healthwatch
Birmingham

# Getting the help you need – How PALS are supporting patients in Birmingham

## People's experiences of contacting NHS hospitals and community Trust's Patient Advice & Liaison Services (PALS)

December 2019

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# Our report at a glance

## What was the issue we investigated and why?

Healthwatch Birmingham investigates key issues that the people of Birmingham share with us. This investigation was conducted because we received feedback from service users[1] (patients, carers, and families) about the quality of Patient Advice & Liaison Service (PALS also called 'customer services') within Birmingham hospitals. This feedback, heard between April 2018 and July 2019, suggested that most service users felt that PALS/Customer Services[2] departments did not support them effectively. The main problems were delays in responding, lack of support, fear that PALS was not truly independent, and anxiety that contacting PALS might affect their treatment in the future. We, therefore, conducted a survey to hear more about these issues.

## What did we do?

We designed a draft survey and adjusted it in light of the comments we received from NHS trusts' Patient Experience Leads and PALS managers, charities and voluntary groups, Healthwatch Birmingham volunteers, and service users. We used this feedback to improve how we promoted the survey, and the wording and formatting of the questionnaire. We then asked service users to complete the questionnaire between August and October 2019.

Most people completed the survey online. We interviewed a small number of people over the phone, and entered their responses online afterwards

## What did we find?

The findings of the survey, reported in this report suggest that PALS departments are valued and, generally, service users are pleased that PALS exist. Overall, service users expressed a high level of satisfaction with PALS and felt that the service offered them:

- another way of being involved in decisions about their care, as well as choice and control over the service they receive.
- an alternative to the complaints route, by allowing them to raise and resolve issues informally with the trust.

However, the experiences we heard from those who have contacted PALS in Birmingham are varied. Our findings show that when PALS worked well, people's needs were met: they felt understood and that their voices were heard. They also felt treated with dignity and respect. Service users who were satisfied with PALS said they valued:

- being listened to and understood
- the conduct and attitude of staff towards them – for example being treated with kindness, dignity, and respect.
- a quick response and an outcome
- the confidentiality of the service
- the accessibility of the service in terms of opening hours, location and ways of contacting the service
- the knowledge of PALS staff
- being given information and choices
- being given a named personal contact

Where the service did not work well, people told us they felt powerless, and afraid that their treatment had been compromised and that the service was incapable of acting in their best interests. They were dissatisfied with the signposting service PALS offered. They also felt that PALS should be better resourced with more staff.

Service users who were dissatisfied with the service said this was because:

- they had not received a response and felt ignored
- there was poor communication about PALS in terms of opening times, response times, the process and PALS' responsibilities
- they felt PALS lacked the authority to resolve issues, and was not independent from the hospital
- PALS had failed to understand the issues being raised and there was no outcome
- they had not been signposted to another organisation when needed, and when they were signposted, the service offered was not satisfactory.

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[1] From here onward, service user will be used to refer to patients, carers and families. In this research, these are the groups of service users that contacted PALS and participated.

[2] From here onward, PALS will mean PALS/Customer Services.

There were other aspects of PALS where only slightly more service users, than those satisfied, indicated dissatisfaction. For instance, with how the service:

- met their needs (including communication needs)
- kept them updated and informed throughout the process
- followed up and fed back on the process.

PALS was established in 2000, with the aim of providing advice and help to NHS patients, their carers and families. The issues raised by service users in our survey indicate that their experience of the PALS service was not always in keeping with PALS' core national standards (Department of Health, 2003), which are to:

- be identifiable and accessible to patients, their carers, friends, and families
- provide on-the-spot help in every trust, with the power to negotiate immediate solutions or speedy resolution of problems
- act as a gateway to appropriate independent advice and advocacy support from local and national sources
- provide accurate information to patients, carers and families about the trust's services, and about other health-related issues
- act as a catalyst for change and improvement by providing the trust with information and feedback on problems arising and gaps in services
- operate within a local network with other PALS in their area and work across organisational boundaries
- support staff at all levels within the trust to develop a responsive culture.

Service users thought that PALS could be improved by:

- being more sensitive and providing a service that meets people's needs
- providing clear definitions of the issues of concern they deal with and clear service timelines and process
- be better at providing information, advice and signposting to independent advice and complaints services.
- being adequately resourced
- being responsive – it should understand, communicate and keep people updated and follow up
- resolving service user enquiries confidentially
- being more accessible and better at raising the profile of the service
- being impartial and understanding people's concerns
- having continuity of contact, with a named individual and being consistent in the service provided
- having staff with the skills and knowledge to understand different needs
- having the teeth or influence to effect change
- involving service users to improve the service

Another key finding is that the responses led us to question whether PALS' departments have sufficient ability and capacity to collect feedback from their service users to help them understand the issues that people may have with PALS, and to use this feedback to improve the service. We found it difficult, despite the cooperation of trusts, to obtain feedback from people who had used PALS. The issues raised by those people who had used PALS highlighted the importance of involving service users to improve the service and the PALS process.

## How are we using this report to improve PALS?

We sent the draft report to our main NHS trust contacts (e.g. Chief Nurses, Patient Experience Leads, and PALS Leads). We asked them how they plan to address the issues identified in the report: their response is included in this report. The report was made available to the public on our website and emailed to service users who had left their contact details, as well as being shared with relevant third-sector organisations.

## How will we report service improvement?

We will produce and publish a follow-up report in Spring 2020. This will include evidence of actions undertaken by the trusts and any improvements made.

# Getting the help you need - How PALS are supporting patients in Birmingham

## What was the issue we investigated and why?

In 2018, we asked members of the public to share their views about what NHS or social care topics we should look into next. One hundred and eight people voted on five key health and care issues, and just under half of these asked us to evaluate the quality of service provided by PALS departments.

PALS (also called 'customer services') offer a free and confidential service that helps patients, carers and their families with any information, concerns, and problems they have about the care and services provided by a particular trust. The study aimed to explore people's experiences of contacting PALS departments.

By hearing and understanding people's experiences, we can ensure that their views inform the planning and delivery of NHS and social care services and consequently lead to improvements in services.

For further information about Healthwatch Birmingham, see Appendix 1.

## What are PALS departments?

The NHS Plan (Department of Health, 2000) introduced PALS as a way of putting into action the government's intention of making the NHS a patient-centred, user-driven organisation. In its guidance to trusts, the Department of Health described the service as:

> *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.*
>
> Department of Health, 2002:5

All trusts were asked to create PALS departments by April 2002. The Department of Health (2002) said that PALS were to:

- be visible and accessible to patients, their carers and their families
- provide on-the-spot help to negotiate immediate solutions or speedy resolution of problems
- provide accurate information in confidence to patients, carers and their families about the trust's services, and other health-related issues
- act as a gateway to provide appropriate independent advice and advocacy support from local and national sources, including independent complaints advocacy services
- provide feedback to the trust on common themes and concerns that patients, carers and their families raise with the service to encourage improvement and change
- operate within a local network with other PALS in their area and work across organisational boundaries
- support staff at all levels within the trust to develop a responsive culture.

In addition, PALS were to ensure clarity on exactly which issues of concern they dealt with. This was to prevent the service from becoming a replacement for complaints. Therefore, the role of PALS includes helping people to access the complaints procedure when needed, and signposting people to appropriate independent advocacy or alternative means of pursuing a complaint.

## PALS in Birmingham

Birmingham has five NHS hospital trusts, one ambulance trust and one community trust with a total of 11 hospitals[3]. Each trust in Birmingham has a PALS service, although in some trusts, such as Birmingham Community Healthcare NHS Trust, the PALS service is referred to as 'customer services' [4]. A review of trusts' websites shows varying levels of information given about the role of PALS; the majority are clear about the service that PALS provide and how to contact them.

Overall, PALS in Birmingham offer a free and confidential service that helps patients, carers and families with any information, concerns or problems that they have about their care and the services provided by a particular trust. The majority of trusts state that they:

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[3] The seven NHS hospital and community trusts are: University Hospital Birmingham NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, Royal Orthopaedic Hospital NHS Trust, Birmingham Community Healthcare NHS Foundation Trust, Birmingham Women's and Children's NHS Foundation Trust, Sandwell and West Birmingham NHS Trust, and West Midlands Ambulance Service NHS Foundation Trust.

- offer help, support and advice on any issue related to the hospital experiences of patients, carers and their families
- liaise with relevant departments and staff in the hospital on behalf of patients, carers and their families to resolve problems
- where appropriate, signpost patients, carers and their families to outside help
- attempt to resolve problems with patients, carers and their families as quickly as possible.

Some trusts in Birmingham used their annual Quality Accounts to report their PALS activities, clearly stating the number of PALS contacts in the year, identifying key themes and the learning from PALS feedback. The number of PALS contacts reported in the Quality Accounts for 2018/19 for six of Birmingham's trusts are shown in Table 1.

## Table 1: PALS contacts reported in Quality Accounts, 2018/19[5]

| Trust | Number of PALS contacts |
|---|---|
| Birmingham Community Healthcare NHS Foundation Trust | 2,697 |
| Birmingham and Solihull Mental Health NHS Foundation Trust | 756 |
| Birmingham Women's and Children's NHS Trust | 1,114 |
| Royal Orthopaedic Hospital Trust | 1,531 |
| West Midlands Ambulance Service NHS Foundation Trust | 2,067 |
| Sandwell and West Birmingham NHS Trust | 1,979 |

All the trusts demonstrated in their Quality Accounts that they regularly monitor PALS data to make changes to the quality of services.

## How did we hear people's views?

We developed a survey questionnaire to collect people's views and experiences of PALS. The questionnaire was available online and on paper between 28 August and 7 October 2019. In total, 482 questionnaires, and 100 posters and survey information cards were sent out to the seven trusts in Birmingham and to third-sector organisations (i.e. charities and voluntary organisations). To maximise the response rate, pre-paid envelopes were provided with the questionnaires. An online link with the barcode for the survey was provided on information cards and posters, in order to make it easy for service users who wanted to complete the questionnaire online.

The survey was extensively promoted through various channels, including Healthwatch Birmingham's internal online resources (e.g. Mailchimp, website, bulletins), external online resources such as third-sector websites and online bulletins (e.g. BVSC and POhWER), and extensive use of social media (Facebook and Twitter). A promotional video introducing the study and providing a link to the survey was circulated through the above communication channels. A segment informing patients about the study and how to get involved was run on BHBN Hospital Radio.

Throughout the period that the survey was running, we sought confirmation from stakeholders on whether the questionnaires were being shared and the study promoted to their service users. Five of the seven trusts and one of the key third-sector stakeholders (POhWER) confirmed that they had shared all the details and resources provided for the survey with their service users or members. They outlined the different ways in which they had promoted the questionnaire and the study generally (further details of the methodology are in Appendix 2).

The extensive involvement of stakeholders and the promotion of the study online were intended to elicit sufficient responses from relevant population groups that had contacted PALS departments. Despite these efforts, the response rate was lower than our target of 100 people, although spread across the seven trusts (see Figure 1). [6] In total, we heard from 87 service users.

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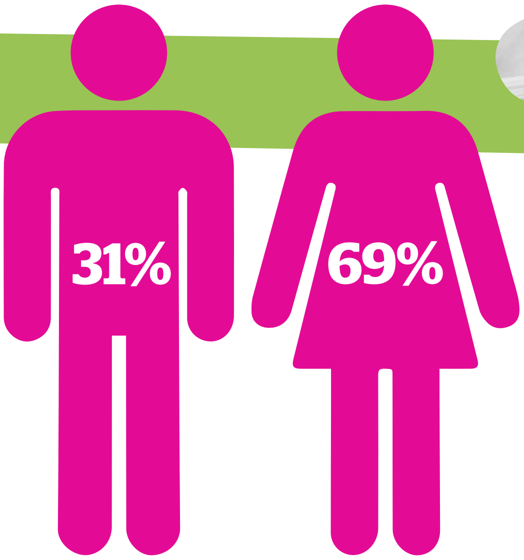
[4] In this report, we have used 'PALS' as a general term covering those departments called 'Patient and Liaison Services' and 'Customer Services'.

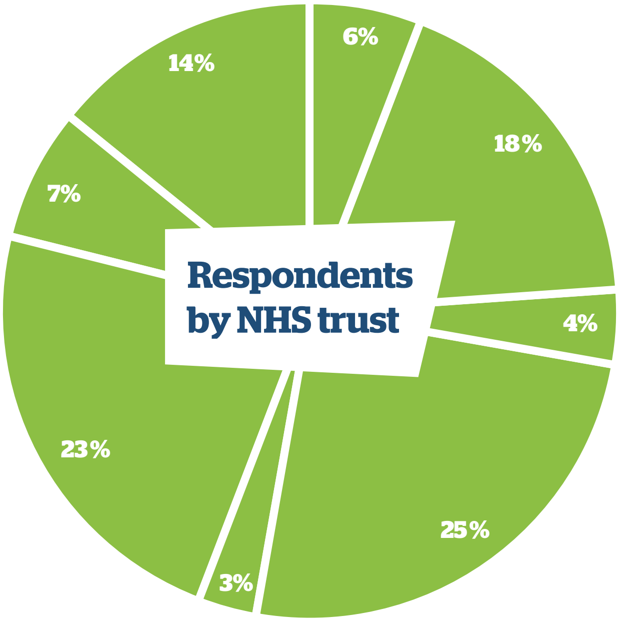
[5] Note that PALS data for other trusts in the Quality Account might have been reported under other headlines such as complaints, and we could not locate these in the quality report.

[6] For a full breakdown of the demographics, see Appendix 3.

