

PATIENT ADVICE AND LIAISON SERVICE (PALS)

ANNUAL REPORT

2007/08



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Patient Advice and Liaison Service

Annual Report 1 April 2007 – 31 March 2008

1. Introduction

This is the third annual report of the Patient Advice and Liaison Service (PALS) of the Royal Free Hampstead NHS Trust (RFHNHST). The report summarises the activities of PALS for period April 2007 – March 2008 and complements regular reports that PALS already provides to the trust.

2. The establishment and development 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 two main sites, Royal Free Hospital, Royal National Throat Nose & Ear Hospital (RNTNEH) and a number of the trust's outreach services at other sites in North London.

The PALS team consists of three full time officers, an interpreting services coordinator and a PALS manager.

The service is based at the RFHNHST where a walk-in service is provided Monday to Friday during working hours.

Every effort is made to ensure that the service is accessible to those who wish to use it. There is a 24 hr answer phone, a post box outside the office, a website inquiry service, a text phone number and a duty bleep which is covered between 9 am – 5 pm, Monday to Friday. PALS also carry out promotional 'walks' two to three times per week and this initiative extends to the RNTNEH.

2.1 Role of PALS

PALS is a service designed to help users of the trust who encounter problems with their hospital care by providing "on the spot" help and support where possible. PALS have a number of strengths; namely, that as trust members of staff they are viewed positively by the organisation, building many valuable relationships with departments within the hospital. The team have developed a high level of knowledge about trust services and health services locally. They are committed to providing users with a high quality, friendly, sensitive and professional service, which is non-judgmental, empathic to the situation being presented and is as flexible and responsive as possible.

Those using PALS will often present a number of issues, which go beyond health. These include issues with housing, welfare benefits, social services etc. PALS will put these users in touch with the right service, opening dialogue with the relevant organisation thus providing a seamless service, acting as a gateway to independent support or advice.

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

2.2 Providing advice and information

PALS provides advice and information with a third of all users to the service are pursuing information about local NHS services. They also provide advice in a number of areas which include access to medical records, reimbursement of travel costs where the user is receiving benefits and patient choice enquiries.

2.3 Resolving users' problems

In the majority of cases PALS are able to negotiate a prompt and satisfactory resolution by liaising directly with services concerned within the trust. They are valuable in providing users with a clearer understanding of how the NHS works and the difficulties that can sometimes present themselves to staff providing care.

Where a resolution of a concern has not been possible PALS will provide advice about the most appropriate way of taking the (complaint/issue) forward. This will sometimes mean a referral to another organisation such as the Independent Complaints Advocacy Service (ICAS) who have been established to support users wishing to pursue formal complaints against the NHS. Alternatively the matter can be immediately raised as a formal complaint via the hospital's patient affairs team. During 2007/08 76 users were provided advice on the NHS complaints procedure whilst a further 4 cases were referred to ICAS. Informal feedback received from users indicates that early intervention often prevents concerns escalating further. Often an acknowledgement of their concerns and a meaningful apology is sufficient.

2.4 PALS acting as an early warning signal for the trust

PALS uses the issues raised to inform individual departments and the trust about the source of frustration or concern for users. All comments and concerns received by the service are recorded on the PALS database and statistics and reports produced for committees, managers and other groups of staff across the organisation, so appropriate action can be taken. Where a problem has become apparent PALS will work with the relevant department to resolve it for the individual user. Where the problem is affecting more than one patient PALS can immediately access senior management so that problems can be resolved promptly, where possible.

2.5 PALS providing a seamless service to users and disadvantaged groups

Part of the PALS remit is to provide a seamless service to those users who move between different parts of the healthcare system. To ensure that this takes place the PALS team maintain close links with local services including British Red Cross, other PALS services and patient support groups. A seamless service puts the responsibility with PALS rather than the user to open dialogue with other organisations on their behalf.

2.6 PALS and equal access

In line with trust policy and current legislation PALS strongly promote equal access to all patients. PALS have regular meetings with the trusts language support agencies and interpreters to assist both patients and the trust in better understanding the issues experienced by non-English speaking users.

The service also provides support to other groups of patient's with specific needs; including deaf, visually impaired and other vulnerable patients.

PALS leaflets are pictorial in design so that they reach a wider audience and help overcome language barriers. They also aim to reach patients with learning difficulties. A text phone and e-mail address is available for people with hearing impairments.

