

Gathering community views
NHS Complaints Insight



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

www.healthwatchislington.co.uk

Contents

Introduction	3
The national context	4
Local complaints processes	5
Who we spoke to	8
The views of staff	9
Findings from service users	10
Recommendations	22
Suggestions for improvement	23
Glossary and further reading	24
'How to complain'	25

Introduction

Healthwatch Islington was approached by Islington Clinical Commissioning Group to carry out some work on local complaints processes. This included mapping the existing ways in which patients can complain. We were also asked to gather the views and experiences of local people who had made or tried to make a complaint to find out what worked well about local processes and what could be improved.

Our right to complain and what we can expect:

The NHS Constitution sets out a series of rights and pledges in relation to our NHS treatment and care. It states that the NHS 'encourages and welcomes feedback from families, carers, staff and the public. We use this to improve the care we provide and build on our successes'. The constitution then sets out some basic rights which include the right to an acknowledgement within three working days and to have complaints 'properly investigated', the right to discuss how the complaint will be handled and how long this is likely to take and the right to be kept informed of progress and outcomes, with explanations if requested.

In addition, the constitution sets out a pledge to ensure that raising a complaint does not put us at a disadvantage and that responses to complaints be delivered sensitively and with an apology as well as ensuring that lessons will be learned from complaints in order to improve services. We have used these rights to inform our survey.

As the report was commissioned by Islington Clinical Commissioning Group, the recommendations set out are directed at them. However, during the course of the work Healthwatch Islington also saw areas that providers could improve. We have compiled a list of suggestions for providers on page 23 of this report, which Islington Clinical Commissioning Group and Healthwatch Islington will aim to take forward.

The national context

In October 2014 the Care Quality Commission introduced a mandatory line of enquiry for inspections of hospitals, mental health services, community healthcare services, GP practices, out-of-hours services and adult social care services. This looks at how well complaints and concerns are handled and forms part of their rating of an organisation's responsiveness.

Professor Sir Mike Richards sets out the importance of complaints in the foreword to the Care Quality Commission report, *Complaints Matter* (December 2014)

'they [complaints] matter for health and social care organisations because every concern is an opportunity to improve... well-handled complaints will help improve the quality of care for other people'.

In this report the Commission sets out a framework for managing complaints which it will use to inform future inspections of organisations.

The Parliamentary and Health Service Ombudsman published their *Principles of Good Complaint Handling* in 2008. They suggest that good complaint handling means being customer focused, being open and accountable, acting fairly and proportionately, putting things right and seeking continuous improvement.

This is echoed in the more recent reports from the Local Government Ombudsman, the Parliamentary and Health Service Ombudsman and Healthwatch England. These more recent reports demonstrate that, although actions have been taken to improve the complaints system, there is some way to go before complainants feel an improvement.

The Health Select Committee published a report on complaints on 21 January 2015. They noted that in moving to a culture which welcomes complaints the number of complaints about a provider, rather than being an indicator of failure, may highlight a positive culture of complaints handling. They also noted that the removal of primary care complaints handling from local areas has resulted in a disconnection from local knowledge and learning.

Local complaints processes

Complaints data for Islington

There is not much data available that is specific to Islington.

Complaints data must be reported back to the Health and Social Care Information Service.

No written complaints were reported by Islington CCG for Hospital and Community Health Services (HCHS) in 2013/14 (the most recent year for which data is available). This makes them one of only two London boroughs in this position (the other is Tower Hamlets).

Data is available about the number of formal complaints received by local hospitals and mental health services in 2013/14. 600 complaints were made to the Royal Free London, 460 to Whittington Health, 788 to University College London, and 216 to Camden and Islington NHS Trusts.

We do not have data on the proportion of these complaints that were made by Islington residents.

Not all GP practices and out-of-hours services are returning information about the number of complaints they receive. There was a 77% response rate from GPs across England in 2013/14. However the data they submit is not currently broken down by borough.

How to make a complaint

Patients can either complain to the provider of the service with which they were unhappy, or (in most cases) patients can complain to the commissioner of that service.

Complaints about the Clinical Commissioning Group's commissioning decisions can be made to the Commissioning Support Unit.