## Figure 1: Demographics of participants

Gender:





**18%** Birmingham Women’s and Children's NHS Hospital

**4%** Sandwell and West Birmingham Hospital

**25%** University Hospitals Birmingham

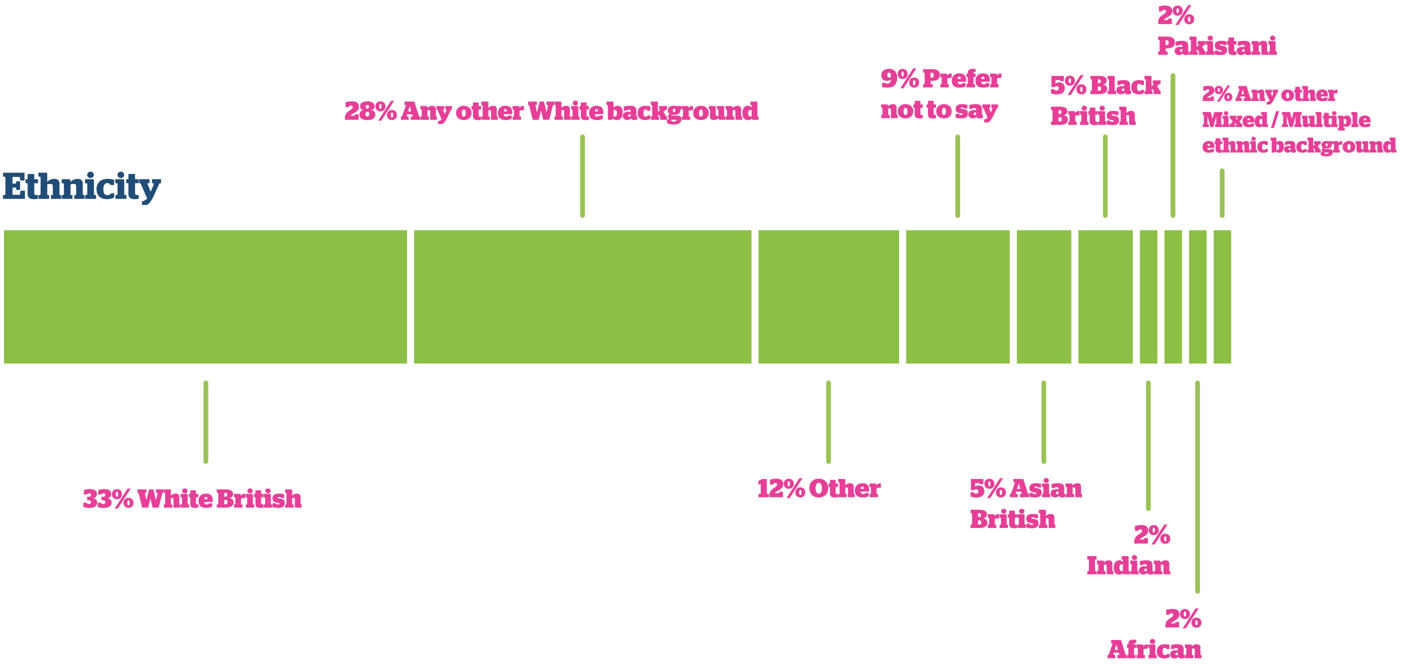
**3%** West Midlands Ambulance

**23%** Royal Orthopaedic Hospital

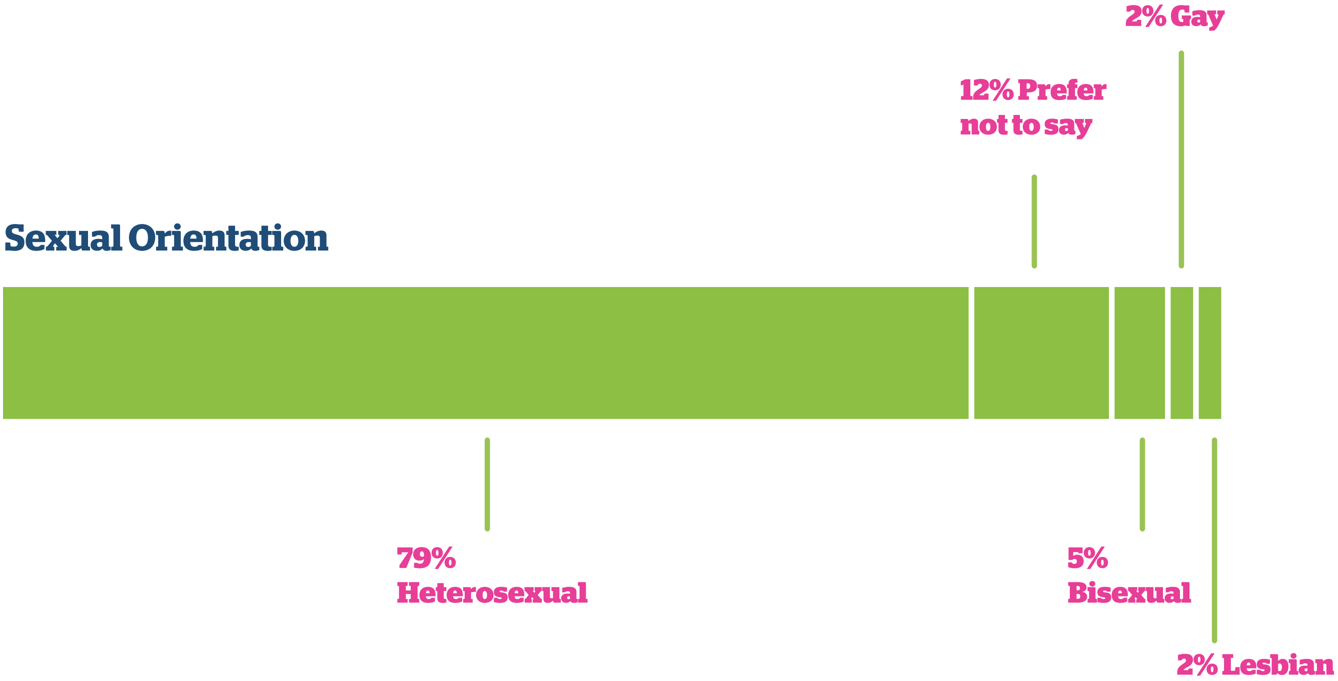
**7%** Birmingham Community Healthcare

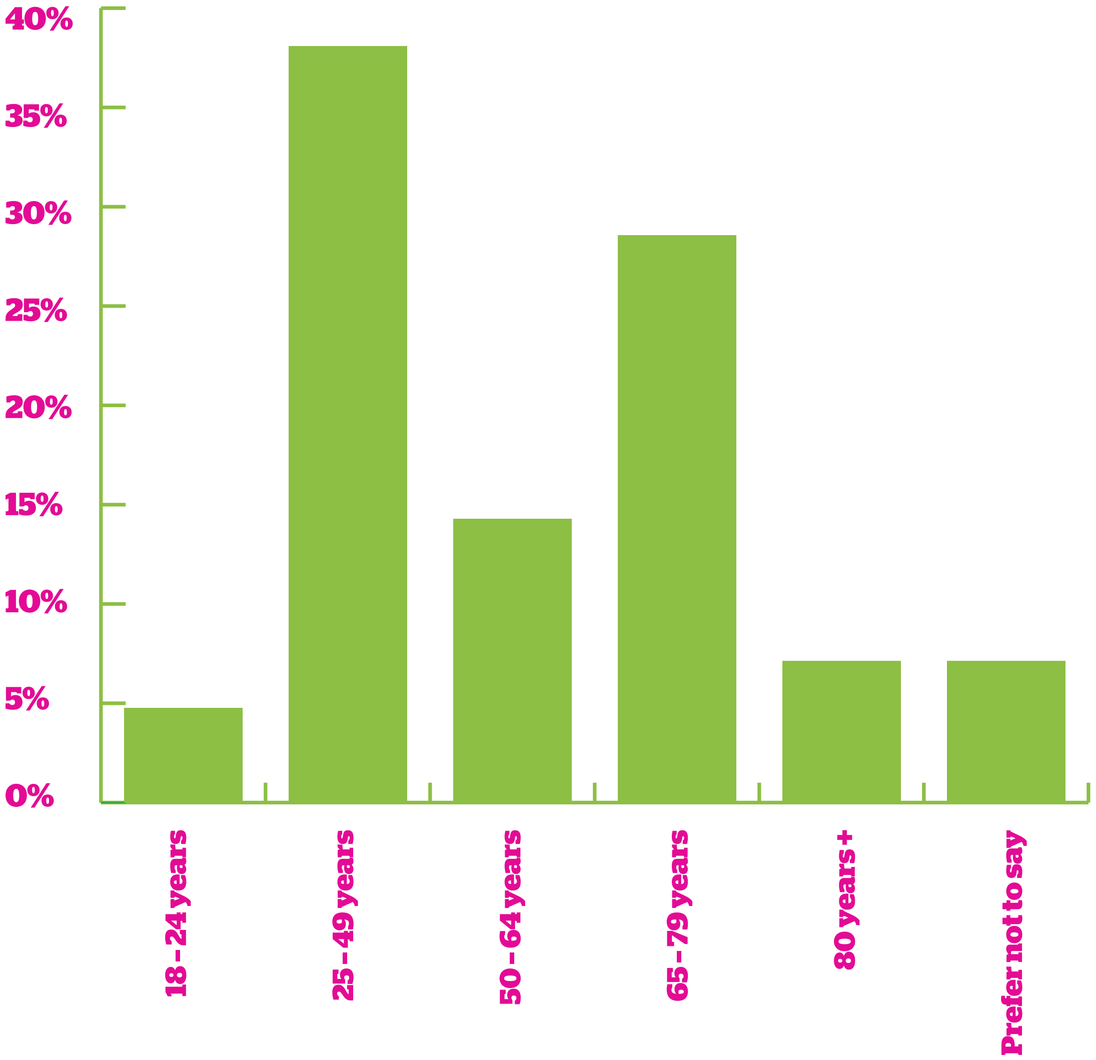
**14%** Birmingham and Solihull Mental Health

**6%** Other



## Sexual Orientation





While the responses did come from people who had actually accessed PALS, considering that six of Birmingham's trusts had recorded at least 10,144 PALS contacts,[7] this low response rate raised the following questions:

- How do trusts gain sufficient feedback about PALS?
- How do trusts use feedback to improve PALS?

According to NHS PALS standards the service needs to actively seek the views of patients, carers, their families and the general public to ensure an effective, inclusive service (Department of Health, 2003). This means that feedback should be used to monitor, evaluate, plan and develop the service. We note from Quality Accounts reports that trusts do group together themes from PALS feedback, but this is mainly to enable learning from PALS enquiries, not necessarily to improve the process.

## What did we find?

The experiences we received from the survey were varied, highlighting areas where services worked well for people and instances where the quality of service was poor. The findings highlight inconsistencies in the quality of service received between people who contact PALS departments. Overall, the majority of service users are satisfied with the service provided by PALS.

## ACCESSIBILITY OF PALS DEPARTMENTS

### Awareness of PALS

One core standard for PALS is that it should be accessible and identifiable to the community served by the trust. For this to happen, people served by the trust need to know about the existence of the service and understand accurately what it does. Data presented in Table 2 shows how people responding to the survey found out about PALS.

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[7] Quality Accounts 2018/19; see Table 1

### Table 2: How did you find out about the PALS department?

| Method/source | % of service users(n=66) |
|---|---|
| NHS staff | 32%(n=21) |
| Word of mouth (told by relative/carer/friend/ another patient) | 20%(n=13) |
| Hospital or trust website | 15%(n=10) |
| Leaflet/poster/information pack | 12%(n=8) |
| Other | 9% (n=6) |
| Not sure | 6% (n=4) |
| NHS UK website | 3% (n=2) |
| Voluntary organisation or support group | 3% (n=2) |
| PALS staff | 0% |

PALS departments serve diverse communities and it is important that different methods are used to raise awareness of the existence of the service. The limited spread of sources of information about PALS shown in Table 2 suggests that PALS departments need to consider how well they publicise the service and its role. Increasing awareness through voluntary organisations or support groups would enable PALS to gain access to people with different needs. Voluntary organisations can inform their members and the wider community about PALS, potentially leading to greater public awareness and utilisation (South, 2007; Abbott et al., 2006).

We also asked service users how they had first made contact with PALS. The most common method of contact was by phone and email for 72% of the service users. The full data is shown in Table 3.

### Table 3: How was the first contact with PALS made?

| Method | % of service users(n=66) |
|---|---|
| By phone | 48% (n=32) |
| By email | 24% (n=16) |
| In person | 18% (n=12) |
| By letter | 6% (n=4) |
| By text | 2% (n=1) |
| Not sure | 2% (n=1) |
| Other (please specify) | 0% |

PALS standards say that ways to access the service should meet the local needs and communication preferences of all potential service users, for example by providing interpretation and translated materials. For some people, the methods for contacting PALS shown in Table 3 were adequate, but others told us that trusts had a preference for email or telephone instead of face-to-face contact, which was their preferred method of contact:

> I called PALS on their number and they said just email us. You email, wait and hope they respond.
>
> I needed to leave a message for the nurses in regards to my father's care. You can't actually talk to them – you have to go through a third party. In the past, I had to write a letter and deliver [it], in order to get in touch with them.

Some people told us that adapting methods of communication to meet their personal communication needs was crucial:

> At this trust [name removed] I had to complain to PALS after struggling to find email contact details for clinical staff to arrange adjustments. I use text-relay, which is very stressful and garbled and makes me ill with stress.
>
> I've bounced round this trust's PALS team [name removed] and not had much success in getting adjustments for appointments unless I have specific clinician contact details who will help. Often PALS or complaints advocate promised to sort

> adjustments and let staff know I was deaf – they didn't – so I had to deal with staff [who were unaware of my deafness] and explain things like "I can't hear your MRI machine" [and] "Don't talk to my back"... This trust remains non-compliant with the Accessible Information Standard and doesn't seem inclined to change this. They provide no way for me to communicate with the trust rapidly by email. I'm left unable to handle my clinical care properly.
>
> At this trust, their way of complying with the Accessible Information Standard is to route requests for adjustments via PALS who have been largely excellent. They have a simple webpage on the standard with clear email and phone contact details.

For some respondents, it was more than just about the contact methods; it was also the ability of PALS staff to communicate with them, especially if they had specific communication needs:

> The trust does not train their frontline staff about autism as per the Autism Act and 2015 statutory guidance. PALS officers do not know anything about autism and how to manage autistic patients having difficulties with services. To me, it was painful communicating with them.

