

A FRIEND IN DEED?

A Survey of
Patient Advice & Liaison
Services (PALS)

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The PALS service has frequently been promoted as a key point of access to the new system of public involvement that is to replace Community Health Councils. This report attempts a preliminary analysis of their accessibility and efficacy.

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ASSOCIATION OF
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FOR ENGLAND & WALES

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1.0 Executive Summary

The NHS Plan announced the Government's commitment to establishing Patient Advice & Liaison Services (PALS) in every Trust by 2002. They were expected to provide: **'information and on the spot help for patients, their families and carers'**. They were also expected to be a **'powerful lever for change and improvement.'**

Feedback from CHCs and the public suggests that PALS services are patchy and provide variable services. In some trusts they have not yet been established and in others it has been reported that the service has declined due to financial difficulties.

A pilot survey carried out in March 2003 by ACHCEW attempted to qualitatively evaluate the output of a sample of PALS services. The issue addressed was one of access i.e. how easy was it for a member of the public to access PALS services.

Following this limited survey it was decided to embark on a wider and more systematic survey of PALS services using an anonymous telephone survey of 100 Trusts that were identified by the Department of Health through their website as having PALS.

(www.doh.gov.uk/patientadviceandliaisonservices/palstrusts.htm)

The method involved a caller, acting as a member of the public and using a structured reproducible technique, calling each of 100 trusts and asking to speak to the PALS service. The caller then asked the PALS a basic question about a key service.

Of the 100 calls made, only 87 were directed to or connected to a PALS service by the Trust's main switchboard. 3 Trusts declared they had no PALS service in place despite being posted on the DOH website

Of the 87 successful calls:

- 8 failed to connect to the desired service
- 28 were connected to an answering service (machine or voicemail)
- 51 were answered in person.

Of the 51 calls answered in person by a PALS service:

- 28 Gave a credible response to the question
- 6 Referred the caller to someone else
- 6 Offered to ring back
- 1 Asked the caller to ring back
- 10 Gave some other response

The other responses varied from being connected to the 'Paediatric Advanced Life Support' service to being refused any information on independent advocacy unless the caller gave the PALS full details of the intended complaint.

It would appear that PALS services are still not established in all trusts and PCTs and are not even established in some trusts, which are listed on the DOH website as having a PALS.

Amongst the PALS that are supposed to be up and running, some are not easy to access through the trust's switchboard and it would appear that a number of established PALS are reliant on just one person, which makes the service difficult to provide in that person's absence.

Many PALS services appear to be reliant on answering services, with 28 of the 100 calls being connected to an answer machine or voicemail, instead of being able to provide the 'on the spot help' promised by the DoH. Of the 100 calls made only 28 resulted in a credible response, at the first attempt, to the basic question asked.

2.0 Introduction

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

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

Health Committee: May 15th 2003

All Trusts were supposed to have established PALS in the period 2001-2002 and the service should have been operational by April 1st 2002. The Department of Health allocated a budget of £10m to Trusts in England for PALS services.

Feedback from CHCs and the public during 2002-2003 suggests that PALS services are patchy and provide services of variable quality. In some Trusts they have not been established

PALS should be able to provide patients and the public with an easily accessible service to assist them when they have any problems with patient care. They are seen by some as both the front end of the patients' involvement process, and as a means of improving access to information and of commenting on or complaining about the system.

However, they have no statutory powers, are not independent and are accountable to the Chief Executive of

the Trust or PCT in which they are provided.

A pilot study was carried out by ACHCEW in March 2003 in a small number of PALS, to gather some qualitative evidence of their effectiveness. A key issue was one of access i.e. how easy was it for an ordinary member of the public to access a PALS.

Following the pilot study it was decided to carry out a detailed piece of work with the following objectives:

- To determine the degree to which PALS services are operational in NHS Trusts and PCTs across the England
- To determine whether PALS services across the country are easily accessible by telephone to members of the public
- To determine whether PALS staff are able to answer a basic question from a member of the public about a key service

3.0 Methodology

The survey was designed to reflect the view of the PALS service from the client's perspective at a specific point in time.

The survey was carried out using the 'mystery shopper' technique. That is a person contacted the relevant Trust, by telephone, posing as a member of the public, attempted to access the PALS service and then asked a basic question about a key service.

In order to ensure the process was reproducible and consistent a structured survey form was used (see **Appendix 3**) requiring the caller to follow a consistent approach with every Trust.

In addition, to avoid potential periods of staff shortage, all calls were made between the hours of 10.00am and 12.00midday or 2.00pm and 4.00pm. All calls were made on a normal weekday i.e. Monday to Friday.