2.7 PALS working with others

PALS work closely with staff and departments within the trust and have established links with outpatient services where the volume of patients is high, with increased demand for the services of the PALS team. Outpatient coordinators and team leaders regularly attend PALS team meetings to discuss concerns being raised with PALS and also to update the team on any new developments or areas of potential difficulty within outpatient services.

PALS have a good relationship with the patient affairs department who manage formal complaints received by the trust. The two departments work closely and alert the trust to any serious problems quickly.

In 2007 patient transport generated a large number of queries and in response PALS have established a good working relationship with this department, working closely to resolve users' problems. In 2008 these links were strengthened with weekly meetings working effectively in examining problems experienced by users and developing action plans to address them.

The PALS manager routinely meets with senior staff to review concerns and to consider how to make improvements to address any shortcomings in a particular service.

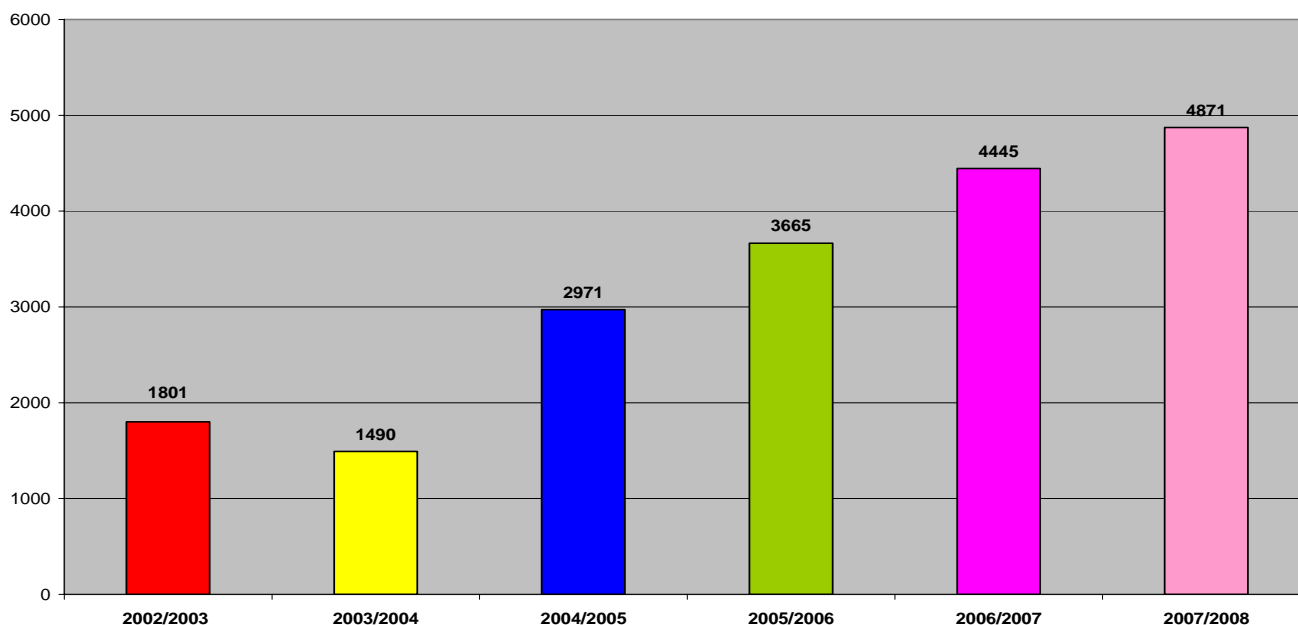
Reports and statistics are provided to all senior divisional staff on a quarterly basis as well as the newly established Complaints, PALS and Litigation Monitoring Committee chaired by the Nurse Director and reports to the trust Board.

The PALS at the RFHNSHST is a member of a newly formed local PALS network which meets bi-monthly. The network provides support as well as sharing protocols and working together on ideas of good practice and solutions to issues and challenges facing PALS generally.

3. Activity and performance

3.1 Below are listed the number of issues raised with PALS from 2002/03 to 2007/08.

PALS Total Number of Issues 2002 - 2008



3.2 Providing Assistance

A third of the work undertaken by PALS relates to general enquiries as detailed below:-

General enquiries	Total
Appointment queries	314
Request for information	312
Advice on access to records	142
Transport queries	125
Formal complaint advice	97
Treatment queries	94
General advice	87
Referral queries	82
Patient Choice queries	43
Admission queries	40
Test result queries	34
Equal access queries	33
Parking queries	30
Discharge queries	23
Accommodation	16
Travel costs	15
Directions	13
Benefit inquiries	12
Access	10
Psychiatry treatment queries	7
Loss of belongings	6
Policy queries	5
Equipment queries	5
Hygiene queries	5
Overseas patient queries	5
Patient enquiring about the availability of an interpreter	3
Positive comments	37
Total	1595

