

House of Lords

Wednesday 22nd October 2003

Patient Forum Regulations

No: 2123/2124

and

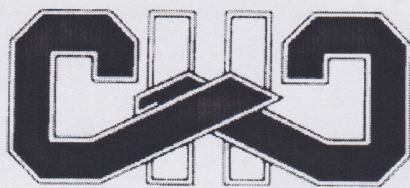
Appendix

Monitoring of the PALS and ICAS Services 2003

Earl Howe



ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES



ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

Wednesday October 22nd 2003

Dear Freddie,

Re: Patients' Forum Regulations

- The Patients' Forums (Membership and Procedure) Regulations 2003
<http://www.legislation.hmsso.gov.uk/si/si2003/20032123.htm>
- The Patients' Forums (Functions) Regulations 2003
<http://www.legislation.hmsso.gov.uk/si/si2003/20032124.htm>

Function Regulations No 2124

The Obligation to be Advised by the Commission

Regulations 2(5) (and 3(5)). This includes the phrase: 'shall have regard to any advice given to them by the Commission.' We advised the removal of this phrase because it might place an unreasonable duty on Patients' Forums to take advice from the CPPIH that it might not want – this would have the effect of limiting the freedoms of Patients' Forum. The Commission's duty is to establish, resource and provide members to PFs and to give them advice and assistance. That is clearly different from obliging the recipient of that advice to accept it.

Access to Prisons, Detention Centres and Private Care Facilities

Regulation 3(3)(e)(f) concerns access to GPs, dentists, pharmacists, opticians and to local authority services and pilot pharmaceutical services.

It is unfortunate that access for Patients' Forums to prison health services and health facilities at detention centres for asylum seekers, was not explicitly included in the Regulations. It would also have been valuable to have included access to private hospitals and clinics where NHS patients receive care in these Regulations e.g. those accessed through the Patients' Choice programme.

Foundation Trusts

If the Government fails to change their position on Patients' Forums and the proposed Foundation Trusts, by enshrining the duty and rights of NHS Trust PFs to have access to and inspect Foundation Trusts, the new PPI system could well disappear within a few years.

Entry to Premises - Appeals

There does not appear to be any provision in the Regulations for an appeal against the refusal of an NHS body to grant entry to NHS premises. Although in practice it is likely that such issues would be raised with Strategic Health Authorities and with the Secretary of State through the CPPIH, it would have been better and more empowering for PF to have had the right of appeal through the Regulations.

Obtaining Information

Regulation 5

Regulation 5(1) The DH have considerably strengthened this Regulation by creating a requirement (instead of 'may request') on NHS bodies to provide information within 20 working days.

However, there is no mention of information quality, or information required regarding national and regional NHS services, prison health services, private providers, local authorities or primary care providers.

Restrictions on Disclosure of Information

Regulation 6

There is no provision to reveal on a confidential basis to a PF that there is a potentially dangerous doctor or nurse working in the area e.g. a Rodney Ledward or Beverley Allit. This is a great weakness because the PF in consultation with ICAS can use its detailed grass roots knowledge to assist the PCT or NHS Trust to monitor and identify dangerous health professionals.

Referrals to the Overview and Scrutiny Committee

Regulation 7

This Regulation is much too narrow and weak and represents a missed opportunity. It should have included a general encouragement to refer any key issues to the OSC, i.e. in cases where the NHS is failing to deal adequately with issues concerning the health of local people, there could have been a requirement to refer such matters to the local OSC. This Regulation could have been strengthened by specifically referring to Section 19(m) of the 2002 Act, which allows the PF to refer any matter to the Overview and Scrutiny Committee concerning the health of local people.

Annual and Other Reports

Regulation 8

Regulation 8(3) fails to include Overview and Scrutiny Committees in the list of organisations to which the PF should send reports on service reviews.

Regulation 8(6) Undermines the potential for partnership and joint work between Patients' Forums and other key bodies concerned with health care. This is because it restrains a PF from seeking assistance from the Strategic Health Authority or Overview and Scrutiny Committee, when a local Trust has failed to respond appropriately to a report on a service, until all reasonable efforts to resolve the matter have failed.

