

PATIENT ADVICE AND LIAISON SERVICE (PALS)

ANNUAL REPORT

2005/06



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Patient Advice and Liaison Service

Annual Report 1 April 2005 – 31 March 2006

1. Introduction

This is the second annual report of the Patient Advice and Liaison Service (PALS) of the Royal Free Hampstead NHS Trust. The report summarises the activities of the Patient Advice and Liaison Service for the period April 2005 – March 2006. This complements regular reports that the department provides. The report also highlights service improvements that have occurred due to issues raised with PALS.

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 two full time officers, one of whom was also a PALS GP liaison officer, an interpreting services coordinator, and a PALS manager. Towards the latter part of the year a PALS officer post became vacant.

PALS 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. 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. namely, that as trust members of staff they are viewed positively by the organisation and have built 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 patients with a high quality, friendly, sensitive and professional service whilst advising or supporting them in resolving difficulties or queries they have encountered with hospital services.

2.1 Role of PALS

PALS is a service designed to help users of the trust who encounter problems with their hospital care and provide "on the spot" help and support. PALS have a number of strengths namely, that as trust members of staff they are viewed positively by the organisation and have built 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 patient with a high quality, friendly, sensitive and professional service whilst advising or supporting them in resolving difficulties or queries they have encountered with hospital services.

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

Those using PALS will often present with a multitude of issues which go beyond health. These may include problems with housing, welfare benefits, and social services. 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.

2.2 Resolving users' problems

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

Where a resolution of a concern has not been possible then PALS will provide advice about the best way of taking this forward. This will sometimes mean a referral to another organisation such as the Independent Complaints Advocacy Service (ICAS) or the matter being raised as a formal complaint. The primary aim of PALS is to ensure that concerns are resolved to the satisfaction of the user and will actively assist the user to pursue the matter via the NHS complaints procedure if this is the wish of the user. In 2004/05 the North Central London ICAS and PALS agreed a joint working protocol and both services have been working closely together and refer to each other services as appropriate. This year PALS provided 97 users with advice on the NHS complaints procedure; 47 went on to become formal complaints; a further 7 cases were referred to ICAS. It is fair to suggest that a significant proportion of the issues raised with PALS would have developed into formal complaints. However, early intervention prevented these concerns escalating.

In addition to assisting individual users PALS have also provided staff with advice on a range of issues, assisting users to access other organisations and trusts about health and social care issues.

2.3 PALS acting as an early warning signal for the trust

PALS uses the issues raised to inform 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 various committees, managers and other groups of staff across the organisation. Where a problem has become apparent then PALS will work with the relevant department to resolve it for the individual user. Where the problem is affecting more than one patient then PALS can easily access senior management.

Concerns raised by users are recorded so that trends can be identified. Some trends are immediately obvious and are brought to the attention of the relevant service as quickly as possible, so that the problem can be addressed.

2.4 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 at the Royal Free maintains close links with local services i.e. British Red Cross,

other PALS services, patient support groups. A seamless service puts the onus on PALS rather than the user to open dialogue with other organisations on their behalf.

2.5 PALS being accessible to hard to reach/vulnerable groups

PALS have regular meetings with interpreters to listen to the concerns and experiences patients raise with them. They also run inductions for any new interpreters joining agencies used by the trust to ensure that they are aware of the role of PALS.

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 is available for people with hearing impairments.

2.6 PALS working with others

PALS work closely with staff and departments in the trust and have forged strong links with outpatient services where the volume of patients is very high and thus there is the potential for a greater number of difficulties. 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 outpatients.

PALS have a good relationship with the risk and safety department who manage formal complaints received by the trust. The two departments have frequent dialogue where they compare issues received by users. If both services pick up the same trends they will report these together thus highlighting the level of seriousness and risk for the trust.

Patient transport has generated many queries and PALS have established good rapport with this department, working together to resolve users' problems.

The PALS manager routinely meets with senior nurses and managers to review concerns raised via PALS and to consider how to make improvements to address any deficits in service where feasible. Reports and statistics are provided to all senior, divisional staff on a quarterly basis. Reports are also provided to the User Involvement Committee, a governance group of the trust, Board meetings and the Patient & Public Involvement Forum (PPIF).