The structure of the survey was:

- Contact the Trust's main switchboard
- Ask for the PALS service
- Record the response
- If connected to the PALS service ask a basic question:
'I have a complaint about my treatment and I would like an independent advocate. Do you know how I can access that service please?'
- Record the response under a range of generic possible replies

No attempt has been made within this piece of work to follow up on the information given or to pursue lines of enquiry beyond the initial response

At the end of the call the caller gave a confidence rating on a scale of 1 to 3 based on the following criteria:

- Did the PALS respondent sound confident that he/she could help the caller?
- Did the caller feel confident that the information given was correct?

The scoring principle was:

- 1 No confidence
- 2 Average
- 3 Confident

Note:

Answer machine responses were rated as confidence level 2

A 'No Response' call was rated at 0.

3.1 Survey Sample

100 Trusts were selected at random across the 28 Strategic Health Authorities. The number of selections from each SHA were weighted according to the number of Trusts in each SHA and the ratio of PCTs to NHS Trusts.

52 PCTs and 48 NHS Trusts were surveyed out of a total of 301 PCTs and 272 NHS, Ambulance and Care Trusts.

All Trusts selected were listed on the Department of Health website:

www.doh.gov.uk/patientadviceandliaisonservices/palstrusts.htm on 16th April 2003 as having a PALS service. The survey should therefore reflect a more positive picture of the service than might be experienced by all patients. Some trusts have no PALS.

4.0 Survey Results

4.1 Trust Main Switchboard

4.1.1 Trust Main Switchboard Response

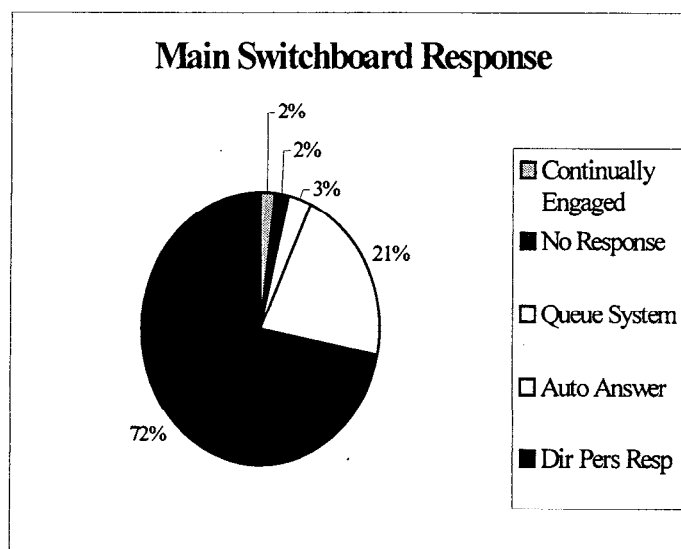
Response	No. Calls
Continually Engaged	2
No Response	2
Queue System	3
Auto Answer	21
Dir Pers Resp	72

No Response:

Middlesborough PCT
(Caller hung up after 40 Rings)
North CumbriaAcute Hospitals NHS Trust
(Caller hung up after 126 Rings)

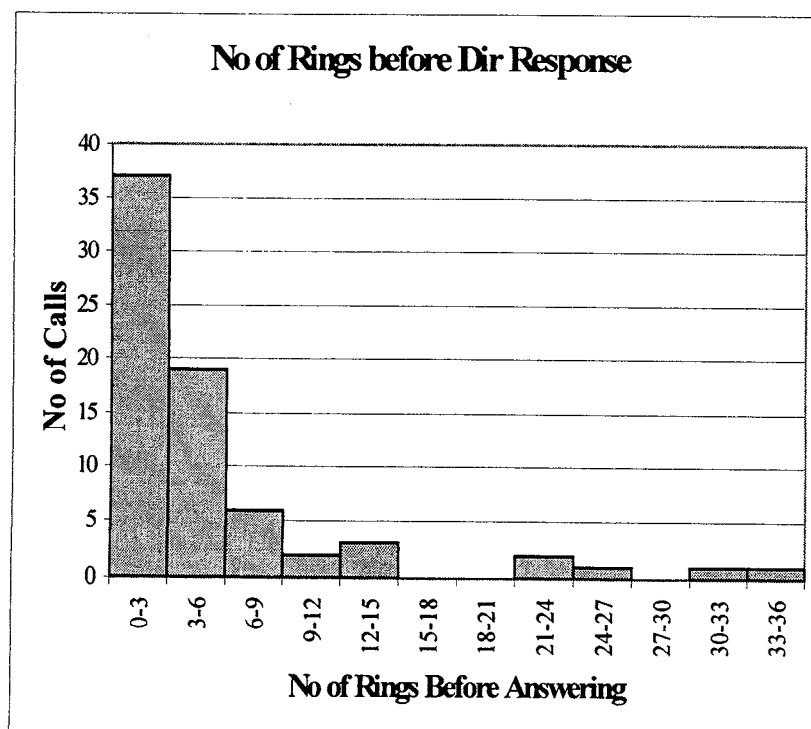
Continually Engaged:

Stockport PCT
Slough PCT



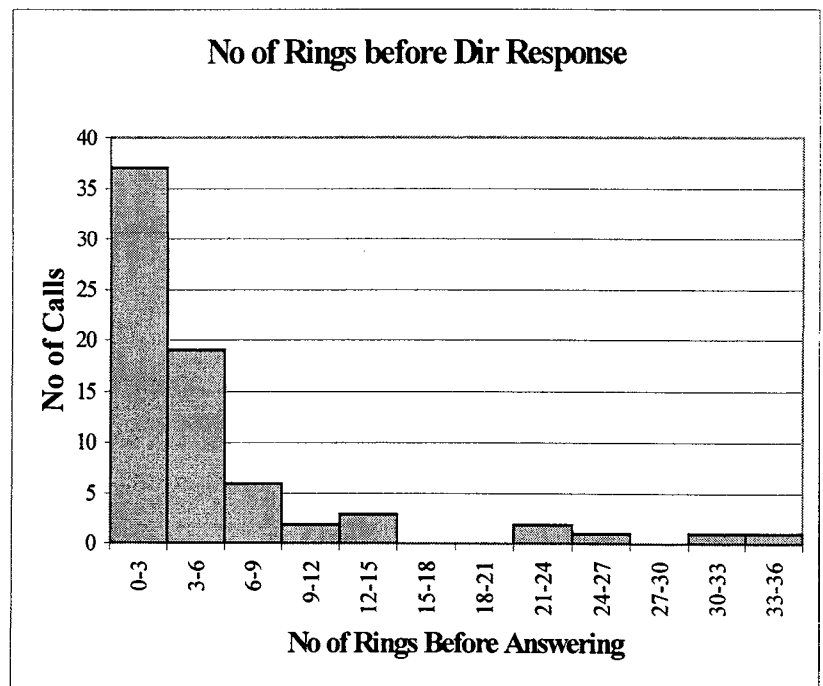
4.1.2 Main Trust Switchboard Response Times (Direct Personal Responses Only)

No of Rings Before Answer	No of Calls
0-3	37
3-6	19
6-9	6
9-12	2
12-15	3
15-18	0
18-21	0
21-24	2
24-27	1
27-30	0
30-33	1
33-36	1
Total	72



4.1.3 Main Trust Switchboard Automatic Answer Machine Response

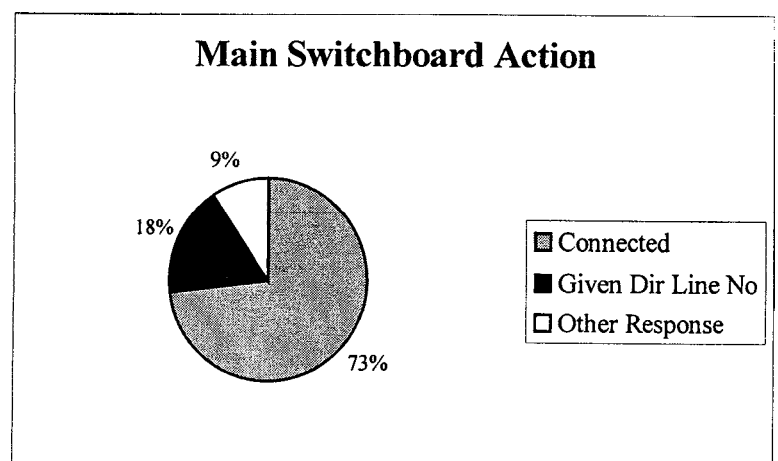
No of Rings Before Answer	No of Calls
0-3	37
3-6	19
6-9	6
9-12	2
12-15	3
15-18	0
18-21	0
21-24	2
24-27	1
27-30	0
30-33	1
33-36	1
Total	72