Membership and Procedures Regulations No 2123

Regulation 2

Membership of Patients' Forums – NHS Trusts and PCTs

This is perhaps the worst part of the Regulations. The DH have not agreed to increase the minimum size of PFs above 7 members in **Regulation 2(1)** for NHS Trusts, and 9 members in **Regulation 2(4)** for PCT PFs. The size would make them equivalent to a CHC subcommittee. If PFs have such a small number of members some PF would become non-functional during holidays and sickness. Numbers might well increase but until that happens they will be small and probably ineffective. There may of course be a relationship between the very low amounts of money that CPPIH are offering local network providers to run the PFs (£25,000 per forum) and the minimum number of members.

Membership of Patients' Forums - PCTs

Regulation 2(4) places a duty on the Commission to appoint members (in addition to the 7 members) to the PCT PF, who are also members of the PF for the main local NHS Trusts and one additional member from a 'body which represents members of the public in the Primary Care Trust's area in matters relating to their health...' If Foundation Trusts are formed the 9 members of the PCT PF will have the additional responsibility of monitoring acute Foundation Trusts.

Appointment of Chairman and Deputy Chairman

Regulation 3 (1) does not require a PF to have a Chair. This should be seen alongside Regulation 8(1), which says that staff provided to the PF shall be under the direction of the members. The confusion this is likely to cause is very worrying for staff and members

Disqualification from Membership

Regulation 4

This Regulation fails to bar from Membership of PF people who have been expelled from CHCs by the Secretary of State for acting in a way believed not to be in the best interests of the NHS. Neither does this Regulation bar people whom are considered to be unsuitable to work with vulnerable adults or are disqualified from working with children.

Appointment of Committees and Joint Committees

Regulation 7

Regulation 7(3)(a) and (b) requires that a committee to which a PF has discharged its function has a minimum of two members of the PF or in the case of a joint committee of PFs, one from each.

This is an improvement on the draft, but does allow a sub-committee of the PF (which might only have seven members) to operate, which is made up almost entirely of non-PF members providing there are two full members present. **There are no Regulations concerning co-opted membership.**

Funding, Premises etc

Regulation 8

Regulation 8(2) places staff under the direction of members of the PF, even though PF don't have to appoint a Chair. The complexities between the Local Network Provider and the Members regarding duties and responsibilities to staff might be difficult to resolve.

Allowances

Regulation 9

There appears to be no duty to pay expenses to PF members. 'The Commission may pay.....'.

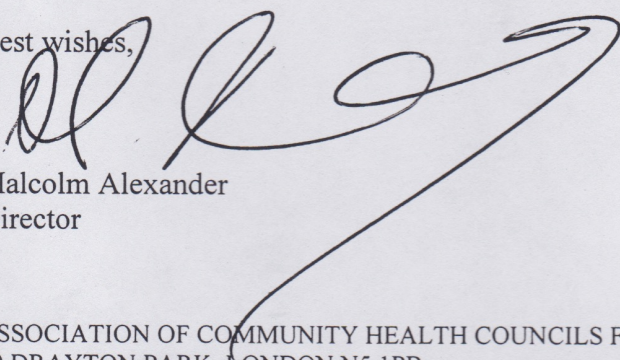
Meetings and Proceedings

Regulation 10

There is no requirement in this Regulation to hold a minimum number of meetings – it appears that PF can meet whenever it wants and at a regularity chosen by the members.

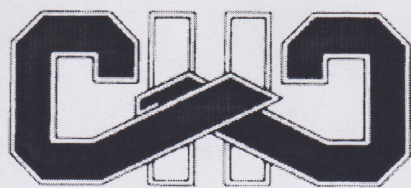
Regulations 10(4) and (5) would allow a considerable amount of business to go on in private.

Best wishes,



Malcolm Alexander
Director

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ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

Wednesday October 22nd 2003

Dear Freddie,

Re: Patients' Forum Regulations – Key Issues in the development of the new PPI system.

There is still much to be done by the Government to ensure that the new system works effectively for patients and the public. We have shown below the key commitments given in parliament and through correspondence with Ministers.

Best wishes,

Malcolm Alexander
Director

Absence of a Managed Transition

There has been no managed transition either between CHCs and Patients' Forums or between ACHCEW and the CPPIH. There has been absolute opposition by the CPPIH to managing the transition.