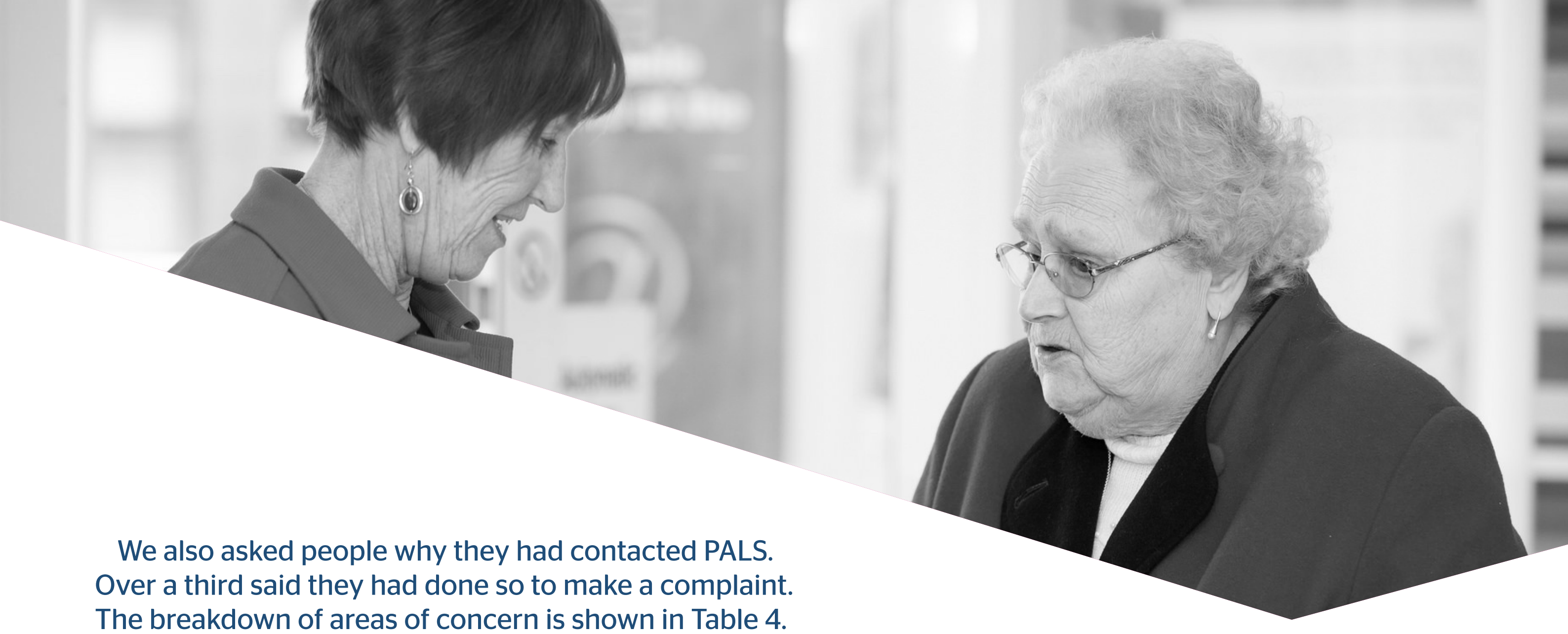
For some, it was the challenge of actually getting through to PALS services, including observing the opening times:

> Contacting PALS is even more traumatising. They are always engaged, I have tried innumerable number of times.
>
> Contacting PALS through telephone is the best way for me. However, the opening hours are a bit of a problem. If it's in the middle of the night and you try to contact nurses and cannot get through, you can't then contact customer services because they are closed.

## REASONS FOR USING PALS

The range of health conditions, tests, and treatments that service users are receiving at the time they contact PALS varies. Consequently, the types of enquiries that PALS deal with are varied in terms of subject matter and complexity. We've represented this complexity and variety in Figure 2, which shows the range of conditions that people responding to our survey described to us. The bigger the text, the more frequently the condition or factor was mentioned by service users.

**Figure 2: Range and variety of health conditions, treatments and other factors reported by service users**



We also asked people why they had contacted PALS. Over a third said they had done so to make a complaint. The breakdown of areas of concern is shown in Table 4.

### Table 4: Which of the following were PALS contacted about?

| Nature of contact | % of service users(n=59) |
|---|---|
| To make a complaint | 34% (n=20) |
| Clinical treatment | 29% (n=17) |
| Appointments | 29% (n=17) |
| Behaviour and attitude of staff | 29% (n=17) |
| Patient care | 29% (n=17) |
| Lack of communication | 25% (n=15) |
| Other | 14% (n=8) |
| Waiting times | 12% (n=7) |
| Access to treatment | 12% (n=7) |
| Privacy and dignity | 10% (n=6) |
| General enquiry and information | 8% (n=5) |
| Prescribing | 7% (n=4) |
| Compliments | 7% (n=4) |
| Transport | 5% (n=3) |
| Nutrition/hydration | 3% (n=2) |
| Facilities (e.g. cleanliness, availability of cafés/ shops, linen, furniture/equipment, security, reception/helpdesk etc.) | 3% (n=2) |
| Admission/discharge | 2% (n=1) |
| Equipment | 2% (n=1) |

The varied nature of enquiries that PALS deal with means they have to take on different roles. They can act as a messenger, go-between, supporter, mediator and resource mobiliser. Crucially, PALS teams also have to be able to provide information that is relevant to the needs of patients, carers and their families (Abbott et al., 2005). In their own words, here are some of the issues that people contacted PALS about, ranging from straightforward enquiries such as changing an appointment day, to major questions concerning specialist treatment or NHS processes, and issues requiring further exploration or an investigation.

There was a mix-up of appointments and an appointment cancelled for me by ... department to see consultant. I requested this to be reinstated. Lack of dignity and consent during a procedure. Withdrawal from screening service without alternative options or choices discussed with me.

Home treatment not turning up being left with no medication.

Had an appointment with Dr X in rheumatology but saw another lady Dr. I have sarcoidosis and need help and information but she knew nothing of this disease and said she could not help. What a waste of time [and] money travelling 20 miles at the age of 69 to be told this. I am wheelchair bound and feel disgusted my son had to lose a day's pay to take myself and husband and all because this Dr knew nothing.

Food was dreadful

Nobody contacted me since last 7 months.

I was left in a terrible state and am still suffering from Post-Traumatic Stress Disorder following my treatment by the A&E staff. I was unable to speak or stand and was being sick due to the morphine but I was totally disregarded by the staff. I am 75 years old and was alone and I think all the other patients must have thought I was drunk! I still have nightmares about the experience.

Whilst I was in hospital with my child, there were lots of incidents and lots of errors. At one point, they cut my child's ear, the nasal gastric tube was inserted wrongly, no safety checks were done and out-of-date medications were given.

Wanted to try therapy.

Incorrect medication prescribed/ administered for 6 months. Brother being left 3–4 days without eating.

Letter received one month past the appointment date, lack of communication.

I took advice from PALS in regard to the way I'd been treated as a carer... the lack of important information (tribunal date, change of ward, to name a couple) and the way I had been addressed by the consultant when I raised these issues.

I was told I'd receive information about treatment options by letter a week later, but after three months, the consultant just removed me from her service and referred me on to another service. They then put me at the back of the waiting list, so I was left for many months with no treatment and my condition getting much worse.

Needed someone to visit patient and just give companionship to break up the long days.

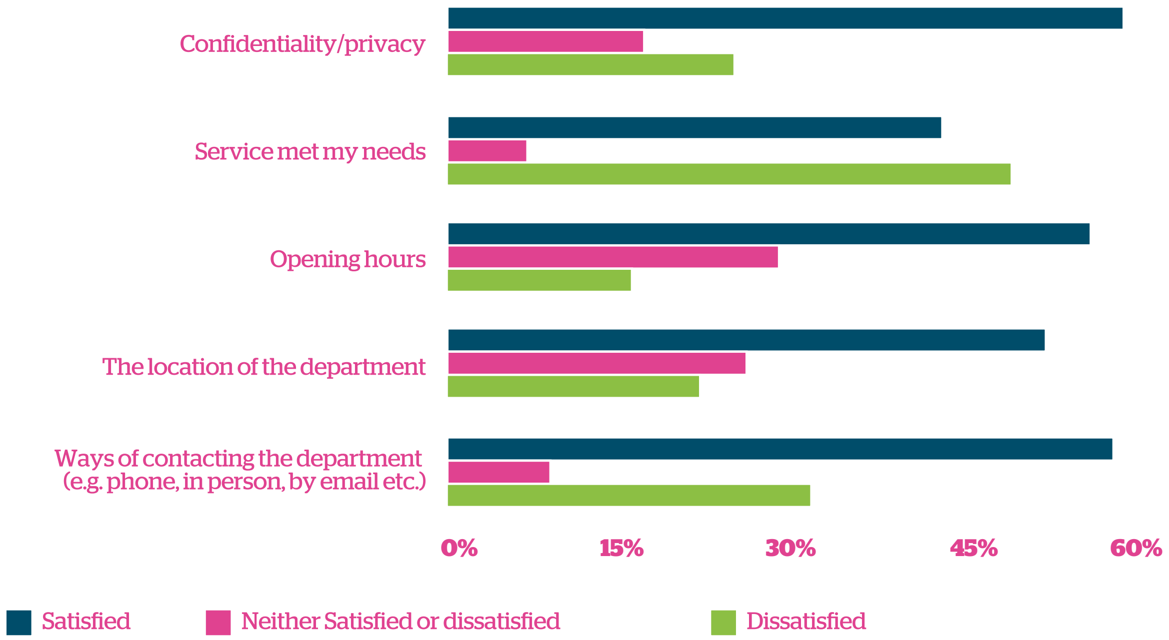
## SATISFACTION WITH PALS

### ACCESSIBILITY

Accessibility of the PALS service is important and a key feature of the PALS standards. Service users were asked about five aspects of accessibility: ways of contacting the service, location of service, opening hours, how well the service meets the needs of service users, and confidentiality and privacy.

Overall, people responding to our survey expressed high levels of satisfaction with PALS. For four of the five aspects of accessibility, there were more service users who expressed satisfaction than those who were dissatisfied. Confidentiality and privacy received the highest level of satisfaction (59%), and meeting service user needs received the lowest (43%). Figure 3 shows the results for all aspects of accessibility.

Figure 3: How satisfactory was the PALS department for the following?

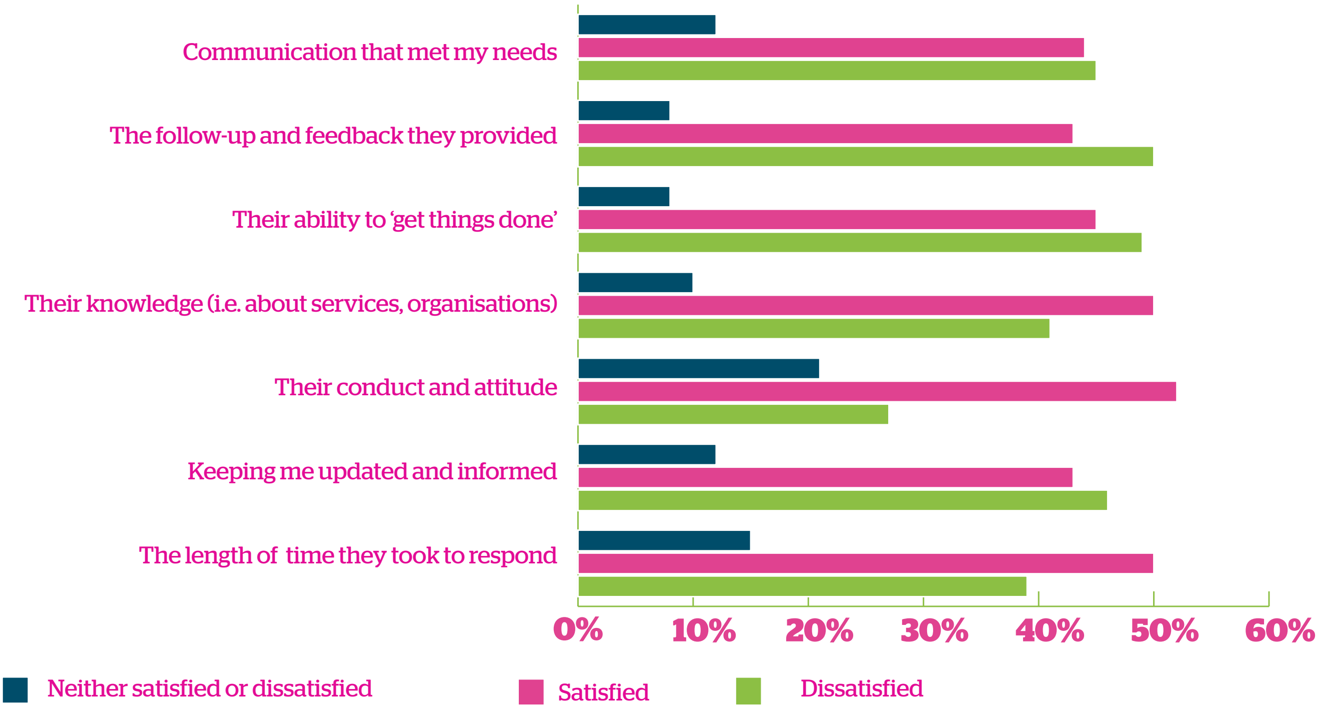


### Service provided

In our survey, we asked about satisfaction with seven aspects of the service provided by PALS: the length of response times, keeping people updated, the conduct and attitude of PALS staff, their knowledge about what help was available, the ability to get things done, the quality of follow-up and feedback, and communication that met people's needs.

The majority of people who replied to our survey said they were satisfied with the conduct and attitude of staff, the length of time PALS staff took to respond, and PALS' knowledge of services. Service users expressed dissatisfaction with not being kept updated, the ability of PALS to get things done, the follow-up and feedback they received, and how communication met their needs. Figure 4 shows the full results for satisfaction with PALS services.

