

PALS Policy

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1. Introduction

This policy and procedure describes the principles and scope with which NHS Bury Clinical Commissioning Group (CCG) will use to implement its Patient Advice and Liaison Service (PALS) function from 1st April 2013. NHS Bury Clinical Commissioning Group has an obligation to ensure that the function previously required to be delivered specifically by every NHS Trust is implemented effectively on its behalf for the benefit of its local patients.

1.1 Strategic Context

Patient Advice and Liaison Service (PALS) are a central part of the system of Patient and Public Involvement in England. Since 2002 they have been available in all Trusts.

PALS act on behalf of their service users when handling patient and family concerns. They liaise with staff, managers and, where appropriate, other relevant organisations, to negotiate speedy solutions and to help bring about changes to the way those services are delivered. PALS will also refer patients and families to local or national-based support agencies, as appropriate.

A key role of the PALS service is to provide an early warning system by monitoring trends and gaps in services and reporting these to Trust management for action.

2. Purpose

2.1 Service Aims

The aim of PALS is to receive on-the-spot enquiries/concerns from service users and to respond to those enquiries in an efficient manner.

2.2 Service Standards and Objectives

The service will operate in accordance with the Department of Health PALS Core National Standards and Evaluation Framework

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4119314

It will be responsive, flexible and evolve in accordance with the needs and wishes of people using the CCG's services.

2.2.1 Standard 1

The PALS service is identifiable and accessible to the community served by the CCG

- To develop a service which is visible and accessible to inpatients, service users, their carers and relatives across the organisation.

2.2.2 Standard 2

PALS will be seamless across health and social care

- To develop working partnerships across the local health and social care economies to ensure effective liaison.

2.2.3 Standard 3

PALS will be sensitive and provide a confidential service that meets individual needs

- To target provision to the needs of vulnerable disempowered individuals.
- To provide a confidential service in accordance with CCG Information Sharing Policies.

2.2.4 Standard 4

PALS will have systems that make their findings known as part of routine monitoring in order to facilitate change

- To act as catalyst for change, through robust recording and reporting, feeding views of enquirers to the relevant Committees.

2.2.5 Standard 5

PALS enables people to access information about CCG services and information about health and social care issues

- To provide accurate information on all aspects of the CCG to help make contact with the CCG and its services as easy as possible, including how to make a complaint about the services the Trust provides.
- To maintain up to date information about health and social care issues.

2.2.6 Standard 6

PALS play a key role in bringing about culture change in the NHS, placing patients at the heart of service planning and delivery

- To act as gateway to user involvement initiatives within the CCG and their services.
- To provide advice and expertise on PALS and service user issues to staff, and Trust services.
- To support service and staff development by informing and participating in the Trust's training programmes.

2.2.7 Standard 7

PALS will actively seek the views of service users, carers and the public to ensure effective services

- To support the development and delivery of arrangements that promotes service user's views within the CCG.
- To create links with local stakeholders including voluntary organisations and user groups.

3. Definitions

PALS: Patient Advice and Liaison Service.

Enquirer: Someone who uses the PALS Service.

Service User: Someone using services commissioned by NHS Bury Clinical Commissioning Group

Carer: Someone who cares for a service user other than a paid employee of the CCG or an employee of a voluntary sector organisation with a responsibility for the provision of care.

4. Scope of PALS

NHS Bury Clinical Commissioning Group PALS is available to everyone living or receiving healthcare within the Borough of Bury. Healthcare includes that provided by independent contractors, i.e. GPs, dentists, pharmacists and opticians as well as those services provided by Community Services Bury.

Issues brought to NHS Bury Clinical Commissioning Group related to services provided by NHS organisations in other areas will be referred to the PALS contact in the appropriate organisation, with the consent of the service user.