4.1.4 Main Switchboard Action

Action	No. Calls
Connected	70
Given Dir Line No	17
Other Response	9

Other Responses:
See Appendix 2

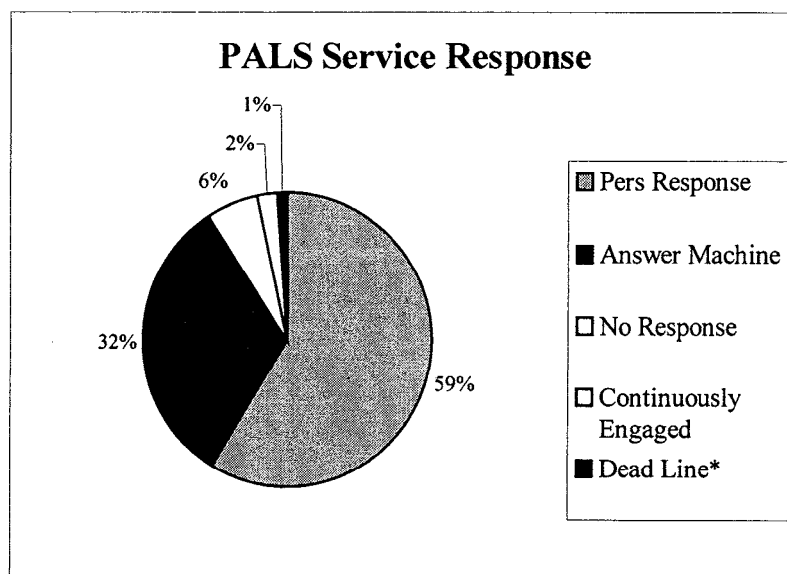


4.2 PALS Service

4.2.1 PALS Service Response

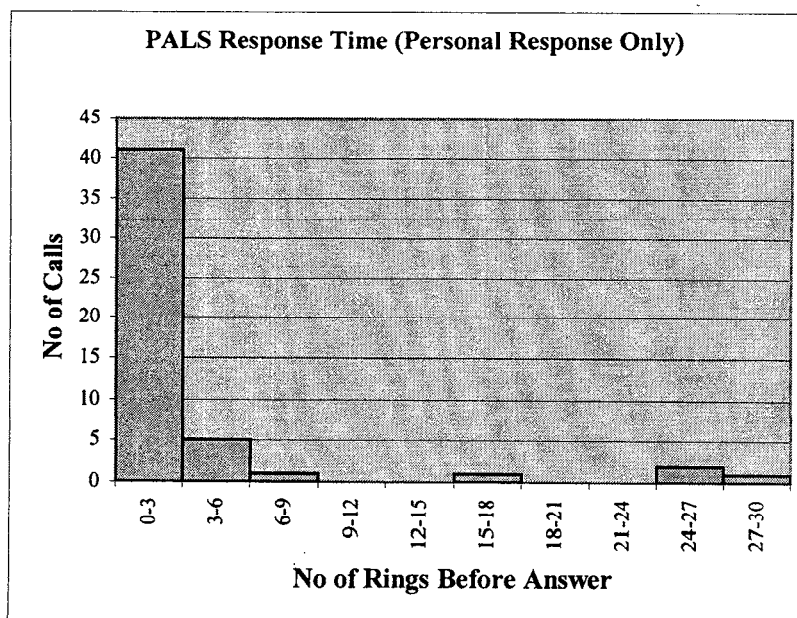
Response	No of Calls
Pers Response	51
Answer Machine	28
No Response	5
Continuously Engaged	2
Dead Line*	1
Total	87

*Direct Line number for the PALS service given by Trust main switchboard was a dead line. (Oldbury & Smethwick PCT)



4.2.2 PALS Service Response Times (Personal Response Only)

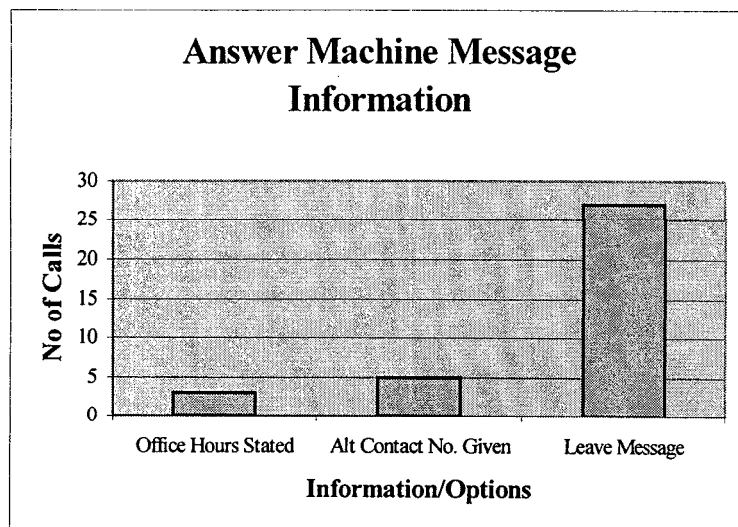
No of Rings Before Answer	No of Calls
0-3	41
3-6	5
6-9	1
9-12	0
12-15	0
15-18	1
18-21	0
21-24	0
24-27	2
27-30	1
Total	51



