

# North of Tyne PALS

Patient Advice and Liaison Service

North of Tyne PALS **The First Three Years**





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The Patient Advice and Liaison Service was established throughout the country, in all NHS Trusts, in 2002 as part of a new system of patient and public involvement to provide:-

- confidential advice and support to patients, families and their carers
- information on the NHS and health related matters
- confidential assistance in resolving problems and concerns quickly
- information on and explanations of NHS complaints procedures and how to get in touch with someone who can help
- information on how you can get more involved in your own healthcare and the NHS locally
- a focal point for feedback from patients to inform service developments
- an early warning system for NHS Trusts, Primary Care Trusts and Patient and Public Involvement Forums by monitoring trends and gaps in services and reporting these to the trust management for action.
- PALS act on behalf of their service users when handling patient and family concerns. They liaise with staff, managers and, where appropriate, other relevant organisations, to negotiate speedy solutions and to help bring about changes to the way that services are delivered. PALS will also refer patients and families to local or national-based support agencies, as appropriate.

### **North of Tyne PALS - a unique approach**

In the area North of the Tyne (incorporating Newcastle, North Tyneside and Northumberland) all eight NHS Trusts decided on a partnership approach with the Trusts working together to develop a PALS service, managed as one service but working within and operating across all eight trusts.

The advantages of this approach were seen as:-

- A free phone access point which is staffed at all times during office hours.
- A seamless service for patients, carers and families across NHS trusts so anyone contacting PALS only needs to have contact with one PALS service even though their concerns about health care may involve two or more trusts.
- The ability to cover annual leave, sick leave, attendance at meetings and training to ensure that there is always a PALS officer available to deal with a concern wherever it is raised within the North of Tyne health community.
- An appropriate infrastructure to ensure the sharing of resources and good practice. The ability for PALS officers to develop a 'lead' for both a specific trust and an area of health provision.
- The quantity of scale to enable the provision of a 'professional' volunteer service to promote PALS and a PALS 'culture' in health service provision in a wide range of contexts, complement the work of PALS Officers and contribute to the PCPI function.
- The infrastructure necessary to provide a service across a large geographic area.
- The ability to respond flexibly to changes in demand and expectations.

This is a unique approach to providing PALS however in the implementation of PALS; many NHS Trusts with 'stand alone' PALS services have developed a collaborative approach to better meet the needs of their clients.

North of Tyne PALS was established and the service began on 1st April 2002. The demand on the service was very much an unknown quantity and initially 14 PALS Officers were employed to work in two teams, Newcastle and North Tyneside and Northumberland. Each of these teams had a team leader.

Each PALS Officer was based within a specific trust and had a 'lead' responsibility for that Trust. Some trusts had more than one PALS Officer and some PALS Officers worked across two or more trusts. A volunteer coordinator was also employed to develop a volunteer service recruiting and supporting volunteers and identifying and working with key staff in trusts to identify appropriate placements within services.

In the course of the three years the number of people using PALS, including families and carers has increased incrementally; in each Trust and from all areas. In addition the concerns have become more complex with a high percentage of enquiries and concerns relating to more than one Trust.

Since April 2002 North of Tyne PALS has developed to meet the changing needs of the Trusts it works in and to better meet the needs of patients, families and carers throughout the whole North of Tyne area.