4.1 The core functions of PALS are to:

4.1.1 To sort out problems that require quick resolution

- Provide on the spot help with the power to negotiate immediate solutions or speedy resolutions to problems.
- Be identifiable and accessible to patients, their carers and relatives
- To signpost to services and agencies
- Act as a gateway to appropriate independent advice and advocacy support from local and national sources.
- Provide accurate information to patients, their relatives and carers, about the CCG's services and other health related issues.

4.1.2 To listen to concern and suggestions

- Act as a catalyst for change and service improvement by providing the CCG with information and feedback on problems arising and gaps in services.
- Operate within a local network with other PALS and work across organisational boundaries.
- Support staff at all levels within the CCG to develop a responsive culture.

PALS will **not** investigate formal complaints nor can it look at issues that have already been investigated through the NHS Complaints Procedure. Serious allegations, such as allegations of negligence or malpractice, will always be signposted to the formal complaints procedure.

PALS will act as a liaison between patients and services but line managers are expected to provide support to individual members of staff involved in any issue.

PALS may deal with issues where there are inaccuracies in information presented, either by the service user or the service. In order for PALS to operate openly and transparently, factual information will be sought as part of the enquiry process and communicated to all parties involved, whilst recognising the patients' right to confidentiality.

5. Accessibility of PALS

5.1 Access Hours

PALS function is available Monday – Friday: 9am – 5pm

5.2 Accessibility

To ensure that PALS is an accessible service for service users, their carers and relatives, PALS will have mechanisms in place to ensure that it is accessible and appropriate to the needs of vulnerable and disadvantaged groups, e.g. producing literature in other formats/languages

Face to face meetings with representatives from the PALS function will be by appointment at the PALS base and take place in a private setting.

5.3 Publicising PALS

The success of PALS relies considerably on staff raising awareness of the service among patients, carers and the general public. A variety of methods are utilised in the promotion of PALS amongst colleagues at all levels whilst all suitable opportunities to publicise the service in the community are being accessed.

5.4 Awareness Raising Sessions

All staff groups have the opportunity to meet representatives of the PALS function through a programme of awareness raising sessions where they can learn more about the service and their role in delivering the service, its benefits to both the public and staff and local arrangements for PALS. Sessions are also made available for voluntary and community groups to attend.

6. Procedure for dealing with cases

6.1 Providing information about the NHS: Dealing with Information Requests

Requests for information may cover any aspect of the services commissioned by the CCG and related services, but may also cover non-related issues.

Straightforward requests for information (e.g. information on services) will ideally be dealt with by the person receiving the request; an effective contact network to obtain the necessary information is also available.

6.2 To signpost to specialist services

More complicated cases will be referred to the relevant partner organisation, with the enquirer's consent.

Clear understandings should be in place to ensure effective and appropriate distinction between the use of PALS and specialised information services such as legal, advocacy and counselling.

PALS will ensure that the enquirer is aware of their rights under the Complaints Procedure and the implications of using it.

PALS will ensure that the enquirer is aware of the availability of independent advocacy services.

PALS will ensure that relevant details of each case are entered onto a database.

6.3 To listen to concerns and suggestions

Concerns may be resolved by listening, providing relevant information, or by liaising on behalf of individuals. The key aim is to support enquirers to deal with their problems as quickly as possible, before they become more serious.

The main forms of communication are: face-to-face; telephone; email / Internet, printed information. It must be ensured that any approach includes people with disabilities (especially sensory impairments); that first language is not English and those without functional literacy.

Concerns may also be brought to the attention of PALS through community meetings or by referral from a staff member of any organisation.

The enquirer may initially frame their concern in the form of a complaint but PALS should seek to identify if the concern can be dealt with informally through PALS.

The enquirer's details and details of the difficulties being encountered will be taken when contact with the service is first made. The facts and issues of the case will then be established and re-checked by PALS when further contacting an enquirer.

PALS will seek additional information when necessary and explore available options. The possible options will be presented to the enquirer.