4.2.3 PALS Answer machine/Voice mail Message analysis

Information/Options	No of Calls
Office Hours Stated	3
Alt Contact No. Given	5
Leave Message	27

1 PCT did not offer the opportunity to leave a message, only giving an alternative contact number.

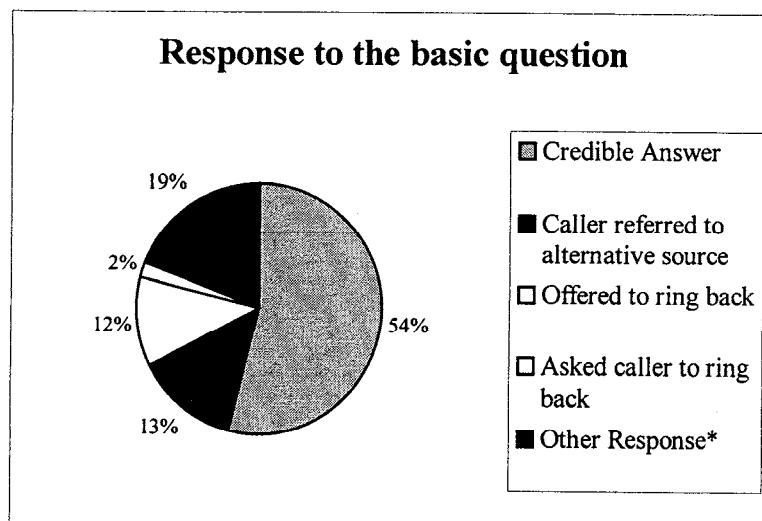


4.2.4 PALS Answer to the 'Basic Question':

'I have a complaint about my treatment and would like an independent advocate. Do you know how I can access that service please?'

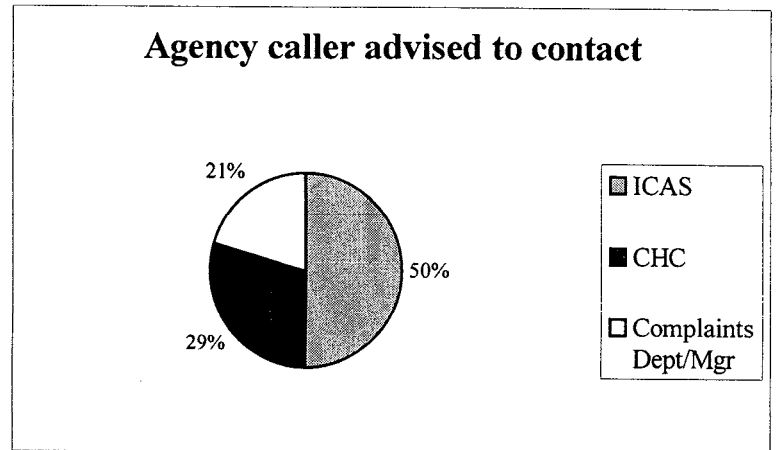
Response	No of Calls
Credible Answer	28
Caller referred to alternative source	7
Offered to ring back	6
Asked caller to ring back	1
Other Response*	10
Total	52