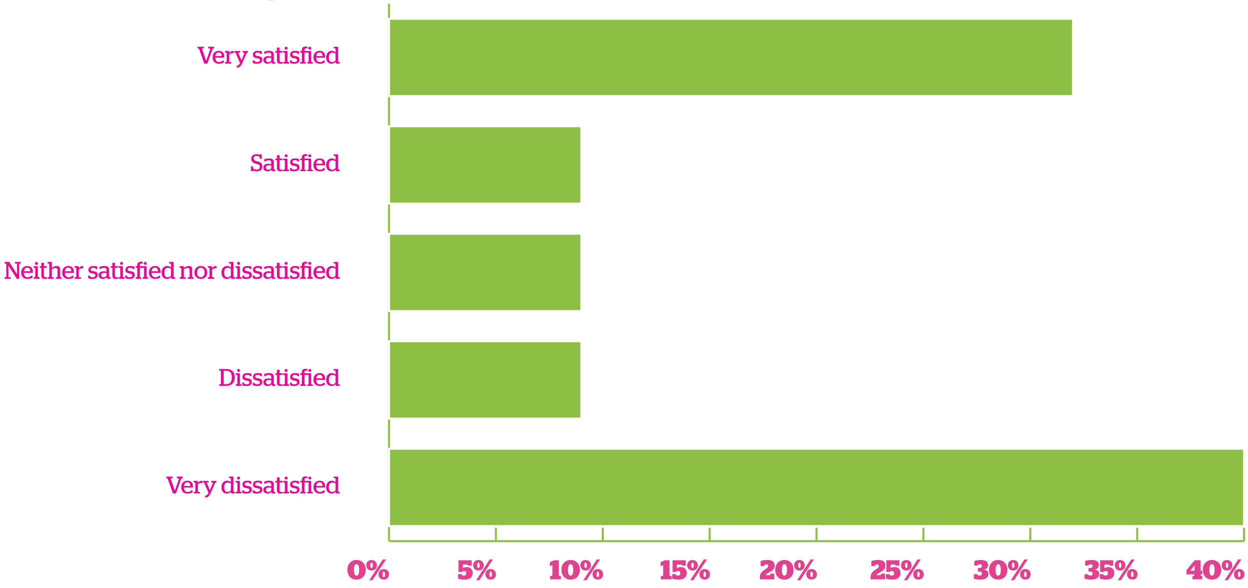
## Figure 4: How satisfactory were the following aspects of service provided by the PALS staff?



## Outcome of contact with PALS

The outcome of the contact with PALS was important for most service users. When asked how satisfactory the outcome of their contact with PALS was, 49% said they were dissatisfied, 41% were satisfied and 9% were neither satisfied nor dissatisfied (see Figure 5).

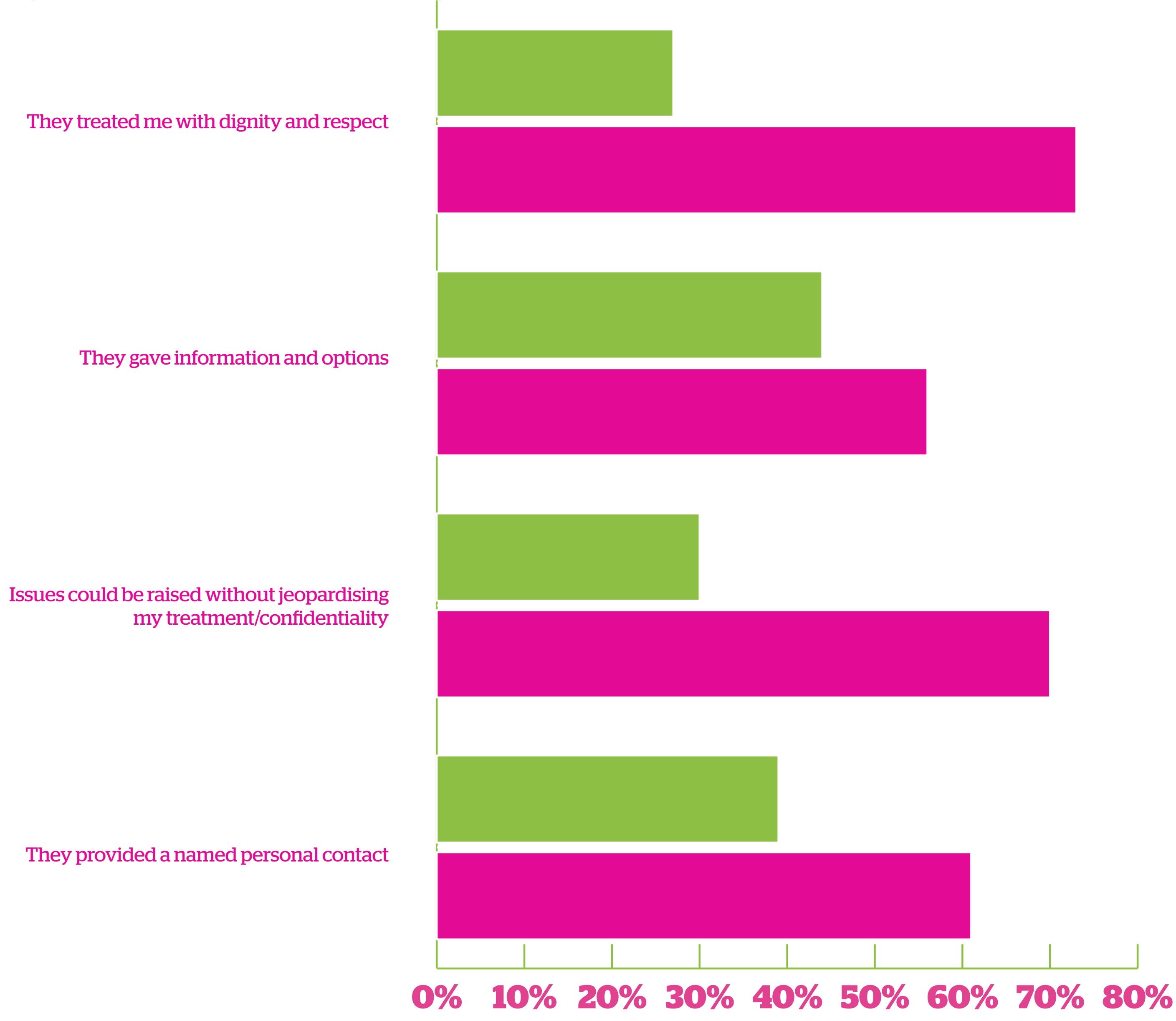
## Figure 5: How satisfactory was the outcome of the contact with PALS?



## Other aspects of responsiveness

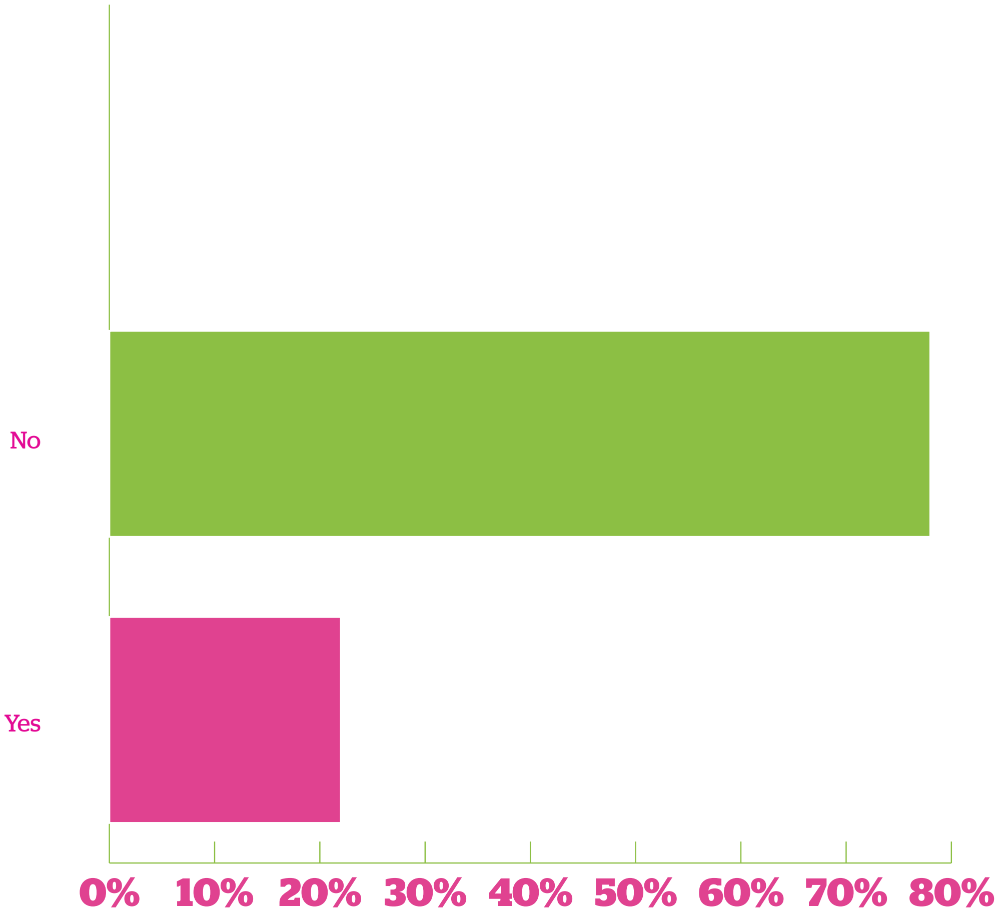
A majority of the service users agreed that when they contacted PALS, they were provided with a named personal contact. Most (70%) felt that they could raise issues without jeopardising their treatment or confidentiality, and that they were treated with dignity and respect (73%). However, there was a smaller difference between service users who felt they were given information and options (56%) and those that said they were not (44%). Figure 6 contains the full breakdown.

## Figure 6: Which of the following are true for PALS?

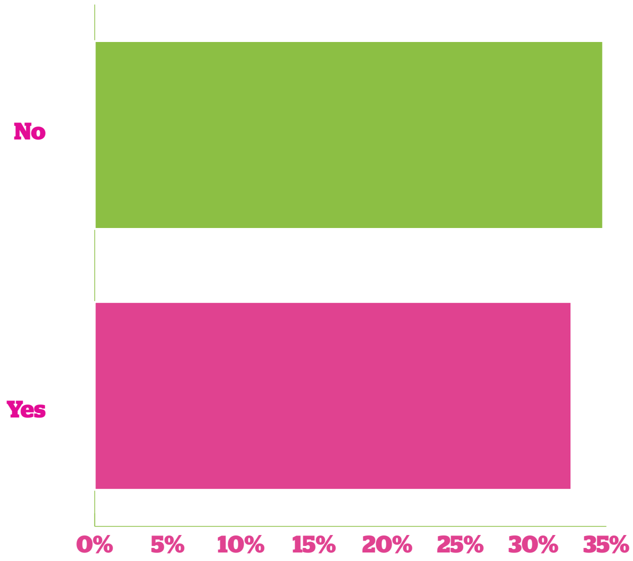


One core function of PALS is to offer a seamless service across health and social care, ensuring that service users are signposted to other organisations appropriately. As such, PALS act as a gateway to independent advice and advocacy support including independent complaints advocacy. When we asked service users whether PALS had signposted them to another service where appropriate, most people said they had not (see Figure 7), and those that had been signposted to another service said they were dissatisfied (Figure 8).

Figure 7: Did PALS signpost to another service, where appropriate?



## Figure 8: Were you satisfied with the signposting service offered by PALS?



For each of the options discussed in the sections above, the service users had the opportunity to write free text comments explaining why they were either satisfied or dissatisfied with the PALS. Below are the themes that emerged from these comments.

## REASONS FOR SATISFACTION WITH PALS

### Being heard and understood

Service users who were satisfied with the service they had received from PALS appreciated being listened to and said that staff had understood their issues and responded accordingly:

> My initial contact with PALS was through a male PALS advisor. After a few email communications, I was allocated a female advisor. She understood the sensitivity of my concern and helped me gain the information I was seeking and liaised with hospital services in a supportive manner.
>
> The PALS staff [name removed] found the right person for me to talk to. I was going round in circles.
>
> The PALs officer was fantastic, he listened, he showed me empathy and compassion, I felt he took me seriously and did all he could to help (must have been good as the consultant offered me an apology).
>
> The staff are very pleasant. I was irritated and angry but they were very professional and calming. I very quickly became less irritated. The outcome was very good because they did what they said they would do. I have called them twice and each time they have been very good.
>
> Great service, easy to contact – I spoke with a chap [name removed] who was extremely knowledgeable in his field. I found the guys in PALs were great listeners – I loved how they took the time to offer ideas on resolution and asked me what I wanted rather than telling me what they will or could do.

### Being treated with kindness

> The PALS staff [names removed] are always very kind.
> Superb – treated like an intelligent human being not a piece of meat.

### A quick response was valued by service users:

The PALS staff [name removed] replied to my email quickly and in a friendly manner.

I found the service very helpful, my complaint was satisfactorily dealt with, within 24 hours. Wouldn't hesitate to contact them again, if the need arose.

PALS very quickly got my husband an appointment. I was impressed with the service

### Reaching an outcome was valued

I received extremely poor service from the fertility treatment service, which was traumatic and undignified, particularly in light of my circumstances at the time (receiving cancer treatment). I spoke to PALS as I felt I needed to raise the issue with them and they advised me to make a formal complaint, which I did.

The PALS service seemed to understand the sensitivity of my concerns. Each request was dealt with efficiently. I gained the outcome I was seeking.

Head chef came to see me and agreed [about] my food. Shame I had to go to PALS but glad I did.

I sent my questions to them & they sent them to my consultant. He answered me. They were really helpful and got the information I needed.

Very sympathetic attitude of the chap from PALS. He got my husband an appointment very soon. Good communication.

### A positive outcome included an appropriate and effective signposting:

I was assisted effectively by the organisation where I was signposted.

I was informed about Advocacy service and the See Me Patient Experience worker who worked on the ward that could support my aunt during her inpatient stay. I was left reassured about the care my aunt would receive.

They advised me to make a formal complaint and talked me through what I needed to put into the complaint. They saw me on the spot and were very sympathetic and helpful practically too. The complaint has now been resolved.

## REASONS FOR DISSATISFACTION WITH PALS

### Lack of response and being ignored

I contacted PALS because the service I received from this trust [name removed] regarding the consultation of my scan results were very poor and after a few times of emailing the patient service and emailing their manager [name removed] I did not receive any response.