Consequently, CHCs have either closed or are about to close and PFs with a small membership are expected to start work on December 1st. As a result of failure to manage transition, the public have been denied the services of CHCs. In addition the NHS has not been monitored by CHC members in some areas, Trust Boards are losing the highly experienced CHC members who attended these meetings and LIFT Boards and other NHS developments are functioning in many cases without the experienced CHC members who played an active part in their work. The Government and CPPIH could easily have engineered an effective transition but chose not to do so. As a result there is likely to be an embarrassingly weak system of patient and public involvement in the NHS in England for some time to come. The Welsh on the other hand have a flourishing system of PPI based on developing CHCs.

Overlap between CHCs and Patients' Forums – the commitments

- ♦ 30th October 2002 – Overlap between CHCs and Patients' Forums
David Lammy (77430) reply to Dr Evan Harris (PQ)

'CHCs will be abolished once the new system is functioning. The date of abolition for CHCs and ACHCEW has yet to be decided but we will make an announcement as soon as a date has been set. In the meantime the 184 CHCs continue to function and will be funded until their abolition.'

PALS Service

The two PALS surveys conducted by ACHCEW are attached. In each case 100 PALS were surveyed across England, the results of both indicate an alarmingly poor response.

The 'One Stop Shop'

The DoH have reneged on their commitment to establish 'one stop shops'. The attempt to use local network providers as 'one stop shops' is unrealistic because they do not have the resources, and many work out of small crowded offices. Excellent CHC offices, many of which are by bus-stops on high streets are shortly to close.

We believe it is essential that there is a 'one stop shop' in every PCT area to enable members of the public and patients to get effective and easy access to the new system i.e. Patients' Forums, ICAS, OSC etc. Ministers gave repeated assurances that a one-stop shop would be set up in each area to facilitate access for the local community.

One Stop Shops – the commitments

◆ 8th August 2002 - One Stop Shop

David Lammy to Lord Ponsonby (correspondence)

'It will also be the responsibility of the PCT Patients Forum to act as a kind of one stop shop for local people, providing advice and information to them about how they can get involved locally and how to make a complaint.'

'By making it simpler to understand and co-locating the provision of independent complaints, advocacy, the PCT Patients' Forums and the function of promoting public involvement, the public will have a single one stop shop where they can access everything they need to get involved in local decision making processes.'

◆ 4th November 2002 – One Stop Shops

Lord Hunt of Kings Heath (HL6154) reply to Lord Clement-Jones (PQ)

'Patients' Forums in Primary Care Trusts will act as one-stop shops by advertising locally their presence and the services they provide in person, over the phone or over the Internet and by being based in premises that are accessible. It will be a matter for the Commission for Patient and Public Involvement in Health to determine the level of resources it provides to Patients' Forums to enable them to carry out their role.'

Local Network Providers

575 Patients' Forums are being established by Local Network Providers rather than staff employed by the CPPIH. The involvement of the voluntary and community sector is essential but by giving this sector a leading role the patchiness and unevenness which the new system sought to avoid seems to have been built in at the core of the new system. The new system is being built by a wide range of community organisations, some of which have very little capacity (and one, the College of Health, which was to establish 35 PF has just gone into liquidation). It is quite possible that other Local Network Providers will also collapse because they have a weak financial base and funding for PFs (£25,000 per Forum) is much too low. This would leave the Patients' Forums without any infrastructure to support them. We believe this system will replicate the unevenness of the voluntary sector across the country and will, we believe, create inconsistencies between Patients' Forums.

PCT Patients' Forums – the commitments

◆ 4th November 2002 - Staff of Patients' Forums

Lord Hunt of Kings Heath (HL6151) reply to Lord Clement Jones (PQ)

'Staff will be provided by the Commission for Patient and Public Involvement in Health to primary care trust Patient's Forums to support the members of Patients' Forums in their work. The work programme of the staff will be set by the Patients' Forum members. Therefore, while staff will be employed by the Commission, on a day to day basis they will be accountable to the Patients' Forum to which they are attached. It is for the Commission to decide exactly how this dual accountability will be managed and ensured.'