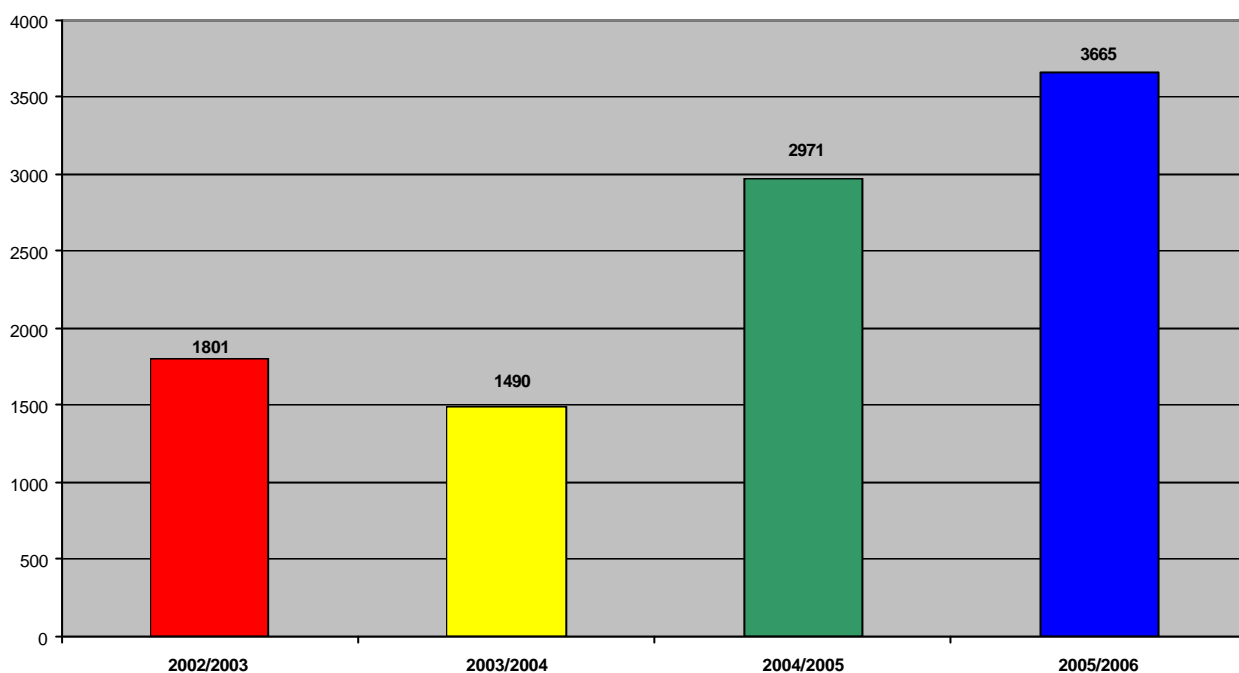
The PALS team is also a member of the North Central London Sector PALS Network; and also feed into the National PALS Development Group (NPDG).

The network members provide support to each other and will share information, protocols, procedures and work together on ideas and solutions to issues and challenges facing PALS.

3. Activity and performance

3.1 Below are listed the number of issues raised with PALS for 2002/03 through to 2005/06.

Totals of PALS issues from 2002 - 2006



The graph shows that PALS activity has increased.

As reported in the previous annual report a third of PALS work continues to relate to general enquiries which are in no way related to any shortcomings within the trust.

3.2 Providing Assistance (breakdown of general enquiry category)

General enquiries

General advice	308
Request for information	158
Appointment queries	213
Transport queries	193
Formal complaint advice	86
Advice on access to records	56
Benefit inquiries	32
Admission queries	24
Parking queries	23
Directions	19
Treatment queries	17
Access	10
Test result queries	10
Accommodation	8
Discharge queries	8
Interpreting	2