The NHS complaints process is broken down in to two stages:

1. Complaint - most providers ask you to speak to a manager of the service to try and resolve the matter quickly and informally. To raise the complaint more formally services generally require it to be put in writing. Complaints must be made within one year of an incident, timeframes vary but most organisations agree to get back to patients with a response within 25 working days unless the case is complex
2. Appeal - this has to be made to the Parliamentary and Health Service Ombudsman. Appeals can only be made once a formal complaint has been made and responded to.

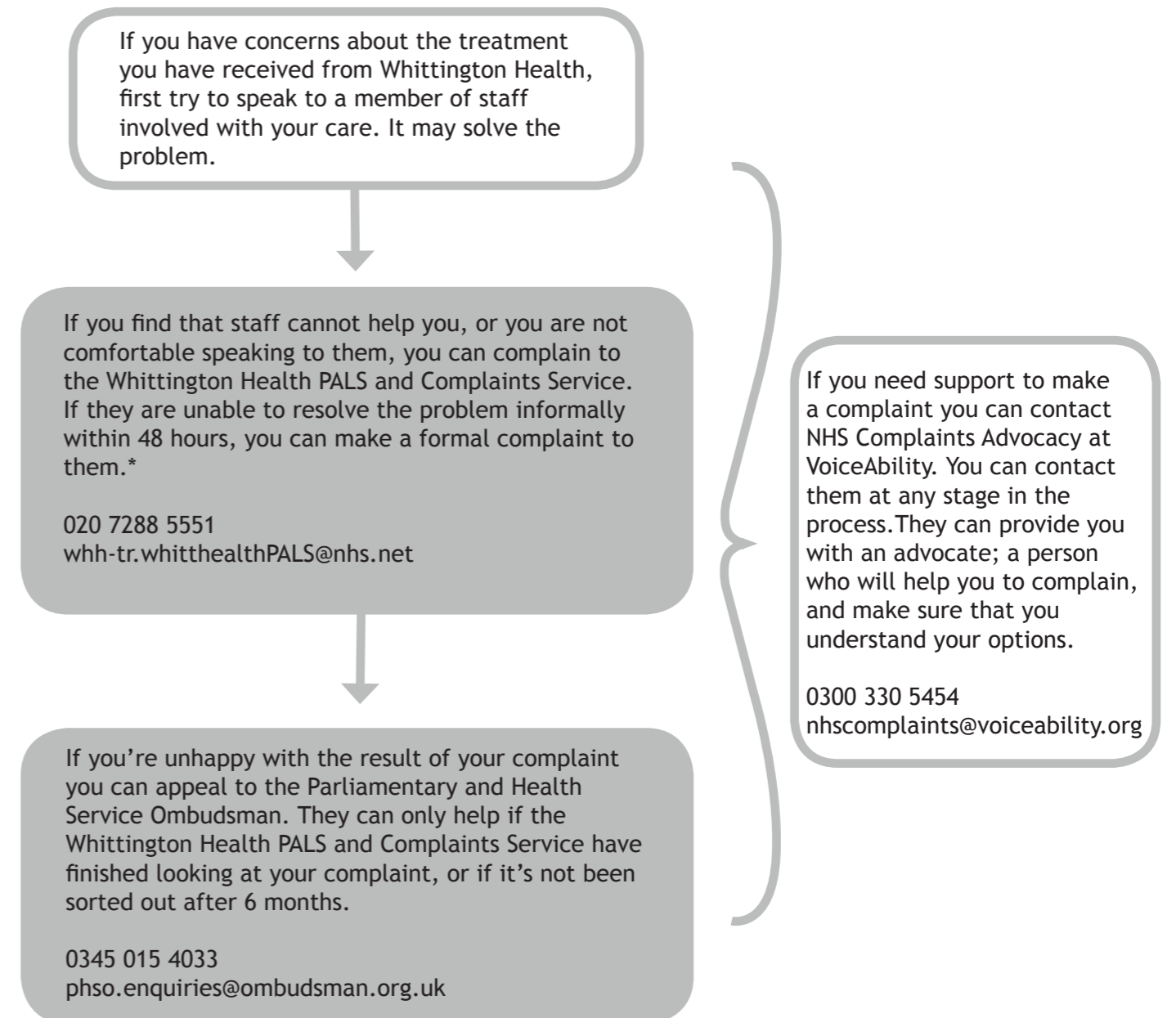
Figures 1 and 2 (overleaf) illustrate the complaints processes for Islington GP practices and for Whittington Health, respectively.