See Appendix II



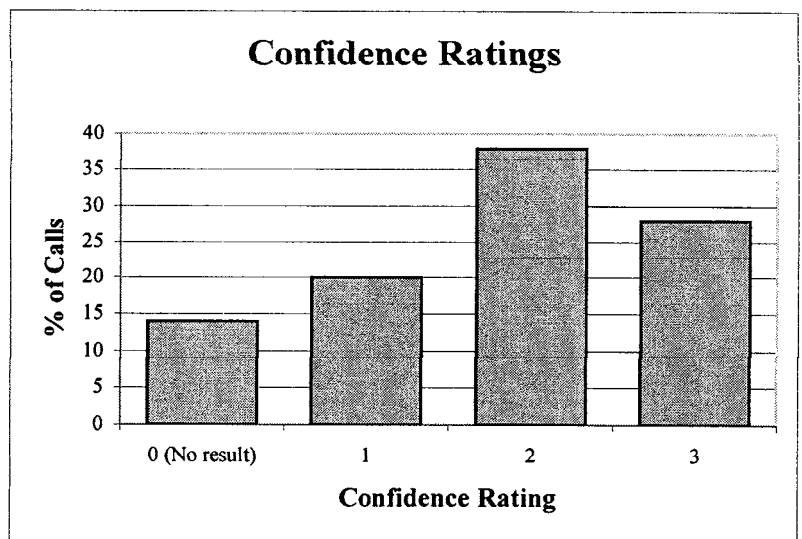
4.3 Referrals

Referred To:	No of Calls
ICAS	17
CHC	10
Complaints Dept/Mgr	7



4.4 Confidence Ratings:

Confidence Rating	No of Calls
0 (No result)	14
1	20
2	38
3	28
Total	100



5.0 Conclusions:

Patients attempting to access PALS through the main Trust switchboard may not be successful at the first attempt. In the survey, of 100 calls made, only 79 calls resulted in a successful connection with the PALS and out of these 79 successful contacts, only 51 resulted in person to person contact.

The profile of the PALS within the trusts was variable. Whilst the majority of main switchboards connected the caller or gave a direct dial number immediately, some required the caller to repeat the request, others necessitated the caller explaining what PALS stood for and in some notable cases (see appendix 1) it was apparent the switchboard had no understanding of what the PALS service was. As the patient's primary link in the patient involvement process this was of great concern.

Of the successfully connected calls, only 51 gave access to a person with whom the caller could discuss any issues. The other 28 calls were routed directly to an answering service, despite the fact that the calls were made on normal weekdays at times when it would be reasonable to assume that the service should be staffed.

From the range of responses, it would appear that in a number of cases the PALS service was the responsibility of a single person. On a number of occasions it was clear that the failure to achieve a successful connection, or the need to leave an answer machine message, was due to the single PALS worker being unavailable.

In addition, out of the sample of 100 calls, from the total of 573 NHS Trusts, 3 Trusts stated they had no PALS service in place, even though they were listed on the Department of Health website as being operational.

This suggests that other Trusts listed as providing PALS services by the Department of Health may also be failing to provide this service.

Once accessed, the ability of the PALS to answer the standard question was fairly good, although the quality of the information offered about independent advocacy service varied considerably. At opposite ends of the scale, some PALS services supplied details of the local pilot ICAS service, CHC or some other advocacy provider, whilst others could only refer the caller to the Trust's complaints department. One PALS refused to give the caller any information on advocacy unless he was prepared to disclose the nature and details of his complaint.

The current position with respect to the provision of independent advocacy services through pilot ICAS and CHCs may explain the variation in the answers to the question on advocacy, however, all PALS should be able to give a coherent and helpful answer to callers. It was notable that some PALS services, although having no ICAS service available within their locality were able to confidently and adequately explain the current position on ICAS provision, ICAS pilots and future plans. Others failed to provide any useful information about independent advocacy either through ICAS, CHCs or any other independent agency, offering only their own PALS service (which are not independent) or advising the caller to contact the Trust's complaints department.

Clearly, the availability of the PALS service is variable. Where the PALS service is up and running its profile within the Trusts, indicated by the responses given by some switchboards, is also variable. If a patient wishes to make contact with a member of the PALS service to discuss an issue, some tenacity may

be required as there is a significant possibility that the first attempt would be unsuccessful or would require the caller to leave a message on an answer machine or phone again. In many cases this may cause logistic and/or financial problems, if for instance the caller was using a public call box, a mobile phone during peak periods or was simply financially unable to make repeated phone calls in order to connect to a service.

On the subject of independent advocacy services the information being supplied by the PALS services varies considerably between Trusts. Despite the problems currently being experienced in the provision of these services it should be possible for all PALS services to give a consistent reply modified to take account of service provision within their own locality.

From the data it would appear that while there are many excellent PALS, many services are failing to meet the promises made for them by the Department of Health and in many cases are failing to provide the most basic level of service provision. The ability of only 51% of PALS to provide direct person to person contact is a cause of great concern and the failure of 72% to provide information about access to an independent advocate is deeply worrying.

On May 15 Mr Lammy stated to the Health Committee of the House of Commons that 'PALS are key to a well managed transition from CHCs to the new patient and public involvement system'. In view of our finding, it is clear that the Department has much to do to effect a successful transition and to ensure that patients can easily access an independent advocacy service through their local PALS service.