Sub Total **1167**

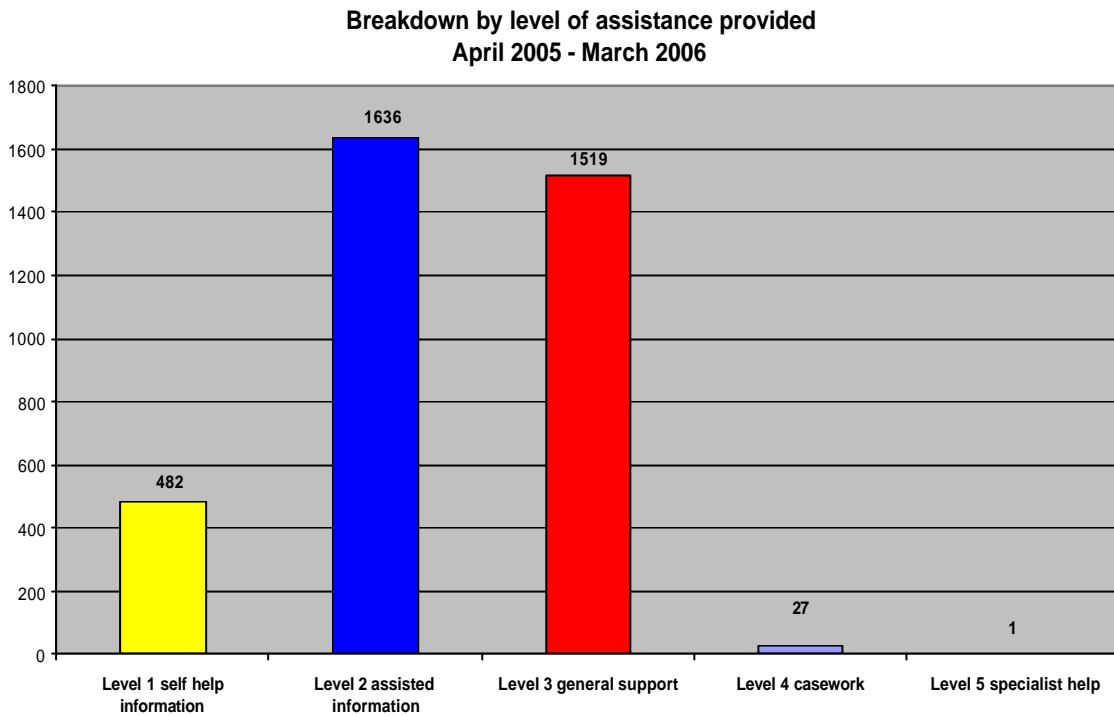
3.3 Resolving Problems

Category of inquiries (List of categories where there has been a problem with trust services)

Appointments process	1124
Treatment (quality of/or communication)	272
Patient transport	190
Admissions process	192
Test results (missing or delay)	103
Attitude of staff	84
Missing referrals	88
Communication	66
Discharge process	53
Access to medical records and missing at appointments	66
Not being able to get through to a dept on the phone	82
Length of wait in department	8
Parking	19
Loss of personal belongings	20
Environment (this includes cleanliness)	35
Access for disabled people	6
Patientline	4
Access to hearing aid equipment	2
Equipment not working	5
Confidentiality	7
Accommodation not booked	1
Overseas patients	2
Policy issues	24
Access to an interpreter	2
Hygiene (Alcohol gel missing from dispenser in outpatient clinic)	1
MRSA concerns	4
Organ retention	1
Quality of service	15
Positive comment	20
Works	2
Sub Total	2498
Grand Total	3665

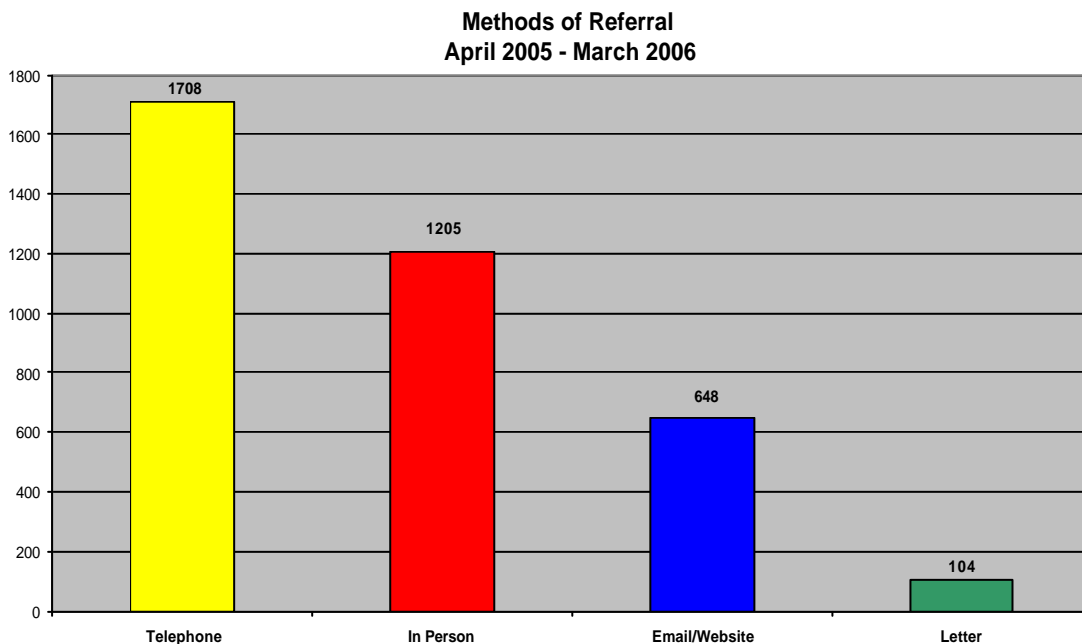
The largest number of concerns received is associated with the outpatient appointment system, a significant number of users experiencing difficulty in getting through to various appointments offices in the trust on the phone. Poor communication is a feature of a large number of issues across the organisation.

