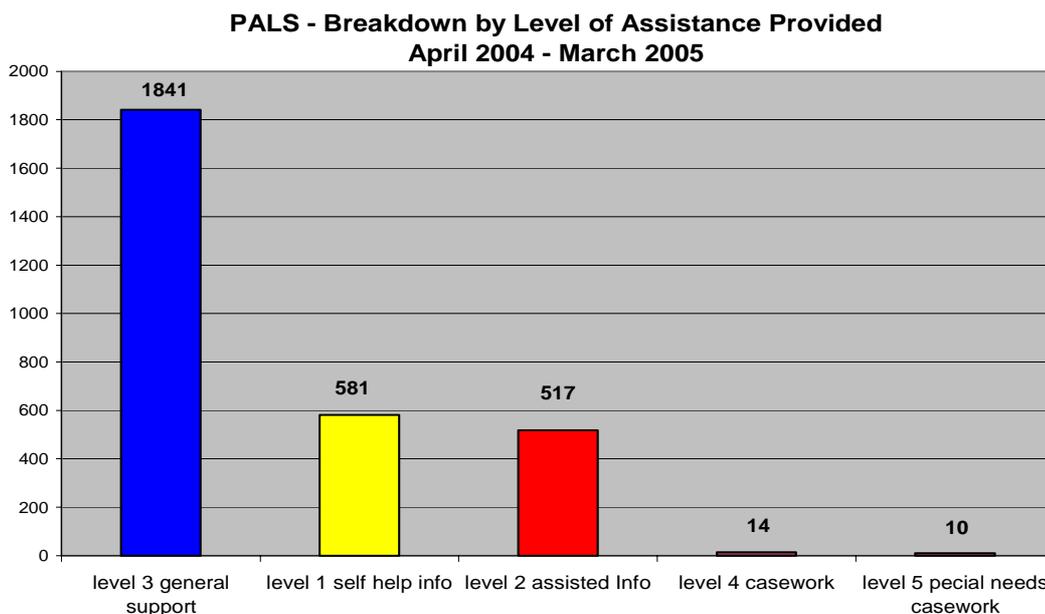
Level 3 General support – working with a user to explain options and giving assistance i.e. letter writing, form filling, contacting third parties to seek information.

Level 4 Casework – more complex case involving more in-depth or multiple staff contact. Usually not resolvable on the same day. May involve some negotiation with staff with/on behalf of the user.

Level 5 Casework for those with special needs – longer-term casework carried out for people whose problems are compounded by an underlying need i.e. sensory, language or multiple complex problems.

The higher the level, the more time is spent by the PALS officer on a case. A breakdown of the number of cases for 2004/05 is shown below.

Breakdown by level of assistance provided



3. Activity and performance

Below are listed the number of issues raised with PALS since 2002.

1 April 2002 – 31 March 2003	1797
1 April 2003 – 31 March 2004	2310
1 April 2004 – 31 March 2005	2963

In 2004/05, PALS caseload increased by 22% on the previous year. The majority of referrals received were either in person or via the telephone.

Almost a third of the work carried out by PALS relates to general advice about health matters rather than concerns about the trust. This is a significant proportion of PALS work and in the next year PALS will explore whether some of these inquiries can be dealt with in a different way or by other parties.

3.1 Category of inquiries

Below is a breakdown of concerns and included is a category called “**general inquiries**”. This refers to issues where the trust is not necessarily at fault e.g. a patient calling to check what outstanding appointments they have. “General inquiries” is broken down further at the end of this section. This category accounts for 29% of total issues raised.