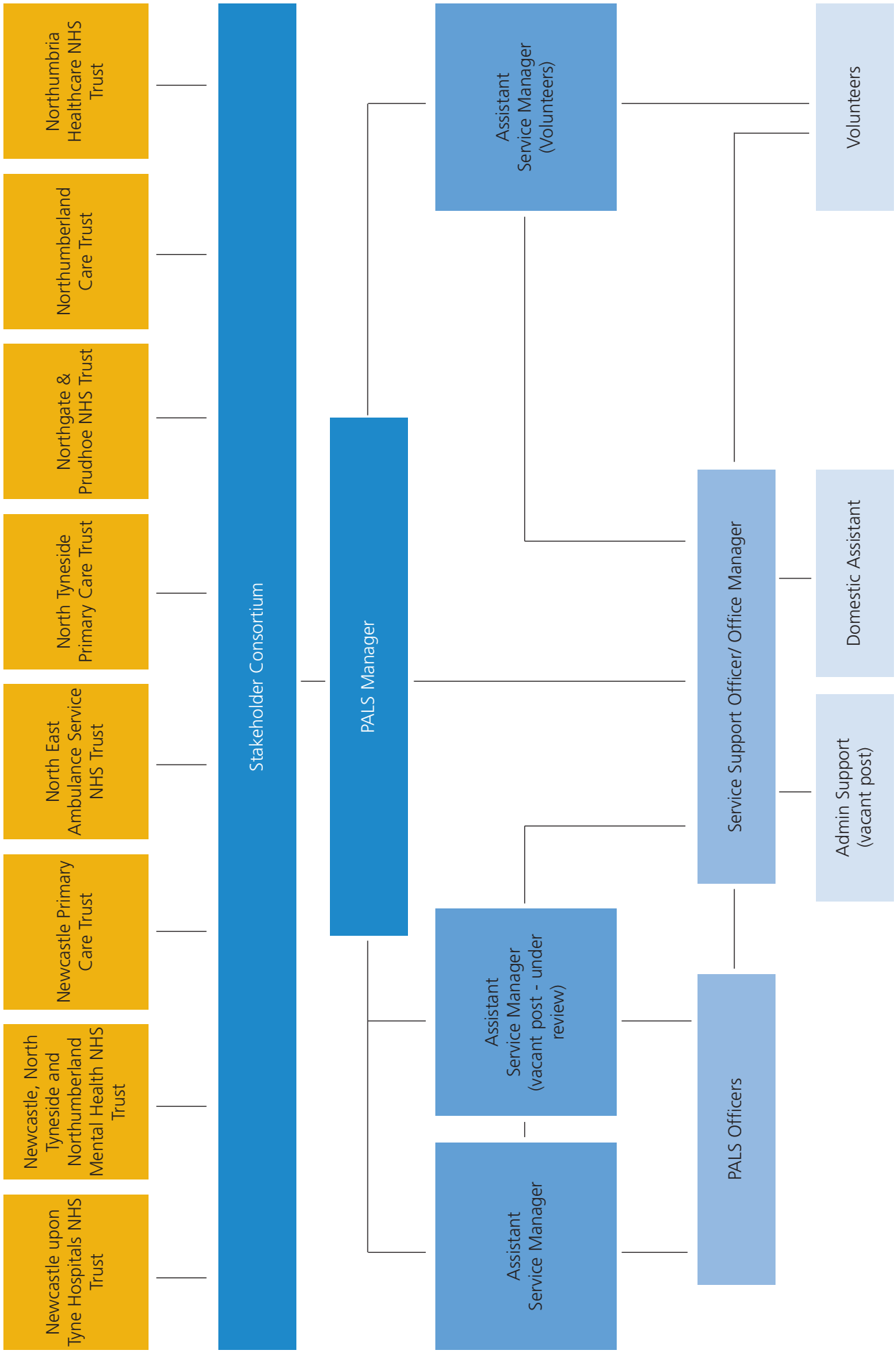
### **Accountability**

The PALS service is managed and directed by a Stakeholder Consortium Group made up of directors of the eight constituent NHS Trusts. This is chaired by the Chair of Northumbria Healthcare, the host organisation for employment and operational purposes. The group meets bi-monthly, with additional meetings as necessary, receives reports from the PALS Manager makes decisions regarding the strategic direction of North of Tyne PALS and monitors its activities.

Each concern or enquiry raised with PALS is acted on by a PALS Officer who interacts with appropriate staff within the trust to seek an answer or a resolution.

Within each Trust North of Tyne PALS provides reports through Clinical Governance and Patient and Public Involvement, reporting activity, themes and actions. Each Trust has a mechanism to take forward the issues reported by PALS to assist with the development of services.