'How to complain about health services' included on page 25 of this report, contains information on complaints processes for many other health services in the borough.

Figure 1: The GP complaints process



Figure 2: Whittington Health complaints process



*You can send Islington Clinical Commissioning Group (who fund hospital services for people in Islington) a copy of your complaint, if you would like them to know about it as well. However, the responsibility for dealing with the complaint remains with the Whittington.

Who we spoke to

51 respondents took part in this piece of work, eleven through our on-line survey, 32 through interviews and eight through a focus group.

Participants were self-selecting. We advertised through our networks of local community organisations, through local media and our social media channels. Although we used a survey for interviews, we wanted to include everyone who wanted to participate, therefore some respondents simply told us their story rather than responding to the structured interview (this accounts for eleven responses).

Responses relate to complaints being managed after 1st April 2013 when the complaints system changed.

The interview and survey were adapted by our partners at the Elfrida Society for people with Learning Disabilities. We were particularly keen to include people who may face additional barriers to the complaints process including those with sensory impairment and/ or with English as a second language.

We worked with partners at the council's Sign Language Interpreting Service to ensure that British Sign Language users were included.

Equality Monitoring

27 respondents were male, 21 were female and three did not respond. There were most respondents (17) in the 45-64 age category. Respondents came from a range of ethnic backgrounds. One respondent could not speak English (but was interviewed through an interpreter). Eight respondents were Deaf, and a range of disabilities, sensory and physical were represented.

Staff Interviews

Healthwatch Islington also interviewed three members of staff across provider organisations which included hospitals and GP practice. We were unable to interview staff from the complaints advocacy service. These interviews are not intended to be representative but to give a perspective from those inside the complaints process.

The views of staff

Staff highlighted the challenges of responding quickly to complaints when there are increasing numbers of complaints but not increasing resources to manage them.

Across the services staff felt that their complaints systems were accessible, that information was readily available and staff were on hand for people who simply wanted someone to talk to. Across organisations staff emphasised that 'customer service is really important to us' and though they recognised that they 'don't get it right every time' they want to do what's best for the patient or relative concerned.

Staff, like patients, talked about sometimes wanting 'an apology rather than a full investigation' and to be able to have more discretion to treat something as a comment rather than a complaint in order to get the most suitable resolution for the patient or relative concerned.

There were different mechanisms for sharing feedback across organisations and the suggestion that most staff were open to reviewing their practice and considering what they could do better.

Those services which had a Patient Advice and Liaison Service reported keeping this separate from the complaints service in order to reduce conflicts of interest. Information for patients connects the two services.

► **It would be helpful to bring together the processes for recording verbal and written complaints so that services can learn from all patient feedback.***

► **Providers should embed review of practice and learning from complaints in staff meetings (if this is not done already).***

*Recommendations and suggestions from Healthwatch Islington appear throughout the text of this report, in context. These are then gathered together on pages 22 and 23.

Findings from service users

Most respondents had complained about hospital or GP services

Respondents had complained about a range of services and to a range of agencies. Most had complained about hospitals (23), or GPs (17) with complaints also made about dentists, nursing homes, and patient transport.

Complainants often complained directly to the staff member involved

14 respondents had put their complaint in writing. The eleven complainants who were Deaf or with Learning Disabilities had not put their complaints in writing. In one case an advocate had done this on the persons behalf.

Most respondents had first raised their complaint directly with the staff member involved (12 of 38 who could remember how they had reported the complaint, 13 respondents had either not told anyone about their concern or could not remember who they told).

Other common routes were through the staff member's manager (5), the Chief Executive (5) or the Patient Advice and Liaison Service (5). This service exists in hospital and community care services only.