Independent Complaints Advocacy Service

The CPPIH now estimate that the new ICAS system will not be established through Patients' Forum until 2005. An ICAS system was established across the country by the DH from September 1st 2003 but an initial survey by ACHCEW has shown that some ICAS services could not provide the basic services they were set up to provide. Additionally many PALS services could not direct callers to the new ICAS service in a separate survey carried out by ACHCEW.

ICAS– the commitments

◆ 22nd May 2002 – Independent Advocacy

Hazel Blears MP NHS Reform and Health Care Prof Bill (col. 325)

'To summarise, every NHS trust and PCT will have a patient advocacy and liaison service, ensuring that concerns are dealt with before they become a serious problem,

and a Patients' Forum, ensuring that the local public have a vehicle to express their view about matters relating to health. The Forum will also monitor and review services. Every PCT Patients Forum will have staff to commission or provide independent support to help individuals to make a complaint.'

Transfer of Skills and Knowledge of Staff and Members

Despite the assurances that the unique skills and knowledge of CHC staff and members are harnessed to develop the new system it is now clear that there will many redundancies and many Members of CHCs will not become members of PFs. As there is no other group of staff with expertise, skills and knowledge comparable to CHC staff and members this represents a substantial loss to the new PPI system. There has been no direct transfer of CHC staff to the Commission and this has created enormous problems for the transition from CHCs to Patients Forums.

Transfer of Skills and Knowledge of Staff and Members – the commitments

◆ **2nd December 2002 – The Valuable Skills of Staff**

David Lammy MP reply to Ms Drown MP (PQ 84066-68)

'The government takes the view that Community Health Council (CHC) staff have valuable skills which are important to the smooth running of the National Health Service.'

◆ **10th December 2003 – Overlap between CHCs and Patients' Forums**

David Lammy (84884) reply to David Hinchliffe MP (PQ)

'We will be working closely with the Commission to ensure that there is a smooth transition from CHCs to Patients' Forums.'

Commission for Patient and Public Involvement

Access to CPPIH Board papers. ACHCEW, CHCs and members of the public are unable to obtain copies of CPPIH Board papers before their public meetings. The CPPIH refuse to send these out in advance of meeting.

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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 roll-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

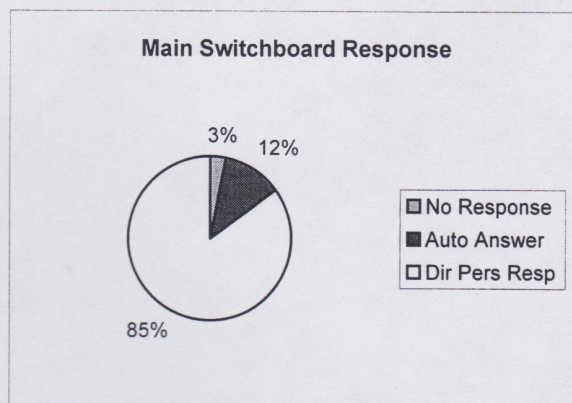
Other responses to standard question from PALS Services

- ☞ 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)