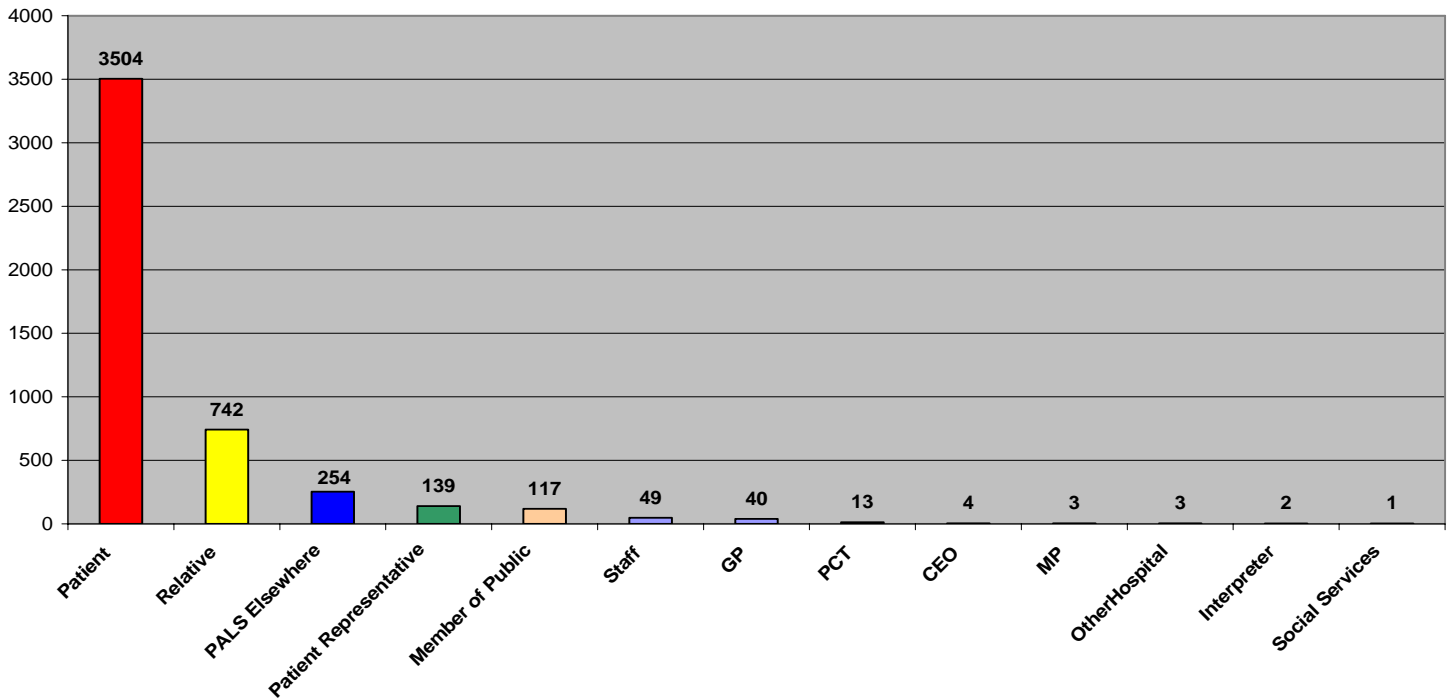
3.3 Resolving Concerns Raised

The largest number of concerns received is associated with the outpatient process. Poor communication is a concern for users across the organisation and difficulty in accessing the hospital by telephone. All concerns are listed below:-

Concern	Number
Outpatient process	955
Access to hospital via phone	381
Communication written and verbal	309
Problems with treatment (medical & nursing)	272
Transport not booked by department	210
Attitude of staff	157
Admission process	155
Referral problems (not outpatients)	93
Appointment problems (not outpatients)	82
Missing medical records	77
Test results delay/missing	71
Transport problems	70
Administrative processes	66
Discharge problems (not outpatients)	59
Dissatisfaction with hospital policies	57
Loss of personal belongings	31
Cleanliness	29
Equipment problems	28
Environment	24
Diagnostic appointment problems	23
Diagnostic test results (missing/delayed)	21
Facilities for disabled patients	20
Parking problems	16
Blood room length of wait/quality of treatment	12
Quality of catering	8
MRSA	8
Confidentiality	7
Signage	6
Delays in A&E	5
Access to interpreter	5
Travel reimbursement	4
Medication problems	3
Length of wait in clinic/dept (not outpatients)	3
Cultural/religious awareness	2
Patientline (telephone service for patients)	2
Consent	1
Hearing aids	1
Supply of reports	1
Smoking on site	1
Portering delay	1
Total	3276