6.4 Dealing with problems that require quick resolution

The aim will be to resolve the issue at local level where possible (e.g. frontline staff). If this is not acceptable to the enquirer, PALS will contact the relevant manager. It is at the discretion of PALS to decide, with the agreement of the enquirer, who should be contacted in the first instance.

The outcome of the PALS work will be fed back to the enquirer, at which point closure will be sought.

In the case of a referral to another member of staff or service, PALS should conduct a follow up call to the service or staff member, after a reasonable amount of time, to check that the problem is being dealt with. The service or staff member will be required to report back to PALS the outcome of the problem.

PALS will ensure that relevant details of each case are entered onto the database.

6.5 Criteria for definition of a habitual / repetitive caller:

- The caller is unwilling to accept documented evidence as being factual.
- Insists that he/she have not had an adequate response in spite of correspondence specifically answering their questions.
- Focuses continually on a trivial matter that is out of all proportion to its significance.
- Constantly raises new concerns that did not appear in the original enquiry in order to keep the correspondence going.
- If there is a relative, a carer or friend enquiring on behalf of a patient who does not or may not have any reason to approach PALS.

6.6 Handling habitual / repetitive callers:

The decision as to whether a caller is habitual or repetitive will be taken by an appropriate Senior Manager of the CCG taking into account the above criteria.

They will then, with the support of the Accountable Officer, write a letter informing the caller that PALS has responded fully to the points and secondly has tried to resolve the issue and there is nothing more that can be added and the correspondence is now at an end.

6.7 Vexatious Callers

Vexatious callers are becoming an increasing problem within both the NHS and Social Services.

In determining special handling arrangements for such callers there are two primary considerations:

- To be able to identify the stage at which a caller has become vexatious
- To ensure that no material element of the concern is overlooked

6.8 Malicious callers:

The decision as to whether a caller is malicious will be taken by PALS at the point of contact with the service.

If PALS believes that the service is being contacted for malicious purposes then they will seek to explain this in an assertive and sensitive manner.

If the caller continues, then they will be assertively refused further contact with the service until they can demonstrate a willingness to conduct themselves in a reasonable manner.

6.9 Callers with mental health needs:

People experiencing mental health and learning disability problems may, but not always, find communication difficult and may often find accessing services difficult due to stigma and discrimination they receive. People with mental health and learning disability needs remain one of the most vulnerable groups within society.

It is therefore of utmost importance that PALS strive to make their service and personal contact with people as flexible, approachable, and accessible as possible.

6.10 Potentially litigant callers:

Potentially litigant callers should be dealt with in a thoughtful and sensitive manner.

As with any enquiry, all details must be carefully and accurately recorded.

After consideration, and consultation with direct line management, further consultation may be sought with the CCG's Legal Department before a response is made.

All responses and communications will be accurately documented.

6.11 Case Reporting and Learning Lessons

All cases will be recorded and logged onto the PALS Safeguard database and will include the following information as a minimum, however depending on the complexity of the issue, additional information is required to be recorded. The information should also be recorded on a PALS Contact Form (see Appendix 2).

- Case reference number
- Source i.e. who made the approach to PALS
- Practitioner's name and address, i.e. name of GP, dentist, pharmacist, optician or PCT service
- Précis of the issue
- Consent (if required)
- Actions
- Outcomes

Where appropriate, outcomes of individual concerns raised and issues dealt with by PALS are routinely reported back to individuals/teams in order to support service development and improvement.

In the case of a referral to another member of staff or service, PALS will conduct a follow up call to the service or staff member, after a reasonable amount of time, to check that the problem is being dealt with. The service or staff member will be required to report back to PALS the outcome of the problem in order to support service development and improvement.

Additional reporting on specific issues can be made available upon request to the PALS function. Where appropriate patients who contact the PALS service will routinely be kept apprised in relation to lessons learnt and progress made.

6.12 Patients Panel

Headlines and lessons learnt emanating from the PALS service will be central to the consideration of the Patients Panel who will ensure that appropriate issues are escalated to relevant agencies.