Main Switchboard

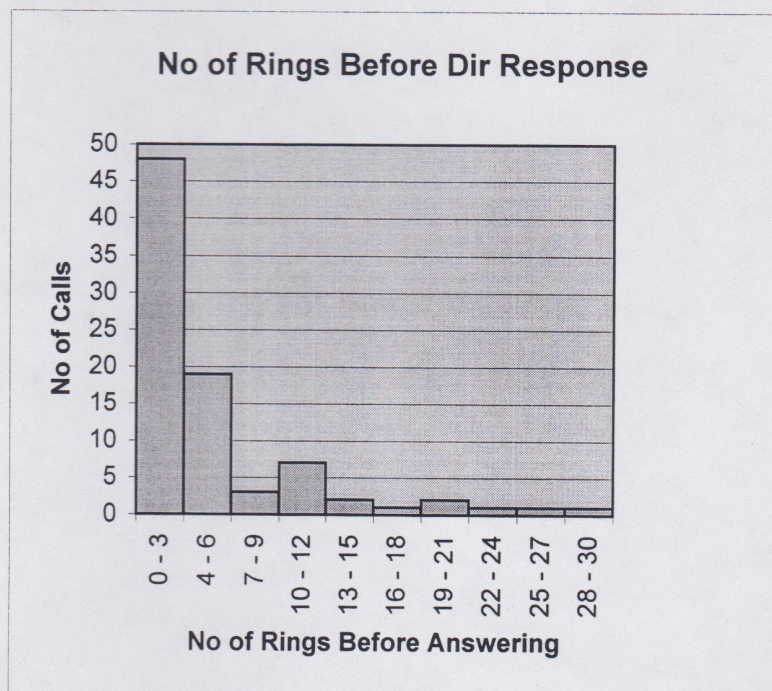
Trust Main Switchboard Response

Response	No. Calls
No Response	3
Auto Answer	12
Dir Pers Resp	85
Total	100



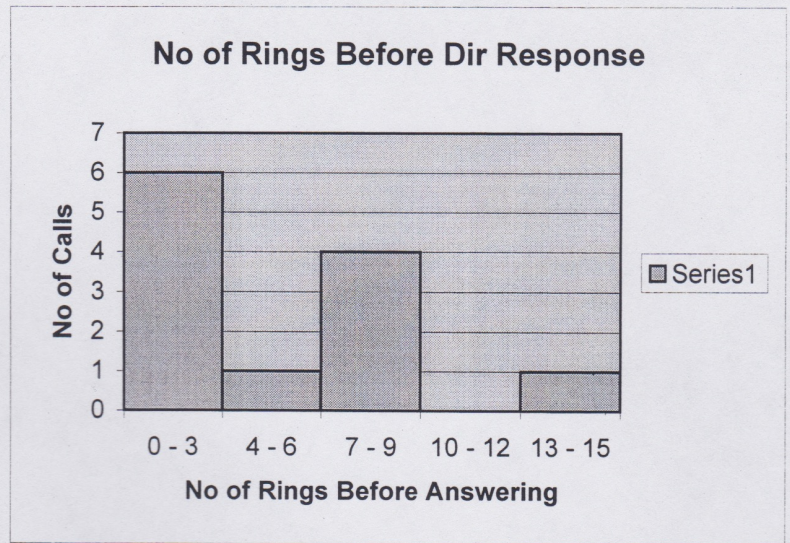
Main Switchboard Response Times

No of Rings Before Answer	No of Calls
0 - 3	48
4 - 6	19
7 - 9	3
10 - 12	7
13 - 15	2
16 - 18	1
19 - 21	2
22 - 24	1
25 - 27	1
28 - 30	1
Total	85



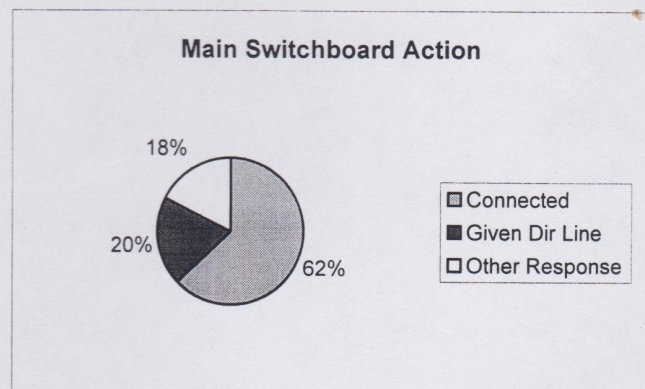
Main Trust SwitchboardAuto Answer M/C Response

No of Rings Before Answer	No of Calls
0 - 3	6
4 - 6	1
7 - 9	4
10 - 12	0
13 - 15	1
Total	12