Appendix I

'Other' responses offered by the Trust Main Switchboard:

- PALS person not available until Friday. (Call made Wednesday)
(South Gloucestershire Primary Care Trust)
- PALS stand in will be around Friday (Call made Wednesday)
(Hertsmere Primary Care Trust)
- Person required is in a meeting. Ring after 1pm (Call made 11.45am)
(Bexhill & Rother Primary Care Trust)
- Person required is not in. Call back in the afternoon.
(Eastbourne Downs Primary Care Trust)
- No PALS service in place
(Thurrock Primary Care Trust)
- PALS not in place until 1st June 2003
(Bolton Primary Care Trust)
- PALS not yet in place. Someone from Social Services is helping out.
(Eastleigh & Test Valley South Primary Care Trust)
- Main switchboard diverted the caller to the 'information desk' which was engaged. Caller held for 3½mins then hung up.
(Burton Hospitals NHS Trust)
- Person who answered the main switchboard number declared she was the PALS service. However on asking the standard question this person transferred the caller to someone else who then transferred the caller to the complaints manager. The complaints manager referred the caller to the local CHC.
(Bassetlaw Primary Care Trust)

Other Notable Responses:

- PALS Service? Sorry mate you've got me there.
(Operator then confessed he had only been doing the job for a day, apologised, referred to his directory and put the caller through correctly)
(Northgate & Prudhoe NHS Trust)
- Operator took 1 minute to find the number for the PALS service.
(Exeter Primary Care Trust)
- In at least 8 cases the Trust main switchboard initially connected the caller to the wrong department (i.e. not the PALS service). In all these cases the recipient of the call redirected the caller.

Appendix II

'Other' Responses to the standard question from PALS services:

- Main switchboard operator connected the caller to the Paediatric Advanced Life Support service.
(Tameside & Glossop Acute Services NHS Trust)
- Connected to the wrong number.
(Suffolk Coastal Primary Care Trust)
- Connected to the 'Bleep Holder for the day'. Person declared he was 'a Pal or something like that.' When asked about complaints advocacy person referred the caller to the Mental Health Advocacy service. (This was a mental health Trust)
(Norfolk Mental Health Care NHS Trust)
- Caller connected to an unrelated department. Informed by this department that the PALS service is located in the CHC offices.
(Newcastle Primary Care Trust)
- No mention of any advocacy service. Wanted to transfer the caller to the complaints department.
(St Mary's NHS Trust)
- No mention of any advocacy service. Only described the complaints procedure.
(Broadland Primary Care Trust)
- Informed ICAS had finished. Only the PALS service and the complaints department were now available.
(Ipswich Hospital NHS Trust)
- Asked for all the details. When caller declined then the complaints procedure was described and the caller was referred to the complaints manager. No mention of advocacy.
(Reading Primary Care Trusts)
- Phone put down on caller in mid sentence. Returned to main switchboard. Auto answer, 30 second message, and then no reply after 25 rings. Tried twice with same result.
(Royal Free Hampstead NHS Trust)
- Not prepared to give the caller any details on advocacy or complaints until the caller divulged the details of the complaint which he was unwilling to do.
(North Kirklees Primary Care Trust)

Appendix III Pals Service Survey

Pals Service Survey

Trust Name:

Trust Number:

No. of Rings before answering:

 (A)

Answer

(B) **Yes**

(C) **No**

(D) **Ans
M/C**

Details:

End

Question:

Could I speak to the PALS Service please?

(E)

Redirected to a Direct Line

Number:

(F)

Connected

(G)

Other:

No. of Rings before answering:

 (H)

(I)

**Personal
Response**

(J)

**No
Response**

End

(K)

**Answer
Machine**

(L)

**Office
Hours**

(M)

**Alternative
Contact**

(N)

**Leave
Message**

End

Question:

I have a complaint about my treatment and I want an independent advocate. Do you know how I can access that service please?

(O)

Yes

(P)

No but Refer

(Q)

**No and No
Referral**

(R)

**Please Ring
Back**

(S)

**PALS will
Ring Back**

(T)

Other

SpecTime (U)

After Call Finished:

Confidence Rating:

 (V)

Appendix IV

Post Survey Feedback from CHCs on PALS Service availability.

Further to the PALS survey, CHC's across England were asked to notify ACHCEW if they knew of any PALS services in their area which have not been set up or are not functioning.

As of Monday 19th May 2003 the following have been noted.

All these notifications have been taken at face value and recorded from the messages received. None of these notifications has been checked for currency or accuracy although at least 1 report of a PALS service not being established was confirmed through the PALS Survey.