I have been in touch with PALS in relation to formal complaints and associated problems with services by the trust. They were never able to assist me and often even ignored my requests with no response.

My daughter had sepsis and it took me to point out the sign during labour, never even an apology. PALS did not want to know and basically said 'go home and forget about it' as there was nothing they could do.

Never received any comeback on complaint.

For some people, it was the time PALS took to respond to their enquiry, especially for those relying on emails due to personal needs:

I have been unhappy with PALS. Slow to respond, take 20 days to reply to emails. There is no rapid email contact for those of us who find phones stressful and difficult.

They made an appointment for me, but it took three days.

The slow pace of the service affected the care that service users received. As one person explained:

So slow I couldn't get adjustments arranged in time for appointments. On one occasion, PALS only gave a few hours' notice of my access needs and failed to

> communicate that I was deaf, so I got voice calls which I couldn't answer and had a last minute panic trying to correspond by email with a clinical dept. secretary to see if they could make the adjustments I needed because PALS had let them down too. Super stressful!

Some service users highlighted the lack of follow-up following initial contact with the service:

> My complaint was never followed up after the initial contact.

> Once I had emailed them, they did contact me and the lady I spoke to was very shocked at the wording used in the letters. She stated that the people who wrote the letters would get individual training on appropriate vocabulary. She also referred me to a special needs support team, but I did not ever hear anything from them. There was no follow-up from the PALS team.

Some service users were unhappy with the attitude of staff:

> Very rude, abusive and unhelpful staff at the PALS.

## Poor communication

Some service users reported that communication from PALS was poor, including lack of clear information about opening times, response timelines, the process and the service itself:

> A service is meant to be provided, but sometimes there is, sometimes there isn't, and, if there isn't, there is no sign to say it isn't.

> I found that there are different PALS and each time I received an email from a different PALS and therefore the correspondence with the relevant service was confusing. And to date I have not heard from the hospital regarding my consultation.

> Sent a letter 5 days ago, hope to hear from them next week.

> I have had a conversation with a lady from PALS but am not sure what happens next. I told her my whole story and still feel traumatised every time I have to repeat this. As far as I know, nothing has happened since so it was a complete waste of my time and also gave me further unnecessary distress.

> It got me closer to the treatment I needed, but was a hard process. I wish it had been easier and I was treated as though my problem mattered and was important rather than a nuisance.

> Normal service is OK, but when they fail, it's spectacular and there are limited ways of contacting the trust – no direction on whom to contact and little time or capacity to correct failures.

## Lack of authority to resolve issues

> Felt initially I got some traction, but they have no real power and as said hospital managers are not interested in improving the service or making it safer for patients. I fear as I get older and do not have the drive to fight so hard to ensure my safety, I will end up a sad statistic of a failed NHS.

> PALS are a useless service which does not have the tools to help patients deal with issues. To me personally they are the means to keep unhappy patients quiet. PALS is purely an information service rather that patient care led service. I do not see their use whatsoever.

> Limited support, still felt I had to do most of the pushing. Unfortunately management of hospital are not interested in change, so just fobbed off. PALS seems to have very little teeth.

> They were not able to do a thing about the complaint. They contacted the three services involved in my treatment, who then repeated the same information/ denied any wrong-doing/ manipulated the situation/ gave false information etc. When I responded to their response (with written evidence of wrong-doing from their letters/ patient records), I was told the case/ complaint was closed and no further communication would be responded to. I contacted the PHSO who found in

> my favour.

In some cases, even though service users were aware that PALS would not directly resolve the issue, they were concerned that the staff did not mediate between the patient and clinical staff:

> Instead of mediating, they just passed my details to the team I had complained about and told me to deal with them.

## Lack of independence

Some people responding to our survey raised their concerns about PALS' independence. Some believed that PALS department's side with the hospital's clinical staff more than with patients:

> I am going through the formal complaints process. PALS are there for the hospital, not the patients. PALS is a waste of time. PALS did not listen to what I had to say. When they actually listened, they defended the hospital. I never had a resolution to my case. They negotiate and justify the actions of the hospital.

> I believe PALS is there for the hospital and not the patient. They side with the hospital and do not do much to support you. I don't think I ever will use PALS again.

> The answer given by doctor was taken as absolute honesty and what I reported really not believed.

> The answers they gave made me think they were on the side of the clinicians who had been contacted by PALS. I obviously felt they were not on my side. My husband had two major operations in two weeks as he had sepsis after the first op. The section of bowel operated on did not join properly and had [decayed]. Surgeon said blood was not getting through, reason could be he was obese (he was 11 stone) and that he had smoked 15 years prior. This is why I contacted PALS. I felt we were let down.

A similar concern was the fear expressed by some service users that because PALS staff have to discuss individual cases with hospital staff in order to resolve any problems, contacting PALS might affect their care:

> I contacted PALS, who called the team I had complained about. That team then rang me and berated me for complaining.

> I had an issue with the Dr that was treating me. He was very rude and dismissive of my condition. When I contacted PALS, it made things worse. It seems PALS are there to help them, not the patient.

## Failure to understand the issues being raised

Some service users felt that PALS staff did not really listen to their enquiries or understand their situation:

> They didn't answer my question. I had to contact them again, only under the heading 'complaint'. I still haven't received an acknowledgement to my complaint.

> Issues were misunderstood and not resolved.

This respondent pointed out that the investigation carried out by PALS was inadequate:

> Inadequate investigation. No real interest by PALS team. I have kept a copy of the outcome of their investigation followed by my response. After I sent my response they said they would re-investigate. However, my entire belief now is that the PALS team is a total waste of time, and will pursue legal/ independent/ ombudsman advice/ support if I feel the need in the future rather than waste my time with PALS.

## Lack of an outcome

In their comments, some service users said they had never received a satisfactory outcome to their concerns following their contact with PALS:

> I never got an outcome. They never did a review. They told me to go find someone else.

> It was a waste of time – they did not help me in any way. I had to make a formal complaint.

> After speaking to PALS, I was told it would be looked into and [I would] be

> contacted back, but this never happened.
>
> I have no idea what happened next. Surely I should have had some kind of follow-up from my complaint?
>
> They made nice noises, promised a lot, but offered no solution or ways I could change the outcome in the imminent future. [She] promised to report back to her manager and offer her manager suggestions re change [with] no involvement by me.

Lack of an outcome included poor or an absence of effective signposting:

> I told them I will take the issue further and they just gave me a number to call.
>
> I was not happy with the signposting. They didn't signpost me to any sources of support –I had to find them myself.
>
> They referred me to the special needs team, but they did not contact me, and PALS did not follow up, so they did not know about this.
>
> I was told just to go somewhere else. When I said I was not satisfied and wanted to complain, no one got back to me.

## WHAT COULD MAKE PALS BETTER?

We asked service users to rate PALS departments on a scale of 1–10 (with 1 being poor, 5 average, and 10 excellent). At the extreme ends of the scale, there were slightly more people rating the service as excellent (33%) than those rating it poor (29%). Overall, 51% of the service users rated the service as being between excellent and average, and 45% rated it as being between poor and average.

The service users that rated PALS at the upper end of the scale mentioned the following: 'helped me facilitate the outcome I wanted', 'polite, professional and non-judgemental', 'answered the phone promptly and did what they said they would do', 'friendly, helpful, and listen', 'I am glad they exist', 'efficient service', 'they were there for me and my family when we needed advice, information and a kindly ear', 'glad to have them to contact', and 'I would recommend it to a friend or relative'.

Those who rated the service at the lower end of the scale used the following phrases to describe their experience: 'they seemed busy', 'I would never go to them again', 'waste of time', 'can't trust them', 'awful experience, no support', 'never heard back from them', 'caused me further distress', 'slow to respond', and 'wouldn't contact them again as there were repercussions from doing so before'.

Finally, on the basis of their rating, we asked people how PALS can be improved. Table 5 lists the improvements people mentioned and their supporting comments.

### Table 5: How could PALS be improved?

| Improvement | Service user comments |
|---|---|
| A personalised, inclusive service that is responsive to individual communication needs | *Any communication from a woman's service should be dealt by a female advisor from initial contact and throughout. My initial contact was an email to the PALS department through their contact email. I received a telephone call enquiring more details from a male advisor. It was uncomfortable for both of us as I explained the nature of my concern. At no point during the telephone call did the male advisor give me the option of speaking to a female advisor.*<br>*When I called PALS, they asked me to email, which was not an appropriate route of communication for me.*<br>*Once I had been allocated a female advisor who seemed compassionate and sincere through her email communications, I felt I could trust the PALS service to act as my advocate in this process and that they would keep me updated.* |

| Improvement | Service user comments |
|---|---|
| A clear remit that is understood by patients, carers and families | *PALS needs to be clear about what they can and can't do. Have an open and honest approach – give people a timeframe, next steps and actions.*<br>*Work with the patient – try and understand what the issue is and what they are going through. Try and resolve the issue rather than just work with the hospital. Be clear what they will do and can do [and] what the options are.*<br>*If patient does not know which PALS they should contact, it is PALS' responsibility to provide that information to the patient rather than telling [them], 'it is not us and contact such and such PALS', without providing the email and telephone number. I felt they were just passing the responsibility to others and just said, 'we don't deal with it' without further info. They should understand some patients do not have the good search skills to navigate their way through their complicated system.*<br>*I would try contacting them again, but my previous contact wasn't encouraging and I'm not sure what sorts of issues they can actually help with.* |
| Better communications and information, based on comprehensive knowledge of the service, and keeping people updated on their enquiry | *Reply to emails promptly. Be the named point of contact for Accessible Information Standards contact and arranging reasonable adjustments. Get proper disability equality training. Ensure they pass on access requests to other hospital departments with as much time as possible. Ensure information they pass on is comprehensive and accurate.*<br>*Keeping me updated on the progress of appointments.*<br>*Their knowledge about services – it does not seem they know anything. They passed on to someone else – they just forward emails. Even their comments demonstrate this.*<br>*Generally PALS was friendly and professional, but didn't understand my complaint and weren't very helpful in communicating/ liaising with other departments. I felt my case was closed without them asking whether I felt things were resolved.*<br>*Some of their staff left sharing information with clinical departments to the last minute, which was stressful and unfair on them as well as me.* |
| Better resourcing, especially staffing and opening hours | *More staff*<br>*Longer [opening] hours*<br>*The team at [trust name removed] are really kind and helpful. They need more staff!*<br>*Overall ineffective but not their fault. Not equipped.* |

| Improvement | Service user comments |
|---|---|
| More responsive and proactive in following up enquiries | *They should at least call back people once.*<br>*Answer the problem and ring back when they say they will.*<br>*Follow through [their] actions.*<br>*[There should have been] some kind of follow-up to let me know what to do or what happens next.*<br>*Making sure they follow up and provide feedback on the complaints.*<br>*When I spoke to them they were lovely, but there was absolutely no follow-up so I no longer trust they did what they said they would.*<br>*They did not keep me updated. I always had to contact them on a generic email.* |
| Observe confidentiality | *They need to understand about confidentiality and the effect on a patient's mental health to have that broken.* |
| More accessible and visible to patients, carers and families | *Make themselves more visible. I only knew because I'd used them before.*<br>*Maybe [PALS needs] more prominence?*<br>*I know there is always room for improvement, but I genuinely can't think of anything specific apart from extended hours. I was aware I would not be able to reach someone from PALs during the hours of 8pm–8am (which may be difficult for someone who is in more need of support and advice in a timely manner due to circumstances) and I was saddened to hear the hours are [being cut] further, shame really for such a great service.*<br>*As an inpatient for several weeks on several occasions, I never saw a PALS volunteer, [and] the web-based complaint I feel I received lip-service in saying, 'yes we know it could be better, we will look at it [and] never saying it's a priority to fix it'.* |
| Impartial and even-handed when dealing with complaints | *Not taking the doctor's word as gospel and digging deeper into information given by the complainant.*<br>*Listen to the patient and resolve a problem rather than trying to protect the trust.*<br>*By asking the customer if they feel their complaint/issue has been understood by PALS, both after PALS first responds, and at the 'end' of the help provided.*<br>*Impartial investigation, thorough investigation.*<br>*Stressful because I can't trust them. I've had to be very, very pushy.*<br>*Need to be more independent of the trust. Greater impartiality.* |

| Improvement | Service user comments |
|---|---|
| Better continuity of contact and consistency in handling enquiries | *Dedicated caseworker who responds when they say they will so you don't have to keep chasing.*<br>*The staff were not approachable. It depended on who you were talking to. They kept passing the case around the team. They could not do anything to resolve the issues, so they were a waste of time. I would never go to them again. I wouldn't waste my time.*<br>*I always dealt with a different member of the PALS team either by email or phone – it felt like no one person had overview of my problem to help me. They frequently said they'd get back to me, but rarely did. It took five emails and two calls before I actually got a kind of solution to my situation.* |
| Better staff attitudes and understanding of health conditions, especially autism and similar conditions | *They need to change the staff – they are grumpy, rude and seem to be taking it out on us. Training is probably not enough.*<br>*[They need to] understand autism, the Autism Act and statutory requirements and ultimately get a better idea about how patients with autism experience their mental health difficulties and access to healthcare and needs.*<br>*Make sure all staff have the same sympathetic attitude as the chap we spoke to. It was very reassuring.* |
| More influence to make changes in the trust | *They need the power to hold departments to account if they don't respond as agreed to.*<br>*They need to be taken seriously by hospital management.*<br>*[They] need to have greater power to implement change/ resolution.* |
| More involvement of service users in improving the service | *By listening to the people who wanted a service in the first place. Also following up on all who complaint and get them involved in their service improvement.* |

# CONCLUSIONS

The findings in this report suggest that PALS departments are valued and, generally, service users are pleased that PALS exist. Overall, service users expressed a high level of satisfaction with PALS. They felt that PALS offered them another way of being involved in decisions about their care, and was a useful alternative to the formal complaints route.

However, the experiences we heard about from those who had contacted PALS in Birmingham varied and there were inconsistencies in the quality of service that people received. When PALS worked well, people's needs were met, and they felt that they were understood and their voices were heard. They also felt treated with dignity and respect. Where the service did not work well, people were left feeling powerless, afraid that their treatment had been compromised and that the service was incapable of acting in their best interests. They were not satisfied by the signposting service offered, and also told us that PALS needs to be better resourced with more staff.