3.4 Breakdown by level of assistance provided



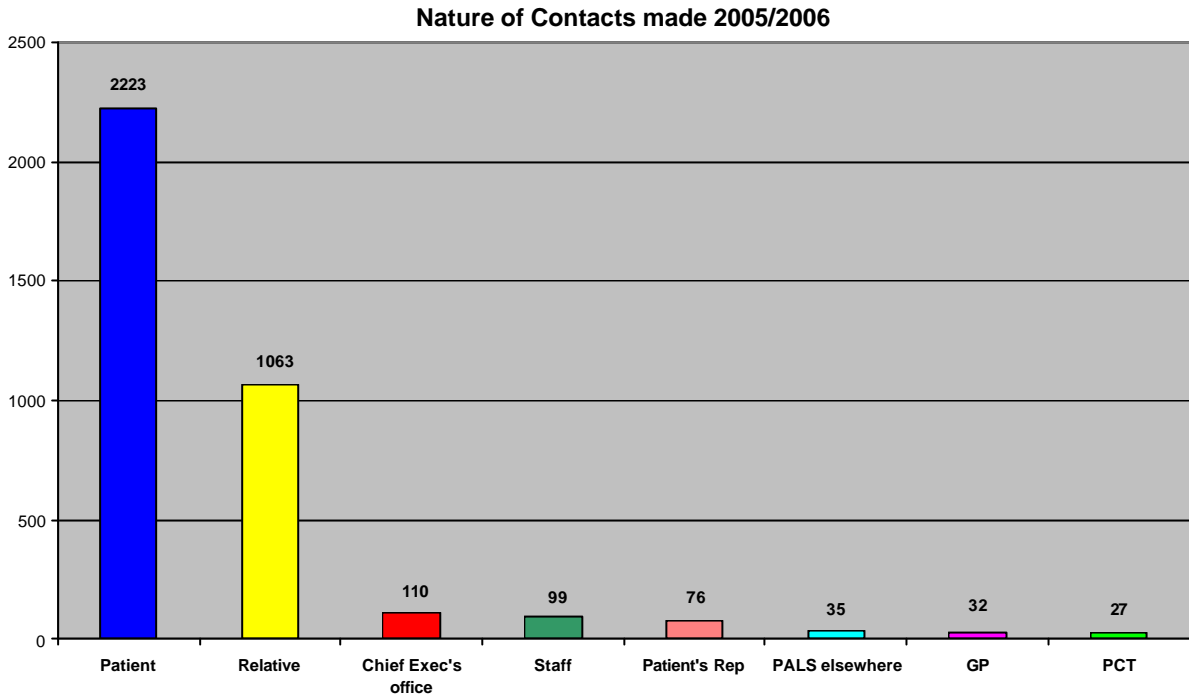
The graph above indicates the level of intervention or support provided to users by PALS. The higher the level the more time is spent by the PALS officer on a case.