7. Referrals from PALS to other organisations

PALS will always refer to Government and NHS approved information services and organisations.

7.1 Where the concerns relates to other statutory agencies

Individual care pathways are often complex and involve a number of different agencies. In order to promote effective resolutions to enquirers' concerns NHS Bury Clinical Commissioning Group PALS will develop and maintain working relationships with the following:

- Bury Metropolitan Borough Council
- Pennine Acute Hospitals NHS Trust
- Pennine Care NHS Foundation Trust
- Neighbouring NHS organisations
- Greater Manchester PALS Network
- Voluntary Sector Organisations

In the event that a concern can only be resolved by contacting another organisation, permission should first be sought from the enquirer.

When referring to organisations external to the NHS, PALS will:

- Explain to the service user why it is necessary to refer them to another organisation and obtain their consent to do so.
- Where it is necessary to refer an issue to other PALS, the lead will normally be taken by the PALS for the organisation where the majority of the issue rests.
- When service users are referred to another agency or PALS in another organisation, they are always advised to come back to the referring PALS if their issue is not resolved satisfactorily.

8. Complaints

It is the choice of the individual to use either PALS or the complaints procedure.

8.1 Referrals to NHS Bury Clinical Commissioning Group Complaints Service

In certain cases it will be necessary to refer an individual to the Complaints Procedure. For example:

- The person chooses to use the Complaints Procedure rather than the informal process.
- The issue cannot be resolved through informal processes.
- Allegations of staff assault or incidents of similar seriousness.

Under these circumstances PALS will provide enquirers with accurate information to enable easy access to the CCG's Complaints Procedure.

It is not within PALS remit to support clients to pursue a concern once the complaints procedure has been exhausted. Likewise, PALS will not be used in parallel with the complaints procedure for the same issue, but there may be certain circumstances

where the PALS and Complaints Team work side by side in covering different aspects of the same concern. Using PALS initially will not preclude a service user from using the complaints procedure to seek resolution of their issue if PALS is unable to provide this.

8.2 Independent Complaints Advocacy Services (ICAS)

The service user should decide which route to pursue their issue through and which agency is appropriate to support them. They have the opportunity to transfer at a later stage if it is appropriate to do so.

Service users should not be supported by both PALS and ICAS regarding the same issue at the same time. However there may be occasions where some elements of concern are dealt with by one agency and others by another agency. In the initial contact with service users, both PALS and ICAS should ask people whether they have been in contact with the other organisation or staff of the CCG concerned. Service users who have pursued a complaint through a formal complaints procedure cannot subsequently seek to have the same issue dealt with by PALS.

Where a service user approaches one agency and finds they need the other, they may be happy to make a direct approach themselves. In many cases it may be helpful to the service user for PALS or ICAS to make the referral and to provide basic information about the concern. This will only be done with the service user's consent.

9. Consent, Confidentiality and Data Protection

When contacted by a patient or carer, procedures about consent, confidentiality, recording, referral and reporting are explained verbally to the service user. It is also explained that occasionally information may need to be disclosed to others in order for their concern or enquiry to be resolved. Additionally, service users are informed that records may be reviewed for audit purposes (internal and external). In accordance with Data Protection and Caldicott principles any information obtained by PALS is stored safely and securely and service users are informed about how their details may be used, who it may be shared with and why.

Where the PALS function is approached by a carer, relative or friend on behalf of a patient, PALS representatives will act in good faith that the patient themselves is agreeable to the matter being discussed with PALS and that consent for PALS to become involved has been sought from the patient by the service user.

As stated above confidentiality, recording, referral and reporting are explained verbally to a carer, relative or friend acting on behalf of the service user. It is explained that no individual details are held of the third party raising the concern and NHS Bury Clinical Commissioning Group can assure that no patient relative or carer will be treated differently as a result of raising this concern.

PALS will obtain verbal consent from the service user before disclosing their identity to any other party and will ensure that the other party understands that it may not be shared further without additional consent.