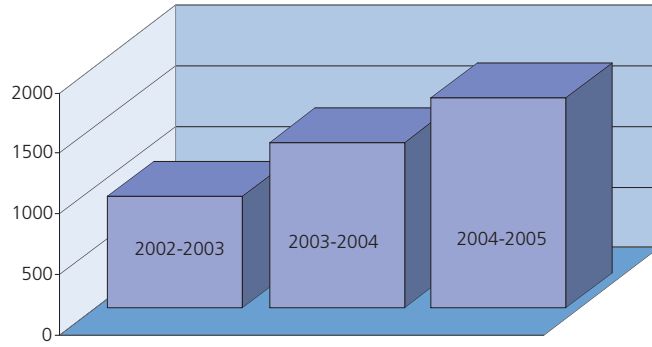




# Patient Advice and Liaison Service

### North of Tyne

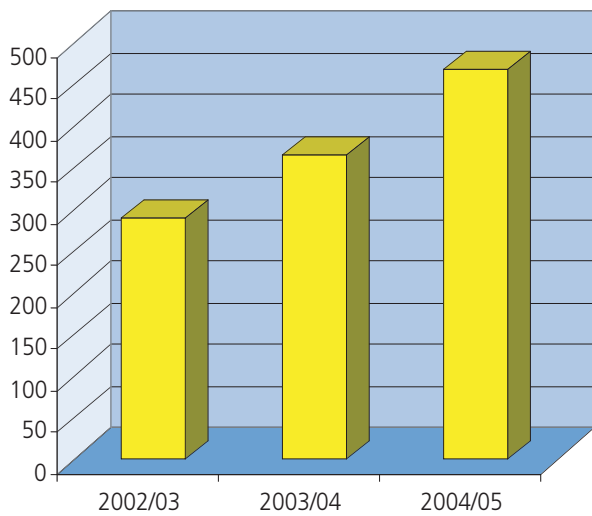
4047 concerns were raised across North of Tyne from April 2002 to March 2005. Over the 3 years there has been a steady increase as displayed in the graph:



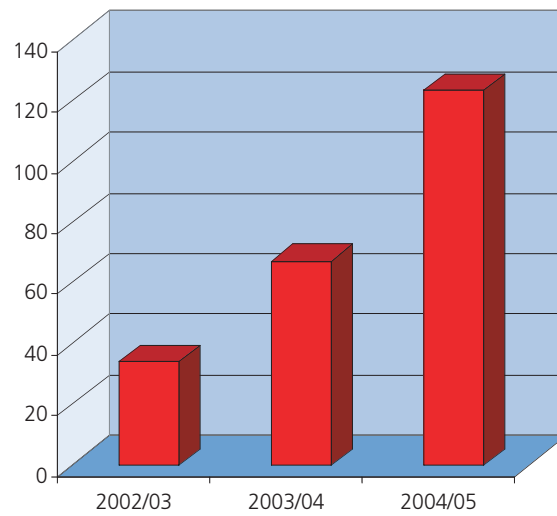
### NHS Stakeholder Trusts

The graphs below detail the breakdown of concern activity each year within each of the stakeholder NHS Trusts. Over the three year period, the numbers of concerns has increased:

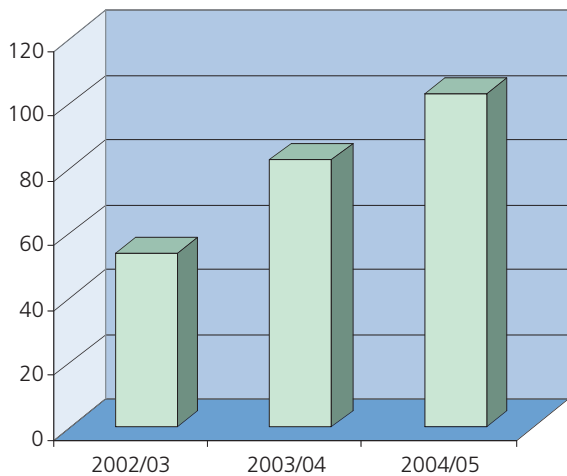
#### Newcastle Hospitals NHS Trust



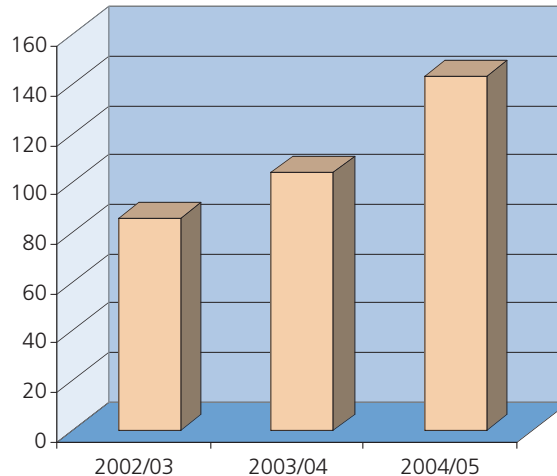
#### Newcastle PCT



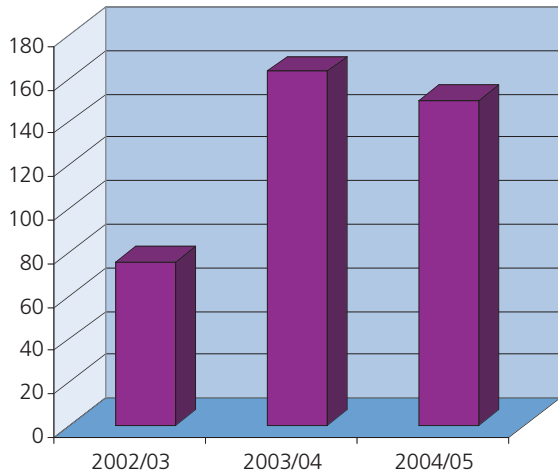
#### North Tyneside PCT



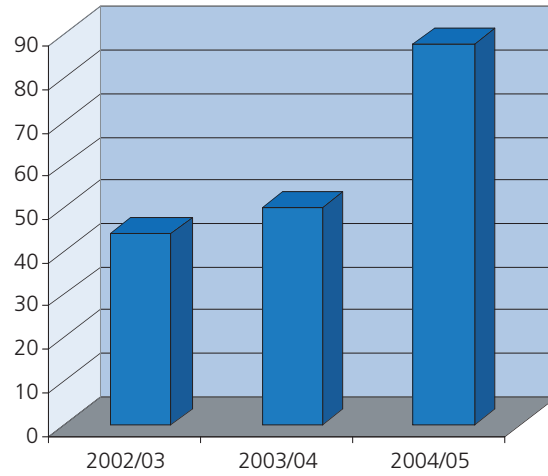
#### 3N's Mental Health NHS Trust



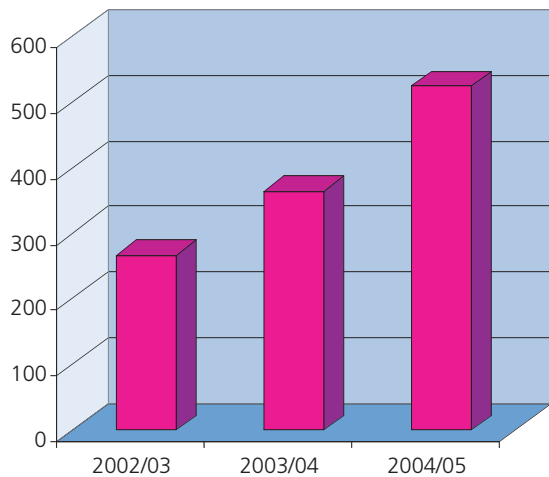
### Northgate & Prudhoe NHS Trust



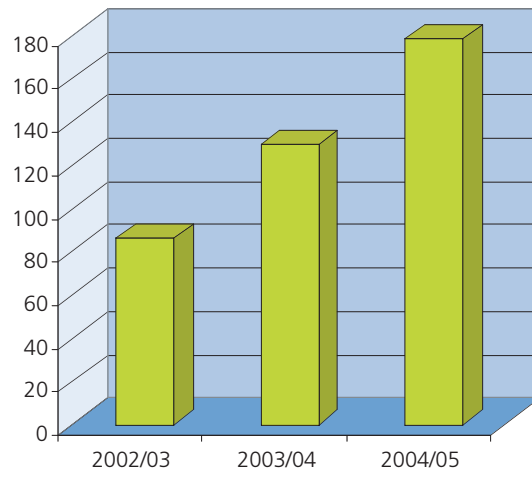
### NEAS NHS Trust



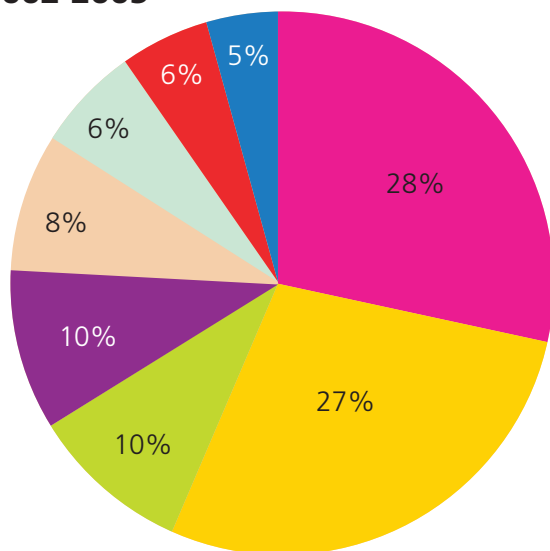
### Northumbria Healthcare NHS Trust



### Northumberland Care Trust



### Concern Breakdown by Trust 2002-2005



The chart below demonstrates the breakdown of concerns across each Trust over the 3 year period:

- Northumbria Healthcare
- Newcastle Hospitals
- Northumberland Care Trust
- N & P
- 3 Ns
- NT PCT
- Newcastle PCT
- NEAS

## Acute and Primary Care

### Communication:

- Patients have problems understanding who is responsible for delivering certain services and how they can access information about their condition and treatment.

### Care and Treatment:

- Attitude of some staff, the level of nursing care and communication from staff about their condition. Some PALS clients feel they are not listened to and that their concerns are dismissed by some staff. Clients who have to wait for their medication are unhappy that this sometimes delays their discharge from hospital.

### Waiting times:

- Length of waiting times and lack of clarity about how long people will have to wait for consultations and operations.

### Bereavement:

- The care and treatment of patients in hospital prior to their death.

### Discharge:

- Accessing care and support following discharge from hospital. Concerns from carers and family members that the patient being discharged will not be able to cope at home or they don't feel the patient is ready to be discharged.

### Information:

- Information provided is inadequate for some patients. The concerns have been primarily around lack of explanation about diagnosis, treatment and medication. Also, some appointment letters are unclear. Clients also request general information about financial support and access to NHS services and Trust policies.

### Physical Environment

- Parking costs and availability, wheelchair availability, cleanliness and maintenance issues.

### Information:

- Clients want information on accessing health services, social care services and other support mechanisms available to them. In addition, clients want help and advice about how to change or register with a GP or dentist.

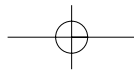
## Specialist Care

### Learning Disabilities and Mental Health:

- Information and advice about the Mental Health Act; the grading system; care and treatment; conditions and rules on wards and villas; arrangements and rules for home visits and advocacy services.
- Concerns about the quality, availability and choice of food available to patients.
- Clarity for patients and families about medication, care and treatment.

### Transport:

- The majority of concerns related to Patient Transport Service (PTS) and appointments booked outside of banding times. Patients have difficulty understanding different services and how they can access information and some staff who are arranging appointments and PTS do not understand the banding system and so cannot accurately advise patients.

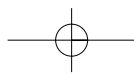
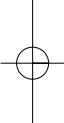
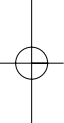


## Older People

■ Approximately, between 50% and 75% of concerns relate to older people with a greater percentage in the community. Most concerns relate to an individual set of circumstances. They are recorded and addressed from the perception of the individual who raises them and therefore are not always categorised as they would be if identified within the health and social

care community. A small proportion mention 'age' as an issue within the concern however there is no identifiable trend in relation to any specific provider, service or locality.

■ A number of broad themes which can be identified focus around; information, treatment and standard of care, hospital discharge and transfer of care, transport and dignity.



## PALS Volunteers



The unique approach of North of Tyne PALS enabled the provision of a volunteer programme to be incorporated into the services. Much work has taken place to recruit and train volunteers to support the work.

Volunteers are recruited across the area from diverse backgrounds and with a variety of reasons for wanting to volunteer. Ages range from 17 to 77+ and they all have two things in common; a willingness to give their valuable time to help others and lots of enthusiasm. Volunteers undertake two days training which covers issues such as confidentiality, listening skills and health and safety. Occupational health clearance and Criminal Records Bureau checks are carried out.

Promoting the PALS service to the general public remains a major challenge and our volunteers play a vital role in helping the PALS officers with this task. Since the program began in July 2002 we have recruited many volunteers. We average approximately 50 volunteers at any one time. We are fortunate to be able to recruit a high proportion of volunteers from the student population who are aiming for careers in health.

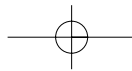
In 2003 Newcastle Hospital Trust agreed to pilot a new venture to allow volunteers to have a more proactive role in promoting the PALS service. Within the surgical directorate volunteers went onto the surgical wards talked to patients and their relatives and explained about the PALS service.

The pilot proved very successful and we now have volunteers working on wards in many areas across the Trusts.