3.5 Method of referral



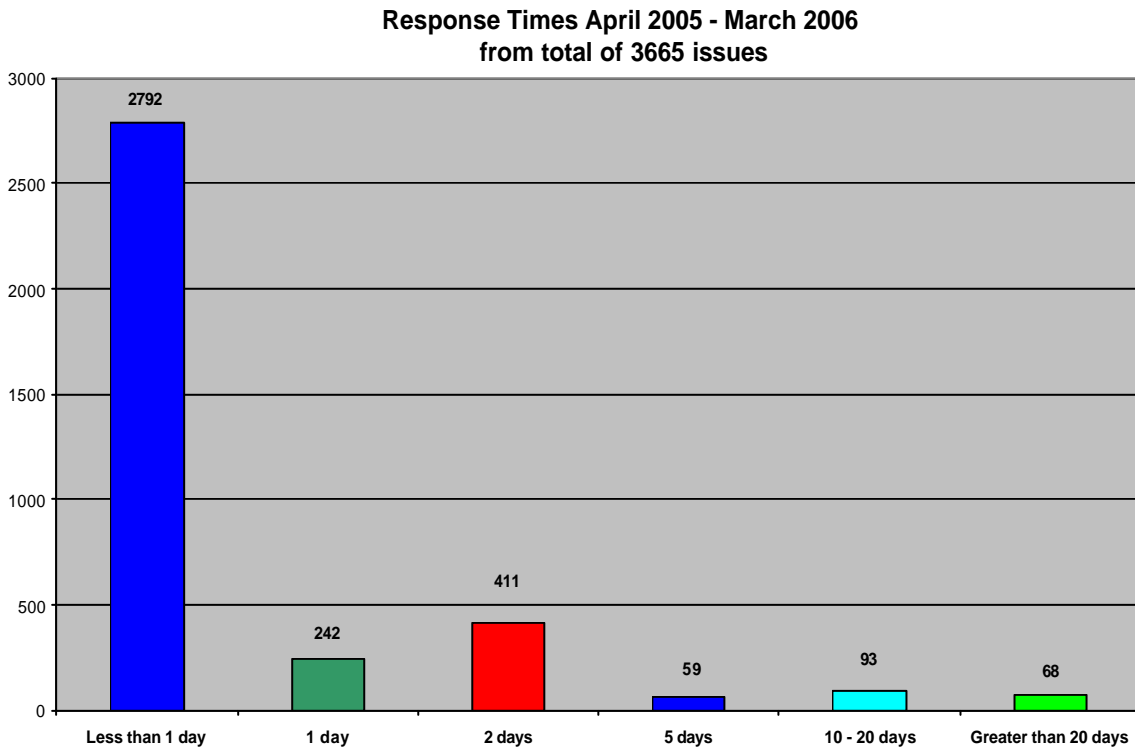
The graph indicates that the majority of users contacted the service by telephone however, there has been a significant increase in contact made by e-mail or the trust's website and this has nearly trebled compared with the previous year.

3.6 Nature of contacts



The graph illustrates that the majority of users contacting the service are patients