More complaints were raised with providers than commissioners. Only one respondent had complained via NHS England (primary and specialist care commissioner). None of the complaints related to commissioning decisions and so none of the respondents had raised their concern through the Clinical Commissioning Group commissioning support unit.

Respondents had often raised their complaint with more than one person

Respondents had often raised their complaint with more than one person, one respondent had raised their concern with a total of 10 different people.

In several cases, it was through a conversation with their GP that they had first realised that they could make a complaint (though the complaint was about another service area).

'I complained, but I'm not sure who I complained to. I was just given a pen and paper to try and make the complaint so I gave up and left'

(focus group, respondent one)

As far as patients were concerned they had made a complaint, but the system might not see it like that

By speaking to a staff member within the service, respondents felt that they had made a complaint. However, they had not necessarily pursued this through the formal complaints process by putting their complaint in writing to the relevant person responsible for complaints.

Evidence from the reports cited in the introduction to this report suggests that patients want a quick resolution to their concerns, and often want an apology for what has gone wrong and assurance that this won't be repeated.

However, not putting the complaint in writing could lead to their concern being dealt with differently, because generally for the formal complaints process to be used, a written complaint is required. Informal resolution of a complaint may not result in the complaint being logged and learned from.

► Whether patients are raising a 'formal' or 'informal' complaint, staff should be clear with patients what will happen next and what response they can expect.

► Staff may also need training so that they are better equipped to give patients accurate information about what will happen next if they raise a complaint, and what the limitations may be of complaining to a staff member as opposed to the complaints department.

Respondents found it difficult to access information on how to complain

Most respondents did not find information on the complaints process available within the service. It may be that there was information available, but respondents reported not being able to find it. This reflects the findings of the Healthwatch Islington report *Making a complaint: Mystery Shopping GP Practices*, November 2014

Of the 31 responses to the question "How easy did you find it to get information about how to complain?", 18 respondents had found it "difficult" (4) or "very difficult" (14) to find information on how to complain.

'At the moment of having the issue, the person you make the complaint to is staff, and they have a conversation with the offending person which is not ideal. There was no information on complaints. I did not know at the time I could complain.'

(respondent three)

'Never seen any info as to where to complain about out of hours services'

(respondent five)

This was emphasised even more strongly in the Sign Language user focus group where respondents stated that they often wouldn't be able to complain even if they wanted to because interpreters were not available and they was very little information about complaining presented in a format accessible to them.

More respondents to the on-line survey had found it neither easy nor difficult to access information on complaints. This is a small sample of patients, but it is possible that those who can navigate the internet may have easier access to information on complaints.

Respondents often found information about complaints from services outside the one about which they wished to complain

Only one respondent had found information displayed in the service, though this may be because some respondents did not complain straight away. Three respondents had asked a friend, family member or colleague, four had found information from the PALS team, five had found information on line, seven had asked voluntary sector organisations including Healthwatch Islington (5) and ten used 'other' routes such as through their GP, practice nurse or 'word of mouth'. Similarly, some of those who had simply told us their story, had approached Healthwatch Islington for information on how to complain.

▶ All services should have information on giving feedback including complaints clearly displayed within their service.

Several respondents found that the complaints process itself was not accessible

'It's really difficult as a blind person and a foreigner. My English is not very good. It's very difficult to know the law and how to make a complaint. No-one explained it to me... It's really frustrating because they should understand it's more difficult for a blind person'

(respondent 24)

'There was a strong lack of support and [lack of] patience being listened to'.

(respondent with complex Learning Disability)

Further feedback from the Deaf service user focus group revealed that Deaf service users cannot really access complaints processes, because these rely on written English (often English is a second language for BSL users and they might not have learned to read and write English). Users may complain to staff at the time when there is a problem, but not through the formal complaints process. There is often a lack of clarity around whether a complaint has been registered, and no follow up. Complaining about standards or reliability of interpreters is also difficult, though it was mentioned that for council employed interpreters there is a clear complaints procedure.

▶ Complaints processes, both informal and formal need to be accessible to patients and carers with a range of access needs.