Service users who were satisfied with the service said they valued:

- being listened to and understood
- the conduct and attitude of staff towards them – being treated with kindness, dignity and respect, for example
- a quick response and an outcome
- the confidentiality of the service
- the accessibility of the service in terms of opening hours, location and ways of contacting the service
- the knowledge of PALS staff
- being given information and choices
- being given a named personal contact

Service users who were dissatisfied with the service said this was because:

- they had not received a response and felt ignored
- there was poor communication about PALS in terms of opening times, response times, the process and PALS' responsibilities
- they felt PALS lacked the authority to resolve issues, and was not independent from the hospital
- PALS had failed to understand the issues being raised and there was no outcome
- they had not been signposted to another organisation when needed, and when they were signposted, the service offered was not satisfactory.

Other aspects of PALS where dissatisfaction was expressed, although by smaller numbers of people, were how the service met their needs (including communication needs) and the process of keeping people updated and following up enquiries.

The issues raised by service users indicate that their experience of the PALS service was not in keeping with PALS core national standards (Department of Health, 2003), namely, that PALS should be:

- identifiable and accessible to patients, their carers, friends and families
- provide on-the-spot help in every trust, with the power to negotiate immediate solutions or speedy resolution of problems
- act as a gateway to appropriate independent advice and advocacy support from local and national sources
- provide accurate information to patients, carers and families about the trust's services, and about other health-related issues
- act as a catalyst for change and improvement by providing the trust with information and feedback on problems arising and gaps in services
- operate within a local network with other PALS in their area and work across organisational boundaries
- support staff at all levels within the trust to develop a responsive culture.

Service users thought that PALS could be improved by:

- being more sensitive and providing a service that meets people's needs
- providing clear definitions of the issues of concern they deal with and clear service timelines and processes
- be better at providing information, advice and signposting to independent advice and complaints services
- being adequately resourced
- being responsive – it should understand, communicate and keep people updated and follow up

- resolving service user enquiries confidentially
- being more accessible and better at raising the profile of the service
- being impartial and understanding people's concerns
- having continuity of contact, with a named individual and being consistent in the service provided
- having staff with the skills and knowledge to understand different needs
- having the teeth or influence to effect change
- involving service users to improve the service

One question that arose for us concerned the ability of PALS departments to obtain feedback from their service users in sufficient quantity to understand the issues that people have with the service, and therefore PALS' ability to use feedback to improve the service. This question was raised in the light of the difficulties we experienced in obtaining feedback from people who had used PALS, despite the cooperation of all Birmingham's trusts. The issues raised in this report highlight the importance of involving service users in improving the PALS process.

## Responses from Birmingham NHS Trusts

In the light of the responses we received from patients, carers and their families regarding PALS, we asked Birmingham's trusts the following questions.[8] Their responses are included in this report below.

1. How will the feedback in this report be used by the trust to make improvements to PALS/Customer Services with regards to:
   - The issues that led to dissatisfaction amongst service users
   - The issues that service users indicated needed to be improved to make the service more effective
2. What actions will be taken by the trust to improve patient and public involvement (PPI) in order to hear more feedback from service users?
3. How will the feedback in this report help the trust to design a process that ensures that the trust is hearing enough feedback from service users to understand their experiences and make improvements to the service based on that experience?

**NHS**
**Birmingham**
**Community Healthcare**
**NHS Foundation Trust**

Birmingham Community Healthcare NHS Foundation Trust welcomes the Healthwatch draft report following feedback from patients and carers on experiences of contacting PALS services in Birmingham. The report is very timely, as we are about to review and update our current Advice and Liaison Service (Customer Service) Working Guidelines. The feedback has been very useful to us in reflecting on how our service is doing and where we can make improvements.

The issues and areas for improvement which were noted within the report and which most resonate with the service within BCHC include:

- The need for timely responses
- The need to update enquirers whilst waiting for a final response/outcome
- The need to seek feedback from enquirers on their experience of the Advice and Liaison Service
- Being accessible and available to patients and carers

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[8] As the report's findings were presented in a generalised way and not specific to each Trusts, we asked Trusts to reflect on these questions in relation to the feedback they collect from people who contact PALS.

As a result of the report and as part of a review of the team working practices and procedures we will:

| |
|---|
| Identify a named contact for every enquiry, who will maintain contact throughout the duration the enquiry is 'live' unless they are unable to for reasons of e.g. leave |
| Ensure the team working guidelines confirm that an explanation of confidentiality and consent is provided at first contact.<br>The initial contact sheet will be updated to include a record of going through this with the caller<br>If possible, consent and confidentiality explanations will be recorded on Datix (Trust system used to record all enquiries) |
| Check / update the team working guidelines to confirm how and when enquirers will be updated (this is usually in agreement with the individual at the time of first contact) |
| The Patient Experience Lead for each Service Division will work with leadership teams and clinical colleagues to raise awareness of the service and the importance of timely responses to enquiries made on behalf of patients. Information will be included in Patient Experience reports where relevant for discussion within Divisions |
| Develop the Trust webpage where Advice and Information Service is promoted<br>Refresh and replace posters / information about the service in patient and clinical areas |
| Ensure information about improvements made following enquiries is promoted through `You said , We did` published in patient / clinical areas |
| The Advice and Liaison Service will ask the Trust Patient Experience Group (chaired by a Public Governor) to work with them to update the Advice and Liaison Service evaluation questionnaire. This will then be used to close each enquiry either by phone or email. The evaluation questionnaire as a way for inviting feedback about the service. This would help the trust to ensure that they are hearing feedback in order to improve the service. |

**NHS**
**Birmingham Women's and Children's**
**NHS Foundation Trust**

Thank you for the recent PALS service report which we received. We are keen to offer an efficient and responsive PALS service so we were pleased to have the opportunity to reflect on the current ways of working and consider how we could improve.

We have recently undertaken a number of initiatives to improve our current PALS service, including:

- Revised operating procedures to streamline the way we handle concerns, escalate issues and track responses.
- Centralised our contact centre to ensure that all calls and emails to the PALS service at BWC are handled as effectively as possible and logged immediately.
- Improved our systems for tracking queries and following through with progress calls to clients and reminders to management where issues are taking longer to resolve.
- Trained PALS staff in mental health issues and how to better handle enquiries from our Forward Thinking Birmingham Service, this has included education sessions and a regular supervision session.
- Arranged an Away day with the whole team to look at ways that PALS, Volunteering Services and Interpreting Services can work together more to enhance patient experience.

We are keen to learn from the report and especially from how our fellow PALS services operate locally. In reviewing the report we are seeking to introduce the following measures in the coming months:

| ACTION | Completion Date |
|---|---|
| Revise communications regarding the PALS service. We will check that communications are suited to the Accessible Information Standards. We will ensure that we have clear access routes for those who use BSL and community languages. We will check publicity to ensure that it explains what PALS can do for the client but also explains those areas that PALS cannot cover. | **May 2020** |
| Organise a survey sampling PALS clients twice per year in a similar way to the Healthwatch Birmingham survey, so that we have a regular cohort of views about our PALS service that we can track over time. We will work with our engagement groups - Young People's Advisory Group (YPAG), Family and Patient Advisory Council (FPAC) and Think 4 Brum Group – to help co-design our survey. We will use our volunteers and interpreters to help collect feedback to ensure some impartiality. | **May 2020** |
| We will shortly introduce a new Team Leader post to our PALS service in order to further ensure that we have consistent standards and someone with an overview of the daily flow. | **May 2020** |
| We are seeking to arrange shadowing shifts with one of our PALS team and similar members of PALS teams at UHB and BSMHFT. We will also offer this shadowing opportunity to their staff. We hope that this might share good practice, highlight useful measures we could adopt and also improve pathways for clients who are moving from BWC to BSMHFT or through BWC to UHB, and reverse. | **May 2020** |
| We will work with our advocacy agencies to improve the offer of a helpful intervention which families and patients can view as 'being on their side' acknowledging that our PALS team work for BWC Trust. We have also recently established sessions at the Children's Hospital with CONTACT charity for disabled children, and hope to expand upon this if funding allows. | **May 2020** |
| We will check operating procedures and ensure a named contact is given to each client where casework follows. We will seek to agree a timeframe where we are able, at least for when our initial response will occur. We will remind staff to ensure the offer of a female PALS officer wherever possible, if this is preferred. | **May 2020** |

Royal Orthopaedic NHS Foundation Trust (ROH)

We have reviewed the report and will be including this as an agenda item within our Patient Experience and Engagement Group, following this feedback our Patient Engagement Team will then provide a responsive action plan to address the issues raised. This will then be disseminated within the organisation via Trust Committees.

As the report does not identify individual trusts it is very hard to comment immediately without a process of triangulation as to whether some or all of the issues raised are a concern for us individually and we are minded to ensure we prioritise each of the issues raised correctly.

We are very grateful to Healthwatch Birmingham for their insightful report and will be using it to support changes and improvements to our PALS service.

University Hospitals Birmingham NHS Foundation Trust (the Trust) welcomes Healthwatch Birmingham's report into patient views on the quality of the Patient Advice and Liaison Service (PALS) and their experiences of using this service. The Trust is pleased to see that most patients, carers, and families were satisfied with their experience of the PALS service overall and that the service is valued by all individuals who contact the service.

The Trust's PALS service aims to advocate for patients by listening to their concerns and, acting as an intermediary, liaising with the relevant Trust departments to try to resolve the same in as timely a fashion as possible. The service can be accessed by telephone, face-to-face or by email or letter to meet the needs of the service user, and signposting to independent advocacy services is also available. The Trust's website provides information on how to access the service, as well as leaflets and posters on all Trust sites.

In the study, service users felt it would be useful for PALS to provide clearer definitions of the issues of concern they deal with. Working as part of the Patient Relations team, PALS are often the first point of contact for patients or relatives who wish to raise a concern or who need quick information or support. Due to the nature of the Patient Relations team, service users can benefit from this single point of contact for all types of issues – some of which may be able to be dealt with swiftly by the PALS team, but others that may be dealt with by the complaints team. We will update our website and literature to make this clearer for service users.

The Trust recognises the report's observations regarding PALS' staff knowledge of different needs, including autism, and is currently organising autism awareness training and additional mental health awareness to help equip staff to have a better understanding of patients' needs and the difficulties they experience when accessing healthcare services.

The Trust acknowledges that there are further opportunities to improve the accessibility of the service and plan to implement a single Patient Relations Contact Centre with resource deployed to enable calls to be answered more promptly; while also maintaining face-to-face contact on the Heartlands, Good Hope and Queen Elizabeth hospital sites.

The Trust understands the importance and the value that survey respondents and the wider public have in the PALS service and is committed to ensuring that the service is appropriately resourced to ensure it can manage all concerns received quickly, effectively and with the sensitivity required.

The Trust receives around 10,000 pieces of feedback each month which helps to understand the patient experience and make improvements to services. For the PALS service specifically, enquirers are contacted prior to their enquiry being closed on our system to check whether their queries have been resolved. As a result of the Healthwatch report, the Trust will implement a further evaluation process to seek specific feedback on the PALS service from users of the service to gauge the level of satisfaction and highlight any potential areas for improvement.

**NHS**
**Sandwell and West Birmingham**
**NHS Trust**

Sandwell and West Birmingham Hospitals NHS Trust (SWB) receives an average of 180 Local Resolution (formally known as PALS) cases per month, we have seen consistent numbers of concerns raised for the last 2 years. This data is reported in our integrated annual report and quality account that is published at our Annual General Meeting and this data is also available on the Trust website.

In response to the questions you asked in the report regarding how the Trust will use the feedback in this report to make improvements to PALS/Customer Services, see below:

In answer to questions 1 & 2 “The issues that led to dissatisfaction amongst service users” and “The issues that service users indicated needed to be improved to make the service more effective”

Without knowing which Trust the feedback is about, generically, SWB’s PALS service is available to speak to people via telephone from 10.00 – 4.00pm Monday to Friday. Alongside this service the Purple Point telephones are available from 9am – 9pm Monday – Sunday. Face to face meetings can be arranged in advance if required, and signposting to advocacy services is available at all times. Language Line is also used where required and Purple Point has direct dial numbers for the 5 most used local languages. The PALS email addresses are widely advertised and are frequently utilised.

Since the introduction of Purple Point, the number of PALS cases has reduced, but the majority of Purple Point calls are resolved speedily. If a caller is not satisfied with the response they have received through either route, this can escalate to a formal complaint if required, to deliver satisfaction for the caller.

SWB are planning to trial the resolution methods used through Purple Point in our PALS service during 2020 to improve our timeliness and responsiveness, aiming to provide a faster experience for patients and relatives, as this would clearly be of benefit.

In answer to question 3 “What actions will be taken by the trust to improve patient and public involvement (PPI) in order to hear more feedback from service users?”

In February 2018, SWB launched its Purple Point service. This innovative, responsive, bespoke telephone helpline is aimed specifically at inpatients; who may have a concern to raise, may need help with a certain aspect of their care, or may wish to thank the staff for the care they have received. A patient, or their relatives, can use the free Purple Point telephones located around the hospital sites to ask for assistance with a concern, the aim being that it is resolved by local ward staff there and then. The calls are taken by a central team who operate from 9.00am – 9.00pm Monday – Sunday. The details taken from the calls are then directed to the most appropriate person to resolve them at the local level. The staff member can discuss the concerns with the patient, resolve them in the most appropriate way and feed back to the patient, once completed. The Purple Point service also undertakes a call back service with the caller to ensure they are satisfied with the response provided. Purple Point gives us the opportunity to resolve concerns at the earliest possible stage. The telephone lines have the option of speaking, via a translator, in the 5 most commonly used languages in the Sandwell and West Birmingham area, apart from English. The service has introduced an outside telephone line, so relatives can call the service after they have gone home following visiting time. Our Purple Point telephone service was set up as a direct response to patient feedback and as an addition to the existing PALS service and resolves the majority of cases raised through this route. SWB receives between 20-30 calls per month and has shown a reduction in both PALS and Complaints raised during the same period, showing a responsive service, meeting service user’s needs.