List of categories where there has been a problem with trust services

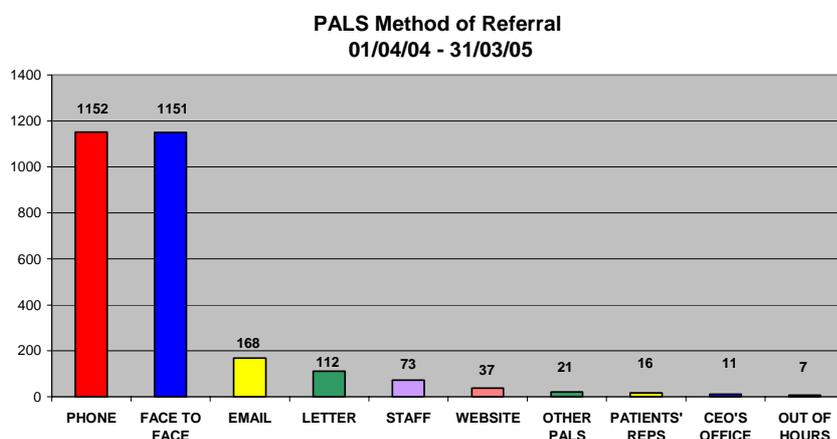
Appointments process	914
Treatment (quality of/or communication)	243
Patient transport	242
Admissions process	163
Test results (missing or delay)	93
Attitude of staff	70
Communication	64
Discharge process	57
Access to medical records (delay)	39
Not being able to get through to a dept on the phone	32
Length of wait in department	23
Medical records missing	20
Parking	17
Loss of personal belongings	16
Environment	16
Access for disabled people	15
Cleanliness	9
Patientline	5
Access to hearing aid equipment	5
Equipment	4
Signage	3
Confidentiality	2
Positive comment	6
Other	50
<hr/>	
Sub Total	2108
General Inquiries	
General advice	269
Request for information	129
Appointment queries	105
Formal complaint advice	83
Transport queries	71
Benefit inquiries	47
Directions	40
Advice on access to records	34
Accommodation	13
Parking queries	11
Admission queries	8
Interpreting	8
Discharge queries	5
Other	32
<hr/>	
Sub Total	855

3.2 Resolution times

In 2004/05 81 % of PALS cases were resolved within the target time of 24 hours. This compares to 77% in 2002/03 and 79% in 2003/04 indicating that year-on-year there has been a 2% improvement in turnaround time. PALS aims to continue to improve on the turnaround time. This will be a challenge given that staff numbers have temporarily reduced.

3.3 Method of referral

The graph below illustrates the different methods of referral to PALS during the year. The majority of cases are initiated by face-to-face contact and via the telephone. However, with the development of a new website inquiry form there has, in the latter part of the year, been a significant increase in inquiries received in this way.



3.4 Ethnic Coding

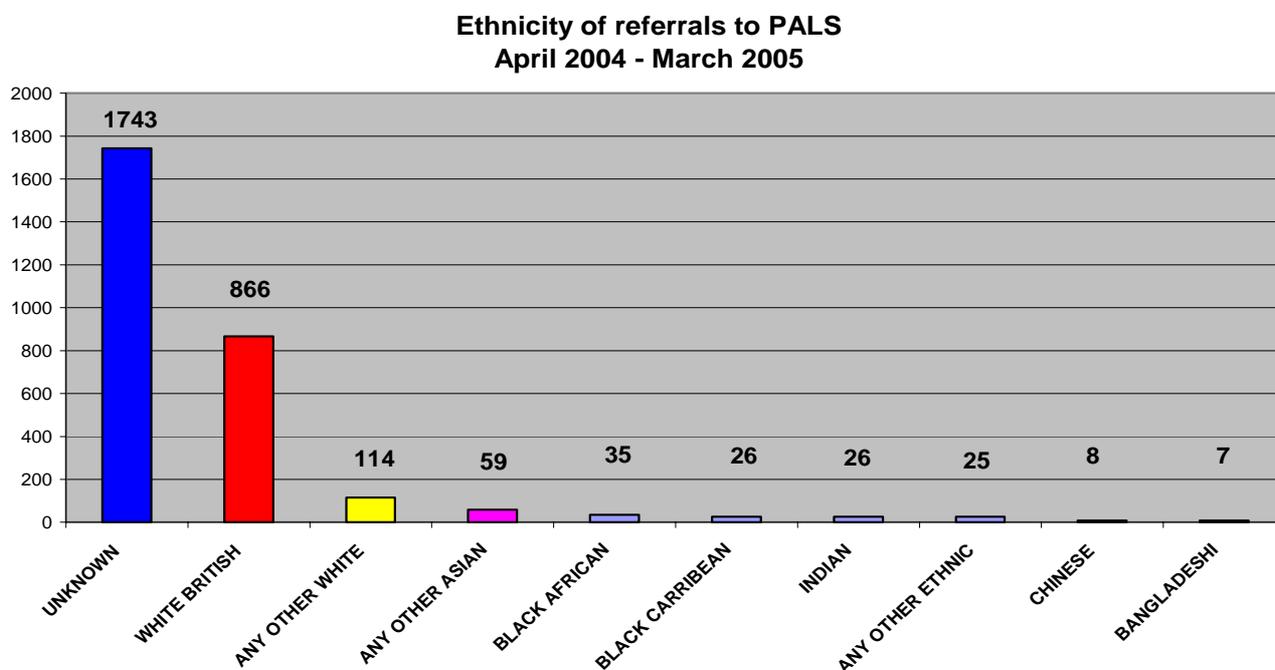
In order to meet the requirements of the Race Relations Amendment (2000) Act it is now mandatory for all NHS organisations to record the ethnic group of all patients.