PALS volunteers build relationships with staff and help reduce any barriers that may exist about the PALS service and fosters a greater degree of trust in the ability of PALS to reduce the number of complaints by providing quick on the spot help to patients and their families. Patients often find it easier talking to someone who is not in uniform or part of the establishment and they are more able to offer suggestions and comments about the service they receive.

All the PALS volunteers have made an enormous contribution and we will continue to develop the programme and look for other areas where we can publicise a much needed service to people living north of the Tyne.

Thank you to all the volunteers who have contributed to the PALS service over the years.



"I was happy to be part of the pilot scheme to introduce PALS volunteers onto its wards.

"Common themes began to emerge and I began to work on these issues – they often involved issues relating to other services e.g. Hotel Services, the Patientline system, ambulance transport problems. I used my sphere of influence to communicate with the appropriate personnel about these problems.

"The wards themselves also took the feedback quite seriously, displaying the praise received and coming up with ward action plans for dealing with some of the problems.

"I am hopeful that this initiative be expanded to encompass other directorates across the whole of the Trust – so that other patients can feel the value of the PALS volunteers."

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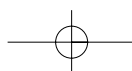
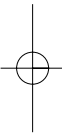
"We have recently introduced volunteers who have provided a valuable contribution ensuring that ward patients have an opportunity to discuss any concerns with an independent voice. The volunteers are able to offer advice and support to patients, their families and carers.

"Early patient and staff feedback has indicated that the volunteers are a valuable addition to our service."

*Quotes from Modern Matrons*


"I have been made to feel so very welcome at the hospital. I am sure this voluntary work is going to add a very worthwhile and enjoyable new dimension to my life."

Quote from a PALS volunteer



## Finance

	2002/2003	2003/2004	2004/2005
<b>EXPENDITURE</b>			
Setting up Costs	66,480	0	0
Pay	384,389	392,518	370,042
Non Pay	43,611	133,533	108,496
Total Expenditure	494,480	526,051	478,538
<b>INCOME</b>			
Initial Grant	66,480	0	0
Newcastle PCT	122,500	171,141	170,768
North Tyneside PCT	91,350	126,417	127,344
Northumberland Care Trust	136,150	190,211	189,796
SHA	78,000	0	0
Newcastle Community Health Council		4,033	0
NoTPV		5,200	0
NoTPV		1,583	1,000
Other		0	96
Recurring Income		484,513	489,004
Non Recurring Deferred Income		41,538	(£10,466)
Total Income	494,480	526,051	478,538



PALS Officers are now managed as one team. They meet at regular intervals to share information, to develop good practice and for professional support.

Each Trust or area within a Trust has a PALS Officer who has a 'lead' responsibility: to be a link person: to develop an in depth knowledge about the Trust and the services it provides and to be aware of the key themes and issues relating to that Trust or Area. Each PALS Officer has also developed knowledge and experience of a further two Trusts or areas in order to ensure that there is cover when the 'lead' PALS officer is unavailable.

The recording and reporting of all of the work of PALS Officers and volunteers has been reviewed and developed to ensure that it best meets the needs of all eight

Trusts, to enable them to respond to the concerns, comments and views of those who use their services.

PALS will continue to be responsive to changes and new developments within the NHS. 'Choose and Book', changes in service provision and NHS Trusts moving to Foundation status will all impact patients their families and carers and therefore on the work of PALS.

PALS will also have a role in each Trust's declaration in respect of the 'Standards for Better Health'.

Processes are in place to continuously review the work of North of Tyne PALS to ensure that it continues to develop as efficiently and effectively as possible to meet the needs of all of those who use it or could use it in the future.

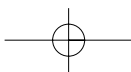
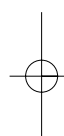
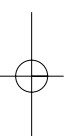
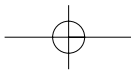
## Thanks

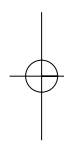
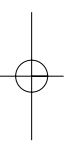
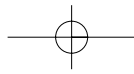
Throughout these first three years many organisations and individuals have worked hard and provided support to ensure the implementation and delivery of North of Tyne PALS.

Thanks are particularly due to Brian Flood, Chair of Northumbria Healthcare and Chair

of the Stakeholder Group, the Stakeholder Consortium Group, PALS Staff and PALS Volunteers and especially to Paddy Conway from North of Tyne Patients' Voice, who had a pivotal role in developing the North of Tyne PALS model and in the coordination of the development of the service.







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