Main Switchboard Action

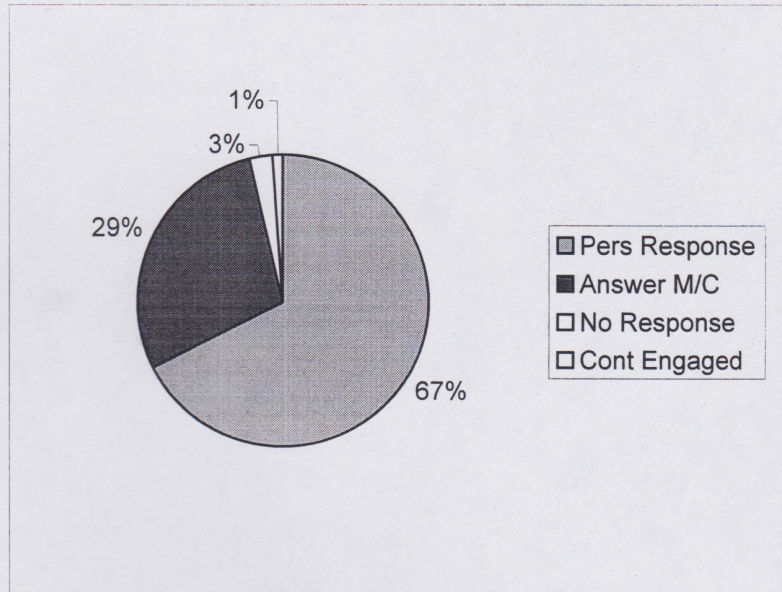
Action	No of Calls
Connected	61
Given Dir Line	19
Other Response	17
Total	97



PALS Service

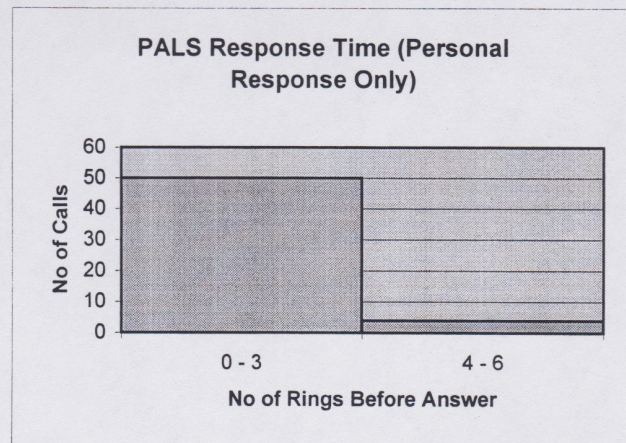
PALS Service Response

Action	No of Calls
Pers Response	54
Answer M/C	23
No Response	2
Cont Engaged	1
Total	80



PALS Service response times (Personal Response Only)

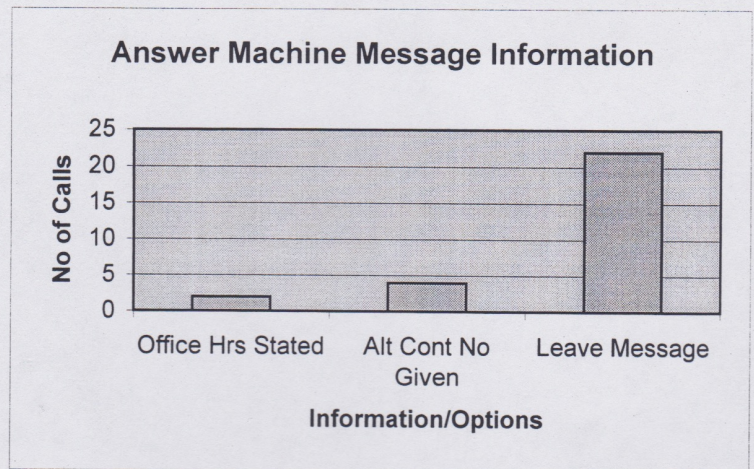
No of Rings Before Answer	No of Calls
0 - 3	50
4 - 6	4
Total	54



PALS Answer M/C Message Analysis

Information/Option	No Calls
Office Hrs Stated	2
Alt Cont No Given	4
Leave Message	22