- Alexandra Hospital Redditch PALS officer left – not replaced. Joint post with Redditch & Bromsgrove PCT is being advertised and will cover the Alexandra Hospital, Princess of Wales Community Hospital, Bromsgrove and the Redditch & Bromsgrove Primary Care Services
- Avon & Wiltshire Mental Health Partnership NHS Trust is not running a PALS service.
- Barnet & Chase Farm Hospitals Trust did set up a PALS service which lasted several months but has since collapsed
- Barnet, Enfield & Haringey Mental Health Trust have not set up a PALS service yet
- Brighton & Hove PCT and South Downs NHS Trust interviewing together on 9th May 2003 for the position of PALS Manager
- Burton Hospitals NHS Trust has agreed with East Staffordshire that there should be a joint PALS post to cover the journey across the two organisations as from the beginning of May 2003
- City & Hackney PCT – PALS service just starting up now
- East London & City Mental Health Trust has established a PALS service but this is only one person to cover Newham, Tower Hamlets, Hackney and the City of London.
- Eastern Cheshire PCT have not yet formalised their arrangements
- Epsom & St Helier has a Project Manager but no PALS service in place
- Greenwich PCT does not have a PALS but is hoping to in the near future when it can fund the service
- Hereford & Worcester Ambulance Services Trust - Currently their Complaints Officer also acts as the PALS Officer
- Islington PCT – the successful applicant for the Assistant Director (PPI) will be expected to set up and manage the PALS service there
- Kidderminster Hospital PALS Officer left – not replaced. Likely when DTC opens in Oct/Nov 2003 a joint PALS officer post will be advertised to cover the Kidderminster Hospital, Mental Health Partnership Trust, Hereford & Worcester Ambulance Service Trust and the Wyre Forest PCT and Primary Care Services.
- Lancashire Care Trust have not established a PALS service

- Mid Essex Hospital Services NHS Trust do not have a functioning PALS service
- Milton Keynes PCT are advertising for staff for a PALS service which will go across both the hospital and the PCT (which includes mental health and learning disability)
- Sedgfield PCT has only just appointed a PALS officer who has not started yet
- South West London & St Georges Mental Health Trust has no PALS service whatsoever
- South Worcestershire PCT – Currently their Project Manager Modernisation acts as PALS contact for PCT and Primary Care Services
- Sussex Ambulance service – No PALS service yet
- Sutton & Merton PCT is currently advertising for a PALS manager who is expected to set up the service
- The Robert Jones and Agnes Hunt Orthopaedic and District NHS Trust has not yet established its service
- Thurrock PCT has not yet started a PALS service
- Wandsworth PCT – PALS service commenced on 6th May 2003 as a single individual but is not yet contactable
- Warwickshire Ambulance Service is in the process of advertising the PALS post.
- West London Mental Health Trust. PALS service consists of 1 full time PALS Manager only. However calls are not being put through to this service yet and it is not being publicised
- Worcestershire Mental Health Partnership Trust – Currently their Complaints Officer also acts as the PALS Officer
- Worcestershire Royal Hospital PALS officer due to leave 17th June. No news on replacement
- Wyre Forest PCT – Currently their Communications Manager acts as PALS contact for PCT and Primary Care Services

Appendix V

From the DoH Website – May 2003

Patient Advice and Liaison Services (PALS)

Background and Policy Objectives

Patient Advice and Liaison Services (PALS) are central to the new system of patient and public involvement. The PALS do not replace existing specialist advocacy services, such as mental health and learning disability advocacy. Rather, they will be complementary to existing services. Providing information and on the spot help for patients, their families and carers, they will be a powerful lever for change and improvement. This document has been developed to support trusts to implement PALS and maximise their impact.

The NHS Plan announced the commitment to establish PALS in every trust by 2002. Involving Patients and the Public in Healthcare (September 2001 and November 2001) outlined plans for a radical new system of patient and public involvement, placing patients and those who pay for the NHS at the heart of decision-making. These documents built on the provisions in the Health and Social Care Act 2001, and provided further information on the role of PALS.

The need for change was further emphasised in the Kennedy Report "...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. We have used these experiences to inform the core standards and this document to support trusts in implementing PALS nationally. The evaluation of the Pathfinder sites and the lessons learnt, has provided examples of the practical application of the principles underpinning PALS and informed understanding of the expectations of the service, and the role and philosophy of PALS within the NHS.

Downloadable documents

Supporting the Implementation of Patient Advice and Liaison Services - A resource pack in Portable Document Format (PDF)

£2.50 (p&p incl.)
ISBN 0-9542478-4-1

Published by:
The Association of Community Health Councils for England & Wales
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