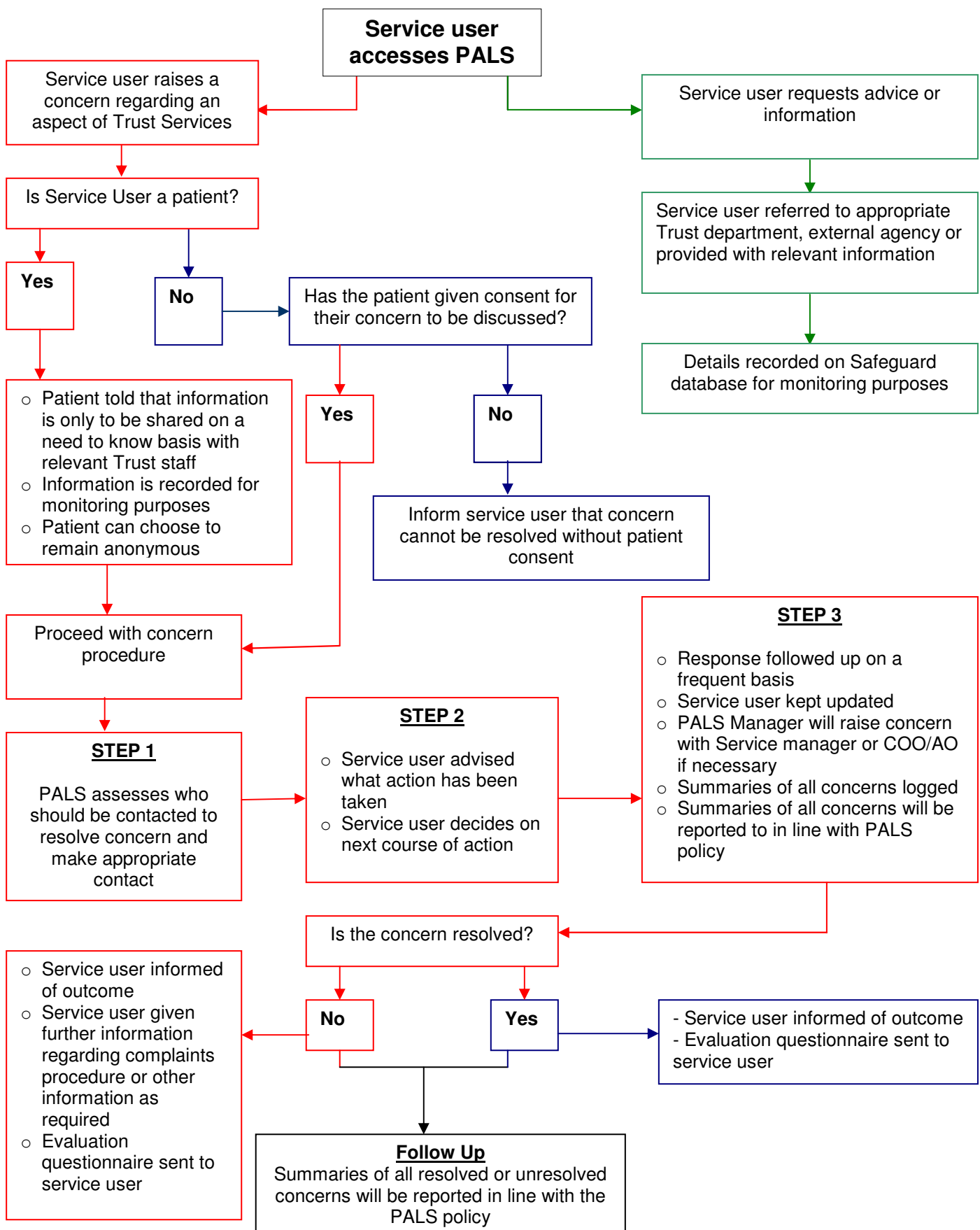
All personal files and confidential information must be kept in secure locations when unattended, e.g. in locked storage cabinets, secure protected computer systems etc.