One respondent who had wanted to complain felt that all patients should be offered an advocate to support them, because the process of making the complaint is a very lonely one.

Another respondent with a Learning Disability, complaining on behalf of a relative, felt that little care was given to her or the patient's needs within the treatment and the complaints process.

Healthwatch England published their report *Suffering in Silence: Listening to consumer experiences of the health and social care complaints system* in October 2014. Their report (which involved a survey of over 1,500 people, found that only 13% of respondents reported knowing their current legal rights and how to use them to get the support they are entitled to.

▶ Ensure better promotion of complaints advocacy services and, where available, systems of peer support.

A variety of other factors also stopped people from complaining

'It's been a year now. I still can't walk. What happened hit me very hard. I cannot begin to know what to do or how to resolve anything'.

(respondent 26)

'Pressing charges [making a complaint] would require too much energy...There are still ongoing problems but making a complaint is more than my sister-in-law can cope with now'.

(respondent 27)

This comment (respondent 27) was echoed by other respondents who had complained informally but were anxious about taking their complaint further.

'I felt let down by the NHS and decided not to bother making a complaint because I could afford to go private'.

(respondent 28)

'I was not prepared to put anything in writing because I know I will lose. If I complain about an employee the [service] will be on the side of the employee, so what's the point?'

(respondent 29)

'There was the language barrier, and I was made to feel little'.

(respondent 9)

Even knowing how the complaints process works doesn't necessarily mean people make their complaint

Seven people had wanted to complain but had not known how. They had approached Healthwatch Islington for information which was provided, but some months later had still not complained. One respondent was particularly concerned about what might happen to them as a result of making their complaint. And this was echoed by those that had made a complaint, wondering if there had been any point because they did not see the complaints process as independent.

'I did not press further for my complaint as I felt it would prejudice my treatment and care'.

(respondent four)

A further respondent reported being 'very worried that the NHS might reject him if he takes it further'

(respondent four)

▶ Celebrate learning from complaints within staff teams and in promotional material and use this to highlight that your treatment is not at risk because you have complained.

Table 1: The nature of respondents' complaints

Respondents' complaints covered a range of issues, though most focussed on the patient not receiving the treatment or care they needed. Respondents were able to select more than one option for this section.

Nature of the complaint	Number of responses
I didn't receive the treatment or care I needed	16
I received the wrong diagnosis	3
I received the wrong treatment or medication	3
I was treated badly	7
I was treated without dignity	9
I was not listened to	7
My treatment or condition was not explained to me	3
I wasn't included in decisions	4
Staff were rude to me	7
My privacy was not respected	2
I had to wait too long for a referral	1
Other*	20

*Other included the following responses; 'clinical negligence', failure to deliver incontinence pads, 'abuse because I am disabled', death that the respondent felt was due to early discharge, 'racism', 'pain management', use of dirty equipment, and being given the wrong information about their entitlement to services.

Getting an acknowledgement

Only 25 participants responded to the question 'How long did it take to get an acknowledgement to your complaint? Of those, only two reported having received a response in three working days or less. This response time is the one set out in the NHS Constitution as the timeframe in which patients can expect complaints to be acknowledged. Eight reported waiting more than three days, 10 reported not having received an acknowledgement and five did not remember. This could be affected by the fact that not all respondents had necessarily made a formal complaint.

Acknowledgements are an important and required part of the complaints process. If used well, they can clarify the complaints process for patients; what the complainant can expect and information on timeframes as well as reassurance that their complaint should not affect their care.

'PALS got in touch with the consultant I was complaining about but the consultant didn't respond. It would have helped if time frames were clearer. It's also very unclear what will happen if time frames are not followed.'

Being informed about the process

We asked respondents whether anyone had discussed with them the manner in which the complaint was to be handled. Of the 27 who answered this question, 17 reported that they had not been informed. Six stated that their complaint and how it would be handled had been discussed, though two of the six had not been given information on how long the process would take.

▶ **Provider organisations should either direct patients to a specific person to take their complaint, or ensure that all staff follow the same procedure for dealing with patients' complaints including how complaints are acknowledged, with templates so that complaints are dealt with consistently and patients informed.**

Table 2: How long did it take to get a response to your complaint?