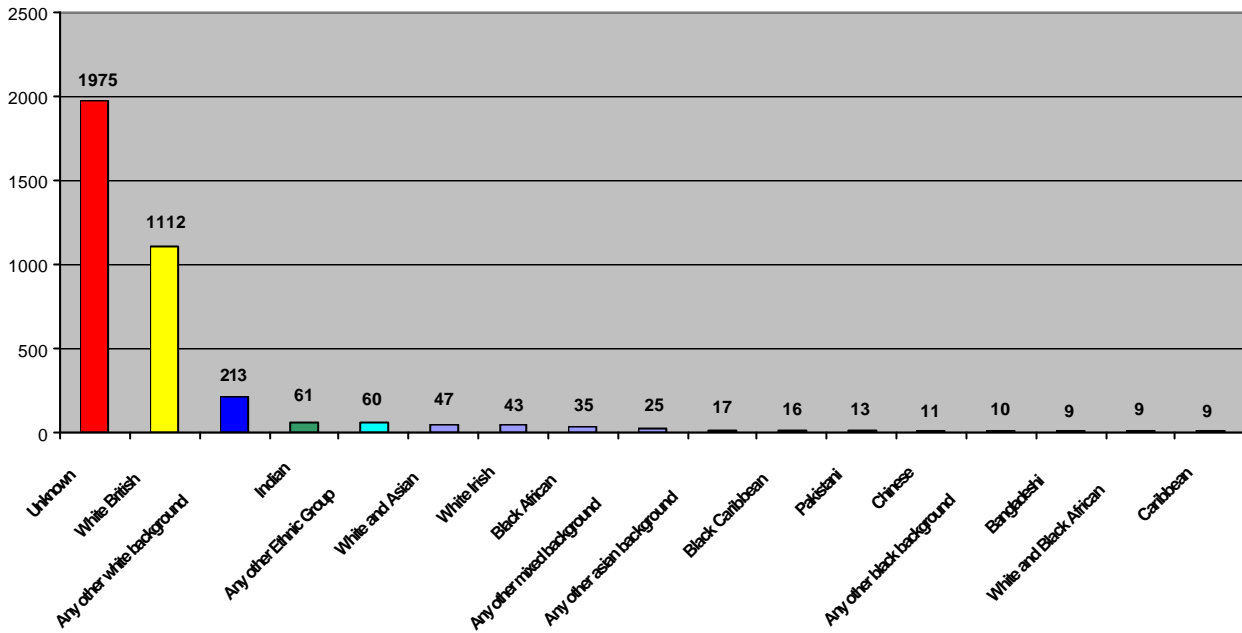
3.7 Response Times



The graph shows that 76% of all concerns received by PALS were responded to in less than 24 hours. However, with a staff vacancy in the latter part of the year this temporarily increased to 48 hours. However, with the appointment of a replacement PALS officer in early 2006 the response times have returned to less than 24 hrs.

3.8 Ethnicity

Ethnicity of Referrals to PALS
April 2005 - March 2006



Ethnicity is not collected for the majority of users and this is because it is difficult or inappropriate to ask this question when they are usually upset, angry or frustrated. With website and e-mail enquiries this has proven to be even more difficult.

4. PALS role in bringing about change

As well as resolving problems PALS aims to help bring about change. Below is a table providing some examples of change in the year 05/06.

4.1 Examples of improvements

Specialty	Detail of issues raised	Action Taken
Bereavement Services	Opening times of local registry office incorrectly stated in trust's bereavement booklet.	Booklet amended.
Dermatology	Patients unable to get through to outpatient services to make an appointment.	E-mail facility via hospital website now available for patients wishing to change or cancel appointments.
Neurosurgery	A patient was referred to hospital some months ago and had not received an appointment. Referral went missing and it was determined that GP practice had faxed it to the wrong department.	GP provided with correct contact details. Information also updated on NHS website used by GPs.
Parking	Patient paid for car parking unaware that orange and blue badge holder were one and the same thing. Hospital signage stated that "orange" badge holders were exempt.	Hospital signage now updated.
Domestic Services	Patients on renal ward complained about being very cold. Not enough blankets available due to timing of laundry being collected and subsequently delivered.	Ward now keeps a supply of blankets to overcome laundry problem.

Specialty	Detail of issues raised	Action
Neurosurgery	GP practice trying to arrange transport for stretcher patient who is due to be admitted to hospital. Practice being shunted from department to department with no clear advice about how to arrange transport.	GP practice and ward made aware of how to book transport for a patient requiring a stretcher in the future.
Ophthalmology	Patient attended appointment and length of wait at reception desk was extensive. New, temporary clinic clerk managing large clinic. Became overwhelmed and panicked which led to chaotic clinic.	In future only experienced staff will be used to cover large, busy clinics.
X-Ray	Patient arrived for barium test only to be advised that it needed to take place within a specific time cycle and as such needed to be re-arranged. This was not addressed when staff scheduled the appointment.	Protocol written for booking of specific barium test. All staff processing these appointments will be made aware of protocol.
Outpatient Services	High numbers of users unable to get through to the contact centre to arrange an appointment and were subsequently discharged.	PALS reported each concern on a case by case basis and raised this with outpatient services and senior management. PALS also assisted patients discharged be re-instated by retrieving referral letters from GPs and re-presenting the to outpatient services.

5. Summary

In 2005/06:

- PALS assisted 3665 users in the year April 2005 – March 06.
- PALS caseload increased by 19% on the previous year.
- 76% of users received their first response from PALS in less than one working day.
- Highest number of concerns related to outpatient services and in the main this was about trying to contact the contact centre to discuss or arrange an appointment.
- Assistance requests account for 31% of all issues received.
- There has been a 285% increase upon the previous year of referrals received by e-mail or the Royal Free Hospital's website.

6. Plans for 2006/07

A work plan for 2006/07 is in place and the principle tasks identified include:

- Ethnic monitoring process to be made more robust. Review data and use this information in order to make services more accessible to "hard to reach" groups.
- Joint Complaints/PALS training for staff to better understand the difference between issues raised informally and formally. How to prevent informal complaint escalating into formal complaints and to have a better understanding of the NHS complaints procedure.
- To achieve the Community Legal Service Quality Mark Standard award. This is awarded to information services that provide quality information to the public.
- To build and forge closer links with the Patient and Public Involvement Forum.