3.4 Various contact methods used by service user's

PALS Nature of Contact
March 2007 - April 2008

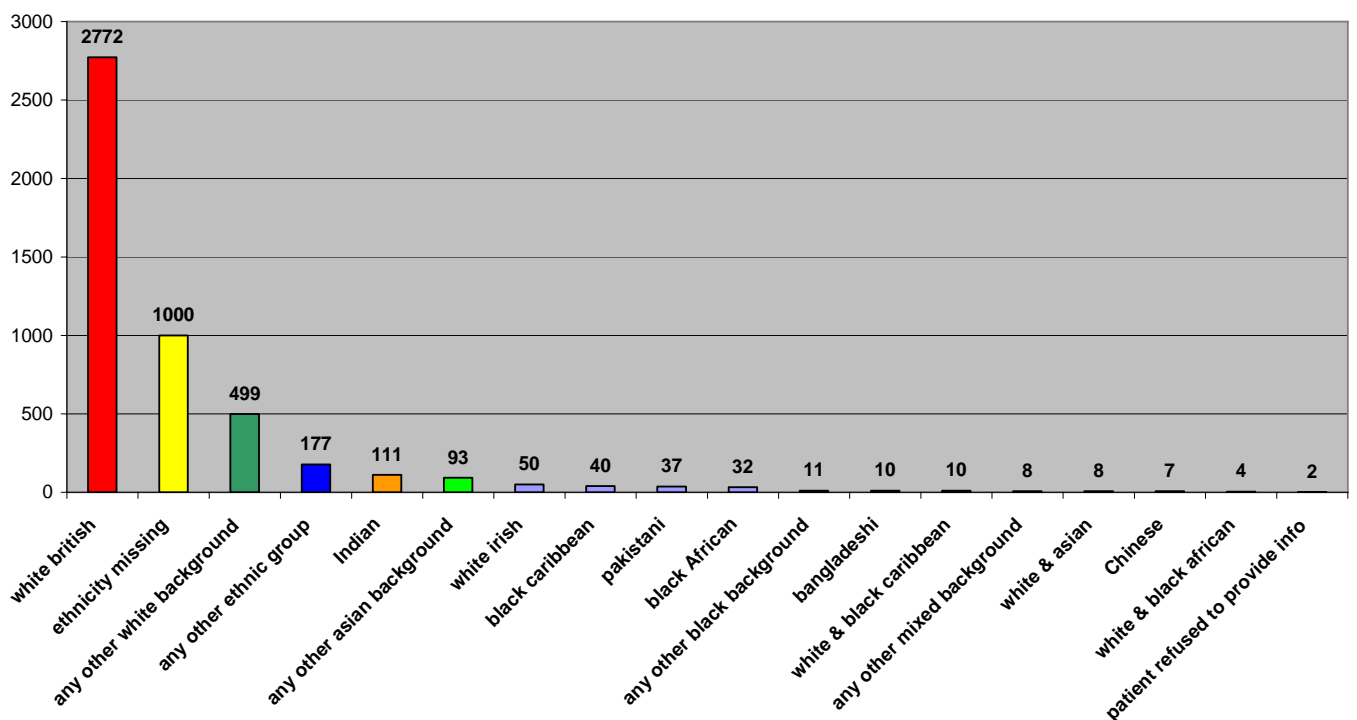


The majority of referrals are from patients themselves, with a much smaller number of referrals from relatives or services elsewhere. The most popular method of referral continues to be by telephone.

96.5% of issues received by PALS are acknowledged within 2 working days. 80% of all issues are resolved within 2 working days.

3.5 Monitoring Ethnicity

PALS Ethnicity
March 2007 - April 2008



The collection and use of ethnic group data on patients, which is a national directive, is used to assess and address health inequalities, difficulties in access and possible discrimination experienced by some minority groups.

PALS collect ethnicity data where possible with a view to report on groups that are using the service and look at ways to improve access to those groups that are not using the service. However, due to the sensitivity of some issues, and emotional state of some users it is often not appropriate or possible to ask about ethnicity. With website and e-mail enquiries which involve immediate responses ethnicity is not asked as the interaction is very brief.