1 PCT gave no opportunity to leave a message

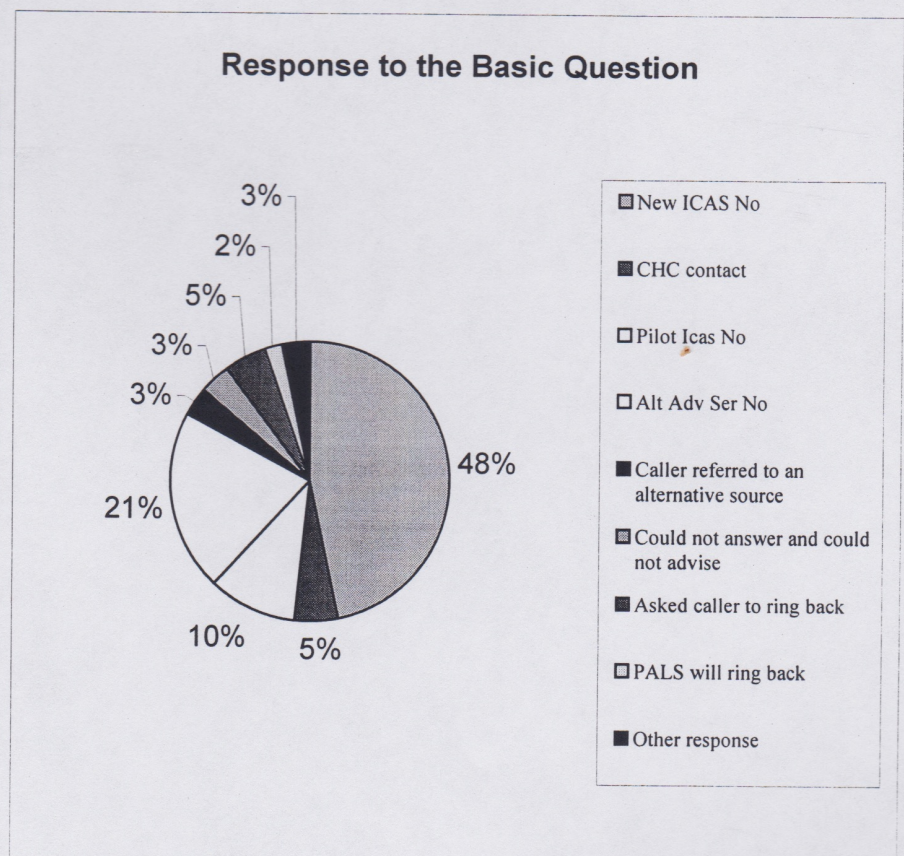


PALS Answer to the Question

Response	No of Calls
New ICAS No	27
CHC contact	3
Pilot Icas No	6
Alt Adv Ser No	12
Caller referred to an alternative source	2
Could not answer and could not advise	2
Asked caller to ring back	3
PALS will ring back	1
Other response	2
Total	58

In all cases PALS Offered to ring caller back first

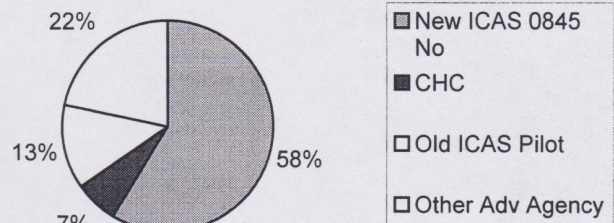
1 gave ICAS + Other
1 gave CHC + Pilot
2 gave Other Adv Agency as Referral Organisation



Referrals

Referred To:	No of Calls
New ICAS 0845 No	27
CHC	3
Old ICAS Pilot	6
Other Adv Agency	10
Total	46

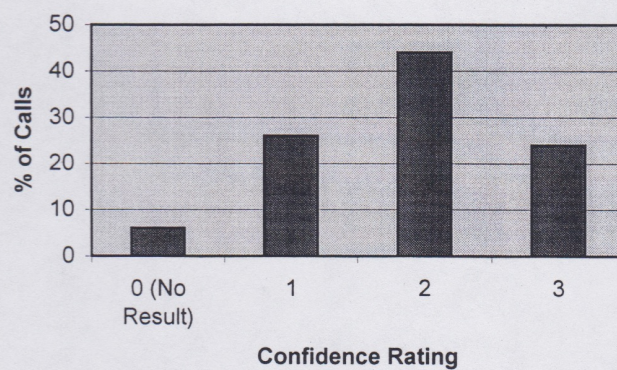
Agency Caller Advised to Contact



Confidence Ratings

Confidence Rating	No of Calls
0 (No Result)	6
1	26
2	44
3	24
Total	100

Confidence Ratings



ICAS Service Survey

1. Summary

Background

The ICAS, introduced to replace the complaints and advocacy services previously provided by the CHC network, went 'live' on Monday 1st September 2003.