Trust leaflets and information sources are approved by a group of service users, prior to publishing. A number of user groups also consult on Trust policies. Personalised and helpful responses are made to all contacts from users via social media, online and via communication routes. These responses encourage contact so the Trust can support and, or assist.

At present, SWB does not collect data about a complainant/ patient's or relative's demographics, unless they are also using the services themselves. This is something under consideration in order to be able to see and open a dialogue with those potential clients that may not be being reached with our current advertising methods (such as posters / social media/leaflets). The opportunity and means to raise a concern, should they wish to do so, needs to be available for everyone. For those patient groups that do not raise many concerns, a community outreach programme started in March 2019 to reach those who may not realise that they can speak to someone through PALS or Purple Point if they have a concern with treatment in our services, or just to ask a question in relation to their care. A number of local community groups have been approached and visited to demonstrate that help and assistance is available to all, should they have the need to use it. This engagement will continue into 2020 and beyond, to ensure that we are reaching as many patients and potential users of services as possible.

The Trust Board has requested the collating of a Patient Voice Dashboard which is currently under development. This report will advise the Board of the position in each clinical service, through the patient's own feedback. Triangulating data from FFT feedback, PALS, Purple Point and Complaints amongst other measures. This is in the early stages of development at this time and should enable the Trust to better respond to issues arising, address any arising hot spots at the earliest opportunity or respond to patient feedback in a timely manner.

In answer to question 4 "How will the feedback in this report help the trust to design a process that ensures that the trust is hearing enough feedback from service users to understand their experiences and make improvements to the service based on that experience?"

SWB are planning to trial the resolution methods used through Purple Point in our PALS service during 2020 to improve our timeliness and responsiveness, aiming to provide a faster experience for patients and relatives.

The service does signpost to other organisations including advocacy and it also deals with access to records, so the call centre is responsive to caller's needs, managing a number of different tasks that may be requested. Communication methods are various, and users are asked their preferred route so the Trust can meet their needs for communication.

During Quarter 3 of 2017, the generic complaint questionnaire was stood down in order to consider other, possibly more fruitful, feedback methods and establish which route may work best for our local demographic area. The work to develop an automated questionnaire to gather complaints and Purple Point feedback has been completed and as of June 2019 SWB has text feedback questionnaires in place for both complaints and Purple Point, and consideration is therefore now being given to expanding that to include PALS cases each month. This feedback will give us valuable information as to how we can further improve the PALS and Purple Point service.

NHS
West Midlands
Ambulance Service
University NHS Foundation Trust

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) welcomes the feedback provided by patients, carers, and members of the public in Birmingham and the report drafted by Healthwatch.

The ambulance service is very different to the hospital environment as we do not have a PALS officer available on each ambulance we do however ensure that all staff are aware of the PALS service and how patients can raise concerns when needed. All Trust vehicles have posters indicating a number of contact methods e.g. telephone, email, via our internet. The Trust aims to acknowledge all contacts within 3 working days and will provide a response by whichever means is appropriate to the person contacting the Trust, e.g. telephone or written. All contacts are logged on an electronic system to ensure that they can be monitored. The Patient Experience Team telephone lines are open from 09:30 – 4.30pm if the team is on a telephone call or the call is received out of hour, answerphone messages will be emailed to the team to be actioned as soon as possible.

As a result of the report the ambulance service will be reviewing the following points:

- We will ensure that a reference number at the point of telephone contact is provided to the contact to ensure they have something to refer to if they wish to call the Pals/Patient Experience Team.
- If a member of the public contact WMAS Pals team and we are unable to assist as a hospital query, the team will be advised to either take the details and pass to the hospital or provide contact details for the person to contact directly, whichever method they would prefer.
- The Patient Experience Team or Investigating officers will endeavour to keep the contact up to date with the investigation process in a timely fashion.
- The Trust will twice a year survey people who have contacted Pals to see how they found their experience to allow learning to take place and improve the service where needed.
- Ensure that a you said we did section is added to the Trust website
- The Trust will continue with its work to engage with patients, carers and members of the public in the hospital environment and via the patient survey and the Friends and Family Test question'

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) welcomes the Healthwatch draft report following feedback from patients and carers on experiences of contacting PALS services in Birmingham. Thank you for this feedback, this has been very useful to us in reflecting on how our Trust is doing and where we can identify improvements for our service users, carers and families.

The issues and areas for improvement which were noted within the report and through our internal feedback surveys, which most resonate with the service within BSMHFT include:

- The need to observe confidentiality to understand the effect this could have on service users mental health if compromised or broken
- The need to improve understanding of autism, the Autism Act and statutory requirements and ultimately get a better idea about how service users with autism experience their mental health difficulties and access to healthcare and needs
- The need to discuss communication preference with service users to ensure their choice is being implemented via communication preference (letters/telephone)
- Innovative survey techniques to capture further feedback from complainants to identify further appropriate service improvements

As a result of the draft report we have received and as part of continuing practices and procedures the team are encouraging learning from, we will:

- Arrange a communications campaign to remind staff of the importance of service user confidentiality and ways that we can achieve this
- Through internal communication and advertisements, BSMHFT will share with all staff a signposting portal to be provided from Autism West Midlands to enhance staff's recognition and understanding of Autism.
- Information data to be audited and devised for service users without a selected communication preference, to ensure that 'patient choice' is being adhered to appropriately within the organisation.
- Customer Relations Lead to create a more innovative survey technique to capture further feedback for learning
- Awayday to be arranged for PALS officers to visit other NHS Trusts to look at techniques and practices available to enhance the service user experience

# Acknowledgements

We would like to thank all of the people who completed the questionnaire and Healthwatch Birmingham Volunteers. We would also like to thank the following organisations:

NHS trusts: Birmingham & Solihull Mental Health NHS Foundation Trust, Birmingham Community Healthcare NHS Foundation Trust, Birmingham Women's and Children's NHS Foundation Trust, The Royal Orthopaedic Hospital NHS Foundation Trust, Sandwell and West Birmingham NHS Trust, University Hospital Birmingham NHS Foundation Trust and West Midlands Ambulance Service University NHS Foundation Trust

Third-sector Organisations: POhWER, Advocacy Matters, Age Concern Birmingham, Age UK Birmingham, Alzheimer's Society, Anawim, AUTISM West Midlands, Better Pathways, Beyond Recovery, Birmingham Carers Hub, Birmingham Disability Resource Centre, Birmingham LGBT Centre, Birmingham Vision, Birmingham Women's Aid, BITA Pathways, Casba, Cerebral Palsy, Changing Futures (BVSC), Children's Society, Creative Support, DeafPLUS Birmingham, DISC, Focus Birmingham, Forward Carers, Gateway Family Services, Home Group support for mental health carers, John Taylor Hospice, KIDS West Midlands, Kinmos, Malachi Community Trust, Midland Mencap, Northfield Community Partnership, Motor Neurone Disease Association, People In Partnership, Refugee Action, Rethink, SIFA Fireside, Somali Parents Forum, Springfield Centre, St Paul's Community Development Trust, Thomas Pocklington Trust, Thrive Birmingham and Women Acting In Today's Society.

# APPENDIX 1: ABOUT HEALTHWATCH BIRMINGHAM

## What is Healthwatch?

The Health and Social Care Act (2012) stated that every English local authority area should establish a Local Healthwatch. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice.

Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services. Examples of such services are general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre (www.healthwatchbirmingham.co.uk/ your-feedback/), and through our community engagement activity, led by staff and volunteers.

You can read more about Healthwatch Birmingham at www.healthwatchbirmingham.co.uk/about-us/.

## How do we select the issues on which we collect evidence?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System (TIPS). We describe this system in more detail in our 2017- 2018 Annual Report (www.healthwatchbirmingham.co.uk/about-us/reports/).

By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

## Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham Board Members, patients, members of the public, service users and carers. They provide us with their experiences of health and social care and share other relevant knowledge, skills, and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are looking at. This helps us to form a deeper understanding of the issue from the perspective of these professionals and encourages them to take prompt action to effect positive changes for patients and the public.

## What differences do our reports make?

We follow up our reports to measure the impact they have had. That is, we ascertain if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make because of the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England (www.healthwatch.co.uk) and local regulators. We also monitor the changes to see if services sustain improvements.

# APPENDIX 2: SURVEY QUESTIONNAIRE

## The survey covered five main topics:

a) Timeliness

b) Effectiveness

c) Patient satisfaction

d) Perceived effect of contacting PALS on treatment

e) Quality of signposting

The survey was open for service users to complete online between 28 August and 7 October 2019. People also had the option to call our information and signposting line and to complete the questionnaire over the telephone. The questionnaire gave service users the opportunity to provide qualitative information about their experiences of contacting PALS departments. Some of the questions allowed people to choose multiple options which is reflected in some of the tables and figures.

The survey was promoted through a range of communication channels. These included the following:

- Internal online resources:
  1. Through Mailchimp: 249 contacts
  2. Through CRM: 80 contacts, of which 19 participated in the PALS survey
  3. Healthwatch Birmingham's website was extensively used to promote the PALS survey
  4. Volunteer and stakeholder bulletins.
- Social media:
  1. Facebook – (Reach 20,546 / Engagement – 375 Clicks / 102 - Interactions)
  2. Twitter – (Impressions 12,432 / Engagement 114)
- Relevant organisations:
  1. NHS trusts
  2. third-sector organisations
  3. third-sector organisations' websites and newsletters (BVSC, POhWER).

We asked all relevant Birmingham-based third-sector organisations and NHS trusts to share the questionnaire with their service users and citizens, including information about different ways people could get involved. By involving a range of organisations, we hoped to hear the experiences of different groups, especially those who would not normally participate in a survey.

## Collaborating with stakeholders to access participants

All seven NHS trusts and relevant third-sector organisations in Birmingham were engaged and involved in the design of the survey questionnaire. Their comments and feedback were encouraged and incorporated into the final questionnaire. Stakeholders were asked to share the questionnaire with their service users or members who had accessed PALS or customer service departments. Questionnaires, posters, survey information cards and online survey links were sent out to the stakeholders shown in Table A2.1.

## Table A2.1: Distribution of questionnaires, posters, survey information cards and online survey links

| Organisation | No. of questionnaires sent | Pre-paid envelopes | Survey information cards | Posters |
|---|---|---|---|---|
| Birmingham Community Healthcare NHS Foundation Trust | 30 | 30 | 100 | 12 |
| Birmingham and Solihull Mental Health NHS Foundation Trust | 212 | 150 | 200 | 20 |
| The Royal Orthopaedic Hospital NHS Trust | 30 | 30 | 100 | 12 |
| Birmingham Women's & Children's NHS Foundation Trust | 40 | 40 | 100 | 10 |
| University Hospital Birmingham NHS Foundation Trust | 90 | 90 | 100 | 30 |
| Sandwell and West Birmingham NHS Trust | 30 | 30 | 100 | 10 |
| POhWER | 20 | 20 | 100 | 10 |
| Birmingham Mind | 30 | 30 | 100 | 6 |
| Total | 482 | 420 | 900 | 110 |

We received the comments below from stakeholders who had shared the details and resources provided for the survey with their service users or members:

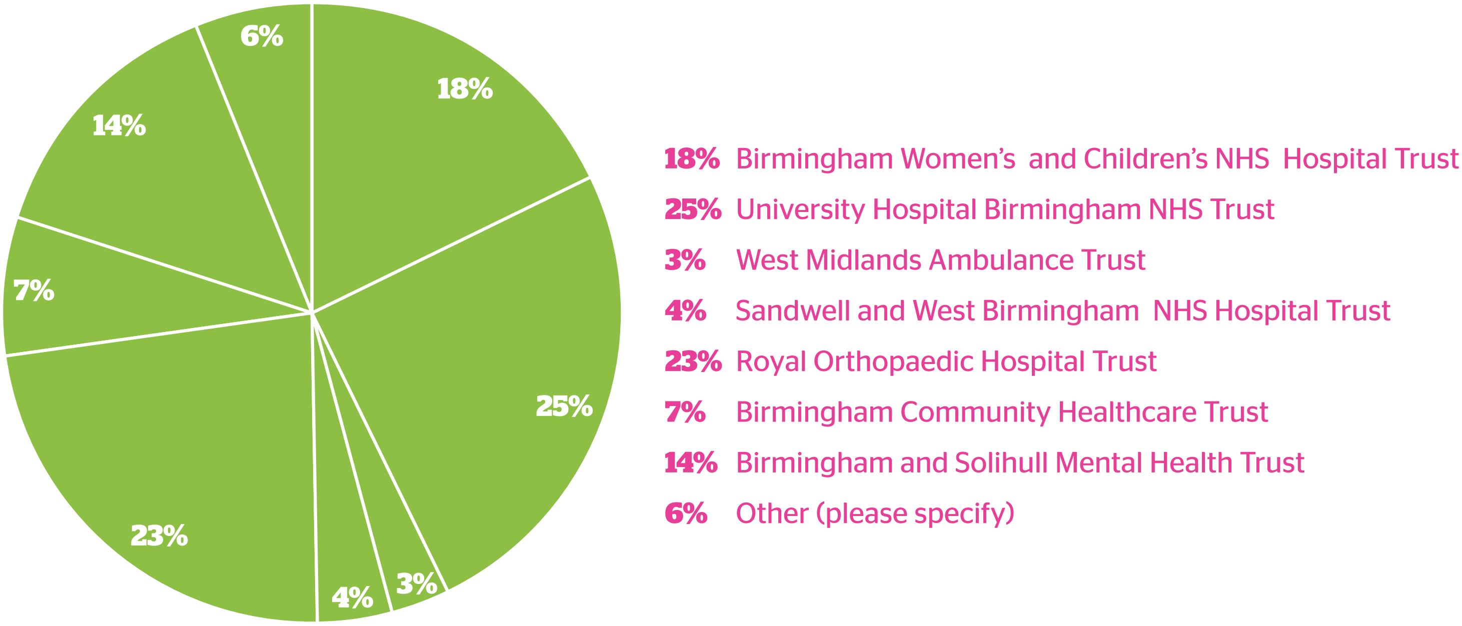
> We have promoted and had flyers around. We have put the posters up in our main sites and we are asking callers if they want to give feedback and giving them your details. (Birmingham Community Healthcare NHS Foundation Trust)
>
> We have advertised the survey using the posters provided on both City (in the main entrance of the Birmingham Treatment Centre) and Sandwell (main entrance) hospital sites. We have made the cards with the electronic details available and have a stock of surveys and envelopes readily available for people to complete. (Sandwell and West Birmingham NHS Trust)
>
> We have shared this with 700 members of the trust who are patients via email. We have given the information to people who have contacted the PALS service in the last month. We have also put your posters up in the hospital. (The Royal Orthopaedic Hospital NHS Trust)
>
> We have placed posters around sites, amended our email reply to include the [Mailchimp] link, and we are asking callers at the end of conversations to consider doing the survey. Our interpreters and volunteers have also taken some paper copies out with them, in case they have been able to approach people who have used PALS. (Birmingham Women's & Children's NHS Foundation Trust)
>
> We have shared on our trust intranet side (to ensure staff are aware to signpost service users/ families & carers), shared posters, information cards and questionnaires to all inpatient units and community centres, ensured it is discussed at carers meetings, via the trust's carers lead, and PALS officers have been discussing with service users/ families & carers whilst they have been in the service areas. (Birmingham and Solihull Mental Health NHS Foundation Trust)

> We will mention the survey for new clients where PALS are involved. Details of the survey have been shared with all Birmingham staff and our partners, Advocacy Matters. Advocacy Matters will be meeting volunteers on 25 Sept so we will also share then. Any events attended will also be utilised. We have placed a link to the study on our Birmingham homepage and Twitter. I have emailed the chair to the third-sector mental health forum I attend and I have had confirmation that the chair has circulated the survey information to all partners. (POhWER)

## APPENDIX 3: DEMOGRAPHICS

A total of 87 people completed the questionnaire: 82 of these completed it online and 5 over the telephone. The majority of people completing the questionnaire (91%; n=78) had been in contact with a Birmingham PALS or customer services department. Their experiences were spread across the seven trusts in Birmingham, with the majority of responses coming from service users who had accessed PALS or customer services department (see Figure A3.1).