4. PALS role in bringing about change

4.1 Improvements

One of PALS' remit is to bring about change however, it is difficult to point to service changes that have been brought about due to the sole intervention of PALS. PALS involvement will form a part of the evidence available to those looking at the issues raised. However, some small changes brought about by PALS can be identified in the table below.

Specialty	Detail of issues raised	Action Taken
Renal Services	Patients find it cold on the Unit and report a shortage of blankets.	Matron confirmed that extra blankets would be ordered.
Renal Services	Patient unhappy with his experience of hospital transport. Very new to dialysis and states that he has not received any information about how the hospital transport system works and what to expect.	Nursing staff will have an explicit conversation with patients moving to hospital transport. Transport information leaflet to be handed to all renal patients moving to hospital transport. This will also be added to the checklist.
A&E department	Overseas visitor does not feel she should pay for treatment she received, as she was not informed that treatment outside the emergency department would be chargeable.	Posters are in place in A&E however; the department will revisit the induction for all staff to ensure the process for overseas patients is part of this.
Rheumatology	Patient trying to call consultant's office to chase referral however, no response or answer machine available but information on machine unhelpful.	Secretary is in undated with calls, many for outpatient services. Answer machine now identifies department being called and relevant information.
Breast Surgery	Patient is unhappy that letters from the hospital indicate the department details on the back of the envelope. This is a breach of patient confidentiality.	The department now have a new "coded" stamp.
Radiology	Patient waited 5 weeks following a recommendation for a CT scan only to receive the request in the post.	The doctor should have sent the referral directly to the x-ray department. Consultant made aware of matter so that he can inform doctor who is part of his team of correct procedure.
Health Services for the Elderly	Elderly patient was discharged at a late stage of the day, living on their own and only the provision of a snack box.	Patient's discharge delays due to a number of factors outside ward's control. Discharge of elderly/ vulnerable patient will be timed for 10:00 hrs and reviewed at 15:00 hrs if patient has still not been discharged.

5. PALS adding value to the patient's experience

PALS often receive informal feedback on how valued their service is by users. This has not until recently been recorded formally. In addition to this there are a large number of patients who use the service on a regular basis and this further indicates the department's popularity with users.

A report published in February 2008, from the University of the West of England who carried out a national evaluation of PALS funded by the DH, found that PALS enable and empower patients and allow them and others to use NHS services effectively and appropriately whilst giving them a mechanism to usefully address any issues they have. Findings also suggest that PALS provide a powerful conduit between sometimes uncommunicative NHS systems. They are sometimes viewed as the last source of hope for people who access them and offer users vital support in exploring and resolving difficulties they have incurred within NHS systems.

The facility is in high demand and as such users can experience difficulties accessing the service; the demand therefore sometimes outweighs that which the service can provide.

The evaluation identifies that there are frustrations for all PALS and provision of a responsive and effective service can, at times struggle to stay on top of coping with the multitude and diversity of issues brought to it.

6. The Future

The DH consultation paper, "Making Experiences Count", published in June 2007, proposes the reform of the NHS complaints process with a view to a more personal and flexible approach in dealing with complaints making it less bureaucratic and process driven.

"Making Experience Count" identifies that PALS have a very good record in solving problems and preventing concerns from escalating, and recommends that "the complaints component of PALS could be more closely integrated within complaints teams". During 2008, a series of Early Adopter sites across England are trialling the new system before new complaints regulations are drafted to take effect in April 2009. The PALS and complaint teams at the Royal Free Hampstead already work very closely and await the new regulations to see how this will impact on the way they currently work.

In the latter part of 2008, a new Local Involvement Network (LINK) will be established to cover the health and social care service and will become the focus for patient and public involvement work. PALS are keen to establish a good working relationship with LINK thus ensuring that feedback from patients is used to inform improvements and developments to healthcare systems.

7. Summary

In 2007/08:

- PALS assisted 4871 users in the year April 2007 – March 08.
- 96.5% of all issues acknowledged within 2 working days.
- 80% of all issues resolved within 2 working days.
- PALS caseload increased by 8.8% on the previous year.
- Highest number of concerns related to outpatient services.
- Assistance requests account for 33% of all issues received.

8. Plans for 2008/09

A work plan for 2008/09 is in place and the principle tasks identified include:

- Wider promotion of the service to other hospital sites, which come under the remit of the trust.
- Closer collaboration with the patient affairs team who manage the formal complaint process for the trust.
- Closer working relationships within the local PALS network.

*Roz De Silva
PALS Manager
July 2008*

Acknowledgements

National Evaluation of PALS Report – University of the West of England, January 2008