Keys to lockable storage cabinets should be held only by staff that requires regular access to the information they contain.

Confidential information should normally be stored for six years

As well as the Data Protection Act, consideration should be given to reference to the Public Interest Disclosure Act which seeks to protect individuals who make certain disclosures of information in the public interest.

Appendix 1: Concern Pathway



Appendix 2: Contact Form

NHS Bury Clinical Commissioning Group Patient Advice and Liaison Service

Contact Details Form

Date of contact: Time:

Date of completion:

<p>Contact details: Name:..... Tel:..... Organisation..... Address..... Postcode:..... Relationship to patient..... Method of contact</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Method of contact person</th> <th style="width: 20%;">Internal telephone</th> <th style="width: 20%;">External telephone</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Letter</td> <td>Minicom</td> <td>E-mail</td> <td></td> <td></td> </tr> <tr> <td>Via relative/ Friend</td> <td>Via HCP</td> <td>Via other Trust workers</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td>Through other agency</td> <td>Other</td> <td></td> <td></td> </tr> </tbody> </table>	Method of contact person	Internal telephone	External telephone			Letter	Minicom	E-mail			Via relative/ Friend	Via HCP	Via other Trust workers			Other	Through other agency	Other			<p>Patient details: Name:..... Tel:..... Address..... Postcode:..... DOB:.....DOD:..... Male Female Disabled: Yes No GP GP Address Consultant</p>
Method of contact person	Internal telephone	External telephone																			
Letter	Minicom	E-mail																			
Via relative/ Friend	Via HCP	Via other Trust workers																			
Other	Through other agency	Other																			

<p>Consent</p> <p>Iconsent to PALS discussing my concerns/issues (which may contain clinical information) with my relatives, friends, staff clinicians and other relevant bodies.</p> <p>Signed.....</p> <p>Print..... Date.....</p>
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Issues

Information		Concern		Compliment	
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1.Access to services		8.. Communication-written/oral		15. Pharmacy Issues	
2.Admission, discharge or transfer		9. Consent to treatment		16. Positive feedback	
3.Appliances, equipment or premises		10. Discrimination		17. 3 rd Party sector services	
4.Appointment – admissions		11. Funding		18 Request for information	
5.Appointment – outpatient		12. Medical and other records		19. CCG policies	
6.Attitude of staff		13. Other		20. Waiting times community	
7. Clinical treatment		14. Patient Transport		21. Waiting times hospital	

Reason for contacting PALS – further details

Relevant Health Service

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Action taken:

Consent issue discussed – no info provided	Details of additional support organisations	Info passed onto appropriate department / member of staff	Investigation carried out	
New appointment made	Verbal information provided	Written information provided	Liaised with NHS staff	
Liaised with external staff	Referred to formal complaints procedure	Other		

Provider		Commissioning		Corporate	
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Additional information:

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Referral made	Yes	Name of organisation.....	No
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Resources used to deal with concern/issue:

Interpreter	Deaf signer	Telephone	Fax
Minicom	Mobile phone	E-mail	Internet

Outcome as a result of contact with PALS

Concern resolved	Information request met	Feedback passed on appropriately
Concern not resolved	Information request not met	Feedback not passed on
Other:		

Further details:

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Review Information:

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Length of time taken to address patient's concern/issue:

Less than 1 hour	1-2 hours	2-3 hours
3-4 hours	4-5 hours	5-6 hours
6-7 hours	7-8 hours	8-10 hours
10-12 hours	12-14 hours	More than 14 hours

Number of days taken to address patient's concern / issue:

1 day or less	2-3 days	3-4 days
4-7 days	8-14 days	15-30 days
1 month or more		

PALS member who dealt with concern/issue.....

Evaluation form required:	Yes	No	Date sent
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