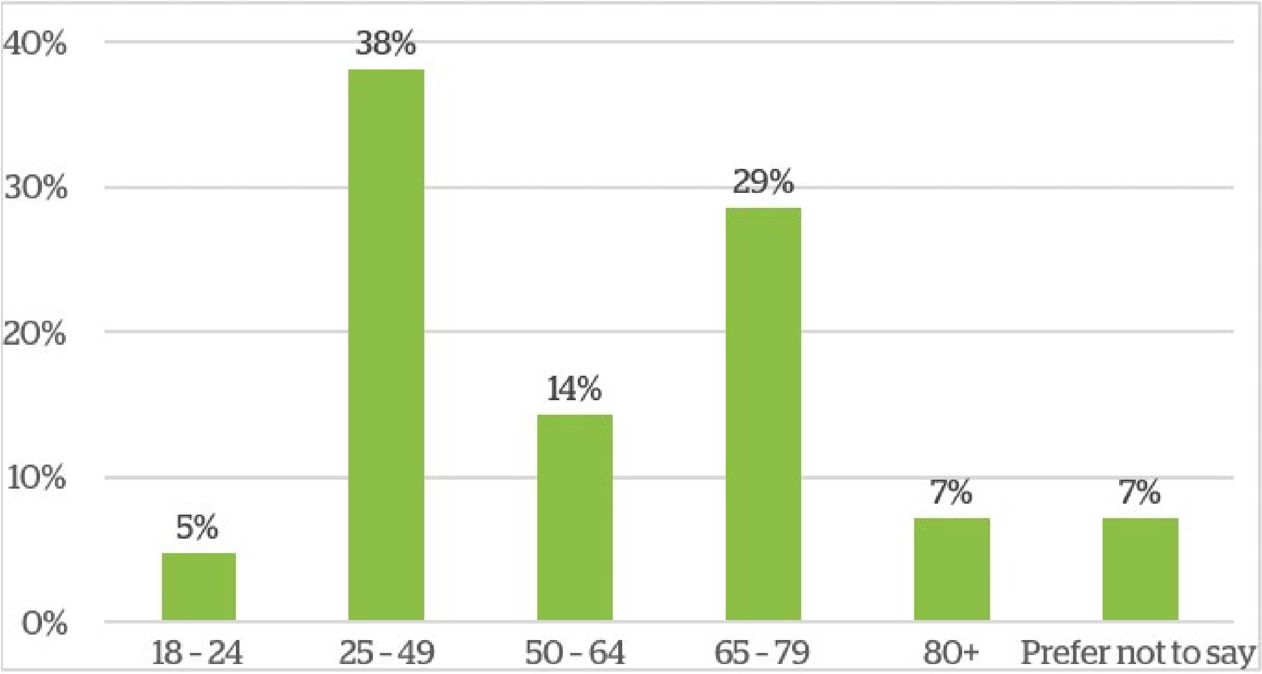
Figure A3.1: Participating service users by NHS trust



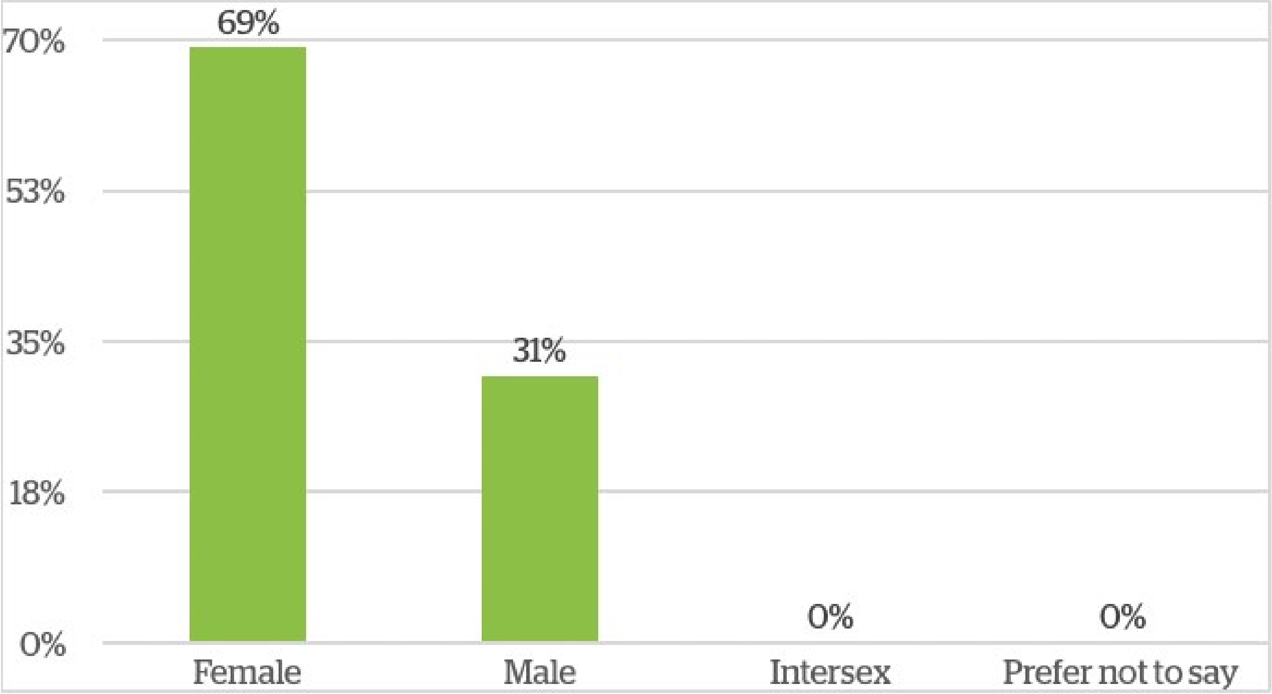
Three-quarters of service users indicated that their experience of contacting PALS or Customer Services was under a year, with almost half (45%) having contacted the service fewer than six months previously. For a quarter of the respondents, their contact was between one and two years or over two years previously.

A majority (81%) of service users were aged between 25 and 79 (see Figure A3.2). The gender balance favoured women (69% female and 31% male; see Figure A3.3), and the majority (79%) identified as heterosexual (see Figure A3.4). Although most (61%) service users were white British or from another white background, there was representation from Indian, Pakistani, African, Asian British, Black British and other mixed/multiple ethnic backgrounds (see Figure A3.5).

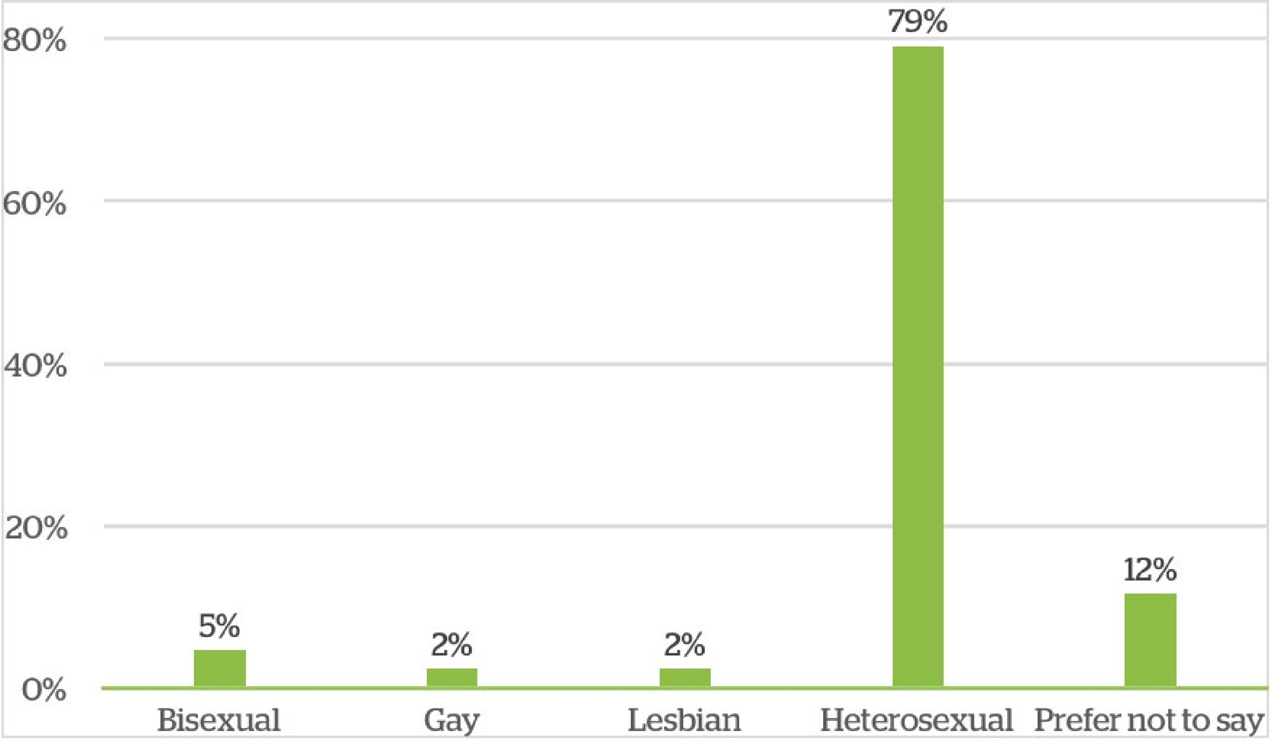
## Figure A3.2: Participating service users by age



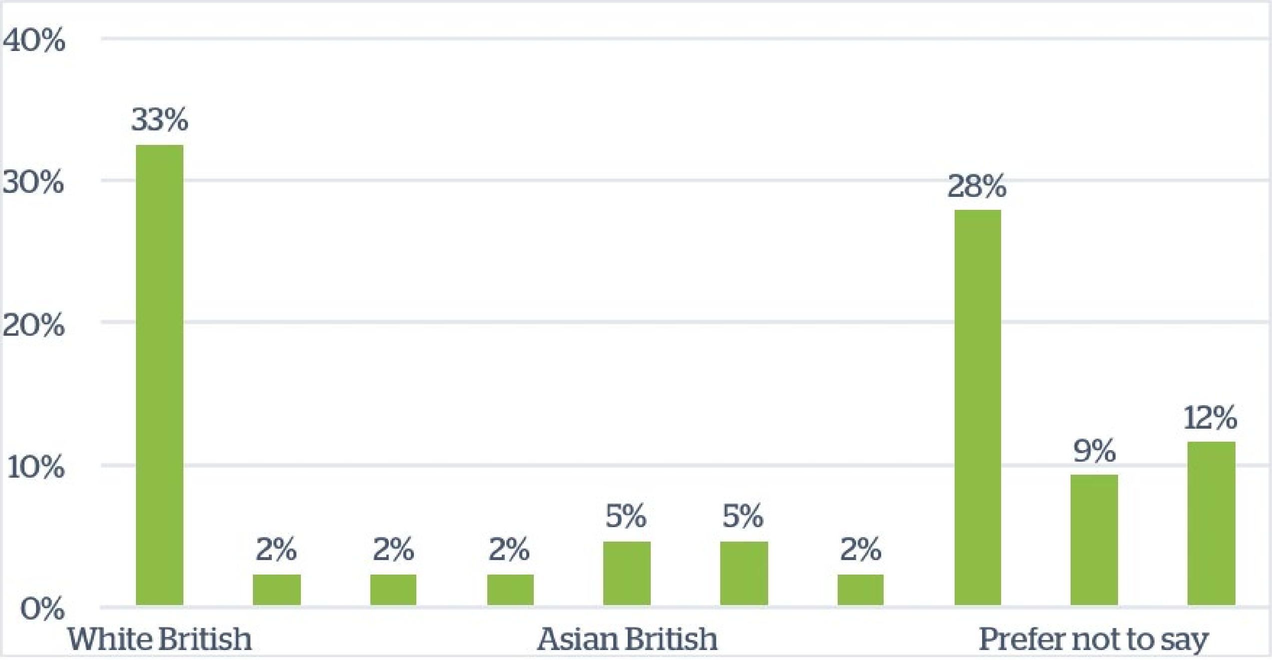
## Figure A3.3: Participating service users by gender



## Figure A3.4: Participating service users by sexual orientation



## Figure A3.5: Participating service users by ethnicity



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