This data can be used for many purposes, for example, to show changes in the make up of populations. PALS aims to record the ethnic category of its users to check that the service is accessible to everyone, regardless of ethnic background. In 2004/05 PALS were able to record the ethnicity of 42% of its users.

Illustrated below is a breakdown of the ethnicity of users accessing PALS. For a large number of issues this data has not been collected. Due to the very nature of PALS work, often dealing with users who are upset or distressed, it can be insensitive or inappropriate

to request this information. Also there are a growing number of issues received electronically, which makes it difficult to collect this data.

The data shows that the largest group of users that has been recorded is “white British”. However, PALS is reliant on patients’ ethnic category being recorded on PAS. Whilst recording of ethnicity on PAS has improved greatly, it has not reached 100%. Next year PALS will focus on improving ethnic data monitoring to provide a more accurate picture of who is using the service.



3.5 Interface with formal complaints

Although PALS staff do their utmost to resolve concerns raised by users there are occasions when this is not possible.

Where a resolution of a concern is not possible through PALS this may result in a referral to the chief executive’s office, which is responsible for concerns investigated under the NHS complaints procedure. Alternatively the user may be referred to ICAS, where support can be provided in pursuing the NHS complaints procedure. In 2004/05 PALS referred a total of 27 users to the chief executive’s office and/or ICAS.

Staff dealing with formal complaints meet with PALS on a quarterly basis to check what, if any, themes are emerging from issues raised with both departments. This can act as an early warning system for the trust.

4. Influencing change

As well as resolving problems it is anticipated that PALS will instigate change. Below is a table providing examples where change has been effected.