The service is provided by four organisations, each covering a specific geographical region. In total eleven 0845 numbers have been allocated as access lines to the ICAS service with each of the four providers having one or more of these lines.

ICAS pilots and most CHCs ceased to offer complaints advocacy support at the end of July 2003. There was then a period of one month when there was very little independent complaints advocacy support available to the public. During this period there was great concern within the system and in the community about the lack of support available to the public and pressure for the new service to be able to provide effective services to complainants from 1st September.

With the new provisions having been in place for a week and in light of the anticipation building amongst complainants that an effective system should be available from September 1st, it was decided to conduct a simple anonymous telephone survey on Monday 8th September 2003, to discover how the system was functioning. Is the service accessible? Is it user friendly? Can it provide answers to a straightforward request, typical of the sort the service will receive in the normal course of a day and what degree of confidence does the system give to a typical member of the public?

Methodology

The method involved a caller, acting as a member of the public and using a structured, reproducible technique, calling all of the eleven 0845 numbers. The caller noted the number of rings before the phone was answered, asked for confirmation that they were talking to the ICAS service and asked to whom they were speaking. The caller then asked a question based on one of a set of five predetermined scenarios.

Results

Initial Response:

- Of the eleven numbers eight were answered in a period generally between 2 and 6 rings.
- Two numbers, both to the same ICAS provider, were continually engaged over a period of 10 minutes.
- One number, the only number for that particular ICAS provider, was operating on an answer machine.

Response to the Question

Of the 8 numbers that responded:

- 3 said they could provide an advocate.
- 1 said they could not provide an advocate
- 1 said they did not know whether they could provide an advocate
- 2 only offered to send help packs
- 1 offered to find out what they could provide and ring back

General Perception

All the service operators were courteous and helpful.

The level of knowledge about what was available from the service was variable from one service explaining the various levels of help available, to another admitting that they only act as a message taking service forwarding all information to someone else.

2. **Results:**

Rings before answering:

1 – 3	5
4 – 6	2
>6	2
Not Connected	2

Min	2	Rings
Max	15	Rings

2 Numbers Continually Engaged

Call Answer:

Answered	8	calls
Engaged	2	calls
Answer M/C	1	call

Response to Question

Question posed 8 times.

Can provide Advocate:	3
Cannot provide advocate	1
Don't know	1
Will send self help pack	2
Will find out, Please ring back	1

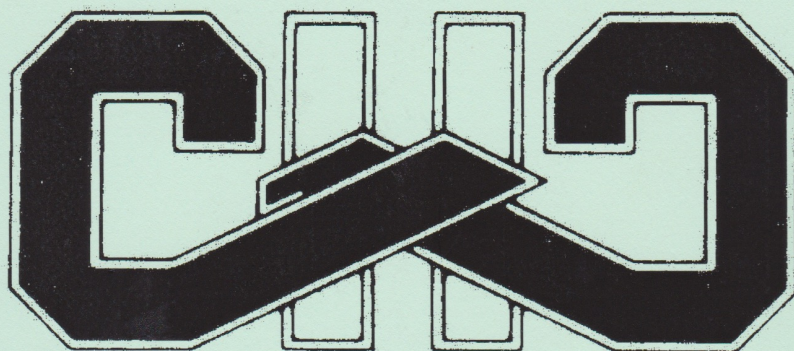
Confidence Rating

Scored out of 10:

0 – 5	0	calls
6	1	call
7	0	calls
8	3	calls
9	4	calls
10	0	calls

Sample Responses:

- Not certain whether ICAS provide that service. We only record complaints and pass them on. Ring back in 2 hrs
- *We can send a self help pack. If this isn't any help contact ICAS again.*
- *Person you need to speak to unable to come to the phone (2 available). Phone back later*
- *Advised me to ring the PALS service first and then ring them back*
- *Could arrange to meet prior to the meeting with the GP and then accompany the complainant at the GP meeting*
- *Said it was possible to provide someone to assist and I could decide how much help I wanted them to provide*



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