Only 24 respondents replied to this question. Although the NHS Constitution states that you have the right ‘to know the period within which the investigation is likely to be completed and the response sent’, it sets no hard and fast timeframe. 25 working days (five weeks) is commonly used by providers, and is quoted on the websites of the Whittington and University College London Hospitals.

Where providers are unable to respond within 5 weeks, they should notify the complainant.

Length of time it took to get a response	Number of respondents
Immediately	2
One week or less	1
Five weeks or less	2
I’m still waiting (but it’s been less than five weeks)	3
More than five weeks but I was notified	3
More than five weeks but I was not notified	4
I’m still waiting and it’s been more than five weeks already	7
Can’t remember	2

People’s experience of making the complaint was generally quite negative

‘I felt the process was unsupportive and uncaring’.

(respondent 16)

‘It feels like a whole [service] comes down on me for payment of a treatment which I understood was routine because they did not advise me of the cost before treatment’.

(respondent six)

These findings are echoed in Healthwatch Islington’s wider out-reach work through which we talk to local people about their experiences of services in the borough.

‘I specifically asked to be contacted in writing, but a staff member called me and tried to talk me out of complaining formally. They did not ask me not to, but the way they spoke to me concerned me as they should encourage all feedback - good or bad. I feel as though a lot of people could be put off and therefore not able to voice their opinions just so that the hospital’s statistics look good’.

(From Healthwatch out-reach, comment 198).

‘In this same hospital we have a place/a service to go and complain (PALS), but they only listen to us, seems they can’t change anything. They send us letters with answers regarding our complaint, but it doesn’t solve our problem’.

(From Healthwatch out-reach, comment 214).

‘Last August [comment made the following March] I made a complaint and until now nobody solved my problem. I would like to receive feedback about my complaints and understand why nothing changes’.

(From Healthwatch out-reach, comment 168).

Table 3: The experience of making a complaint

	Strongly Disagree
I was listened to, respected and treated with dignity	17
I felt supported and not judged in making the complaint	13
My concern was believed by the person it was raised with	12
I feel confident that complaining did not affect my treatment or care	13
I only had to make my complaint once to one person or organisation	18
My complaint was dealt with in an independent and impartial way	15
My complaint was dealt with quickly and I was updated on progress	18
It was easy to make a complaint	14
It was worth making a complaint	10

	Disagree	Neither	Agree	Strongly Agree
	14	5	1	1
	7	2	5	1
	5	5	4	2
	7	6	1	1
	5	2	1	2
	8	3	0	1
	7	0	0	1
	5	4	3	1
	3	5	4	4

Notably, people did not feel listened to, did not feel that the process was impartial, felt that they had been required to complain to more than one person and did not feel updated on the progress of their complaint (table 3 above).

Table 4: What would make you more likely to raise a concern or formal complaint?

Clearer information and advice about how to raise a concern or make a complaint
Offer of support or advocacy to help with making a complaint
Only have to make the complaint once to one person
Professionals having a more positive attitude to listening to and responding to complaints
My complaint being used to develop staff and improve services, treatment and care
My complaint being used to inform inspection of care services

Very unlikely	Unlikely	No difference	Likely	Very likely
0	1	4	4	16
0	0	1	4	19
0	0	0	4	16
0	0	1	4	16
0	1	0	2	17
0	1	0	2	8

Patients welcomed all the measures to improve the complaints process that were suggested in the survey. They were comparatively less interested in their feedback informing inspections (table 4 above).

What would help?

One advocate commented that people would be more likely to complain if the process is clear and easy and if they feel there won't be repercussions. They saw their role as supporting people to not resist complaining.

'You need to have support in the [service] to make a complaint without making the patient feel bad or trying to deter them from following through'.

(respondent 2)

'Services should automatically refer patients to advocacy services and complaints departments.'