4.1 Examples of improvements

Specialty	Details of issues raised	Action Taken
Gynaecology	Lack of privacy in clinic due to lack of a screen in the examination room.	Screen obtained.
Outpatient Contact Centre	Patient unable to get through to the contact centre; faxes unanswered. Two different fax numbers given on headed paper.	Fax numbers went through to main switchboard. All appointment faxes now forwarded to contact centre immediately.
Ear Nose & Throat, Royal National Throat & Ear Hospital (RNTNEH)	Patient unable to locate fax numbers for the RNTNEH as not advertised on hospital website.	RNTNEH main office fax number now on website.
Audiology	Patient slightly late for clinic. After more than 1 hour approached receptionist to ask about delay. Advised that her name had been called several times.	Patient had been seated in an area away from clinic. Requested that staff try to locate patients in clinic area or ensure they go to all areas when calling names. Patient's experience also being used in staff training.
Environment	A number of patients unhappy with people smoking at the hospital entrances, particularly staff.	Patients comments have contributed to the trust becoming smoke free in 2005.
Ear Nose & Throat	Patient unhappy with the way staff calling patients with hearing impairments. Possibility of patients missing appointments because cannot hear their name being called.	Numbered cards for calling patients have now been introduced in some clinics at RNTNEH.
Catering	Patient unhappy with quality of kosher food supplied at Queen Mary's House.	Provider of kosher meals at Queen Mary's House changed. Now same provider as Royal Free.
Transport	Concerns about failure of hospital transport to collect them for tests being carried out in X-ray or Nuclear Medicine. Staff in these two departments do not organise hospital transport for patients who require it; they refer the patient back to their referring clinician thus increasing the risk that the transport will not be organised.	Staff in these areas now book hospital transport for those patients requiring it.
Transport	Long delay in returning patient to Queen Mary's House following visit to nursing home. Delay due to vehicle break down and delay in driver being picked up and allocated another vehicle.	New procedure established whereby a senior driver supervises staff checking of vehicles prior to shifts commencing.
Finance	Lack of information about how to reclaim travel expenses when receiving benefits.	PALS produced a poster with relevant information, which is now displayed in all patient areas.
Obstetrics	Requests for an interpreter not being met.	Staff were unclear how to book an interpreter. PALS now have a slot on midwifery study days on interpreting awareness training.
Infectious Diseases	Post sent to patient from hospital had specific department stamped on the exterior of envelope.	Post room confirmed that this practice had been reviewed and changed due to the data protection act.
Gastroenterology	A GP complained about the length of wait for a colonoscopy, for a potential "cancer" patient. The length of wait was due to the GP not using the correct cancer referral form.	The GP had been unaware of the correct pro-forma referral form. All cancer referral forms now available on extranet.

4.2 Training staff

Many of the issues raised with PALS are rooted in poor communication, attitude and lack of customer care skills. In identifying this as a common concern across the organisation PALS have been working with a number of senior staff and the trust's education & development centre to address this. All staff now attend a customer care awareness session as part of the general orientation programme. The session is also available to existing staff and junior doctors. It provides a platform from which to highlight the types of problems users experience and focuses on the principles of good customer care and how this can be delivered. In the next year PALS will aim to ensure that customer care remains a priority for the trust.

These sessions are facilitated by senior staff and commenced in August 2004. To date 16% of staff have attended these sessions.

PALS offer "hands-on" training within the department and this is available to staff with patient contact. The member of staff spends one day in PALS as a member of the team. A number of nursing staff have attended this training. PALS also offer advice to staff who need help in dealing with a difficult situation.

These initiatives enable PALS to influence staff attitude when communicating with patients, so helping to prevent complaints.

4.3 Working with others

Anonymised quarterly reports are produced for senior managers and internal committees. PALS and the complaints and litigation department jointly report on issues to the trust board. The PALS manager is a member of the User & Staff Involvement Committee, a governance group of the trust, which meets quarterly to discuss issues raised by users. The Patient & GP Action Plan, which is monitored by this group, includes issues raised by PALS. The top concerns are also fed into the process for developing the trust's annual agenda.

The PALS manager has direct access to the chief executive, medical director and nurse director for serious concerns, which require urgent attention. In addition regular meetings take place with divisional directors and general managers.

Patient and Public Involvement Forums (PPI Forum) were established to improve NHS services by bringing to trusts the views and experiences of patients and the public. PALS meet with the PPI Forum on a regular basis to provide information and feedback on the types and numbers of issues it has received.

PALS have forged close links with external organisations such as Camden Learning Disabilities and in the coming year will look at identifying ways of supporting patients with specific needs.

5. Summary

- PALS assisted 2963 clients in the year April 2004 – March 2005.
- PALS caseload increased by 22% on the previous year.
- 81% of all cases were resolved within 24 hours.
- Highest number of concerns were about outpatient services.
- "Assistance" requests account for 29% of all issues raised.
- The majority of referrals received were either in person or via the telephone.

- Website and email referrals increased from 2003/04 to 2004/05 by 7%.
- 27 users went on to make a formal complaint or referral to ICAS.

May 2005