(respondent 8)

Recommendations

Recommendations for Islington Clinical Commissioning Group (CCG)
Encourage services to have accurate information on giving feedback, including complaints, clearly displayed within their service.
Whether patients are raising a 'formal' or 'informal' complaint, staff should be clear with patients what will happen next and what response they can expect. Contracts with provider organisations should be explicit about this.
Islington Clinical Commissioning Group, within its work to support GP practices to improve interpreting services, should highlight some top tips for accessible complaints processes for GP practices.
Islington Clinical Commissioning Group should share this report with providers, and ask organisations to update Healthwatch Islington on action that they have taken in response.

Suggestions for improvement

Suggestions for service providers
Provider organisations should embed review of practice and learning from complaints in staff meetings, where this is not done already.
It would be helpful to bring together the processes for recording verbal and written complaints so that services and commissioners can learn from all patient feedback, including comments raised by patients who wish to remain anonymous.
Staff need to be empowered to deal with complaints as quickly and fully as possible. Staff may also need training so that they are better equipped to give patients accurate information about what will happen next if they raise a complaint, and what the limitations may be of complaining to a staff member as opposed to the complaints department (assuming there is one).
Ensure that complaints processes, both formal and informal, are accessible to patients with a range of access needs. Patients should be able to make formal complaints verbally.
Ensure better promotion of complaints advocacy and explore a model for interested staff or trained, supported volunteers to become 'Complaints Champions' within services.
Make sure that all services have information on giving feedback including complaints clearly displayed within their service.
For provider organisations to either direct patients to a specific person to take their complaint, or to ensure that all staff follow the same procedure for dealing with patients' complaints including how complaints are acknowledged, with templates so that complaints are dealt with consistently and patients informed.
Provider organisations should celebrate what has happened as a result of patients making a complaint, celebrate learning from complaints within staff teams and in promotional material and use this to highlight that your treatment is not at risk because you have complained.

Glossary and further reading

Islington Clinical Commissioning Group: this group is made up of the 36 GP practices in Islington. Their elected board makes decisions about what health services the local population need.

Care Quality Commission: the independent health and adult social care regulator. They inspect care homes, hospitals, dental and general practices and other care services in England.

Parliamentary and Health Service Ombudsman: the final step of the complaints system, giving you an independent and last resort to have your NHS complaint looked at.

Local Government Ombudsman: the final step of the complaints system, giving you an independent and last resort to have your social care complaint looked at.

Health Select Committee: is appointed by the House of Commons to examine the policy, administration and expenditure of the Department of Health and its associated bodies.

Further reading

Healthwatch England report, *Suffering in silence: Listening to consumer experiences of the health and social care complaints system* (October 2014)

<http://www.healthwatch.co.uk/resource/our-report-complaints>

Healthwatch England report, *Proposed standards for complaints advocacy* (February 2015)

<http://www.healthwatch.co.uk/resource/proposed-standards-complaints-advocacy>

Care Quality Commission report, *Complaints Matter* (December 2014)

<http://www.cqc.org.uk/content/complaints-matter>

Healthwatch England, Local Government Ombudsman, Parliamentary and Health Service Ombudsman report, *My expectations for raising concerns and complaints* (November 2014)

<http://www.healthwatch.co.uk/resource/my-expectations-raising-concerns-and-complaints-report>

House of Commons Health Committee, *Complaints and Raising Concerns* (January 2015)

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/350/350.pdf>

Healthwatch Islington report, *Mystery shopping GP complaints* (October 2014)

<http://www.healthwatchislington.co.uk/resources/reports>

Healthwatch Islington report, *Information on making a complaint about your GP service* (January 2014)

<http://www.healthwatchislington.co.uk/resources/reports>

How to complain about health services

www.healthwatchislington.co.uk

When should I complain?

As soon as possible. Complaints should be made within 12 months of the date of the event that you're complaining about.

How do I make a complaint?

There are many different providers of healthcare in Islington. When you want to make a complaint, you normally complain directly to the provider of the service. However, you can complain to the organisation that funds them instead.

If you are unsure how to complain directly to the provider, you can ask them to give you a copy of their complaints procedure. This will tell you who to contact, how they will handle your complaint, and how they will learn from your complaint.

How do I complain about primary care (GPs, dentists, pharmacies and opticians)?

You can either complain directly to the provider (the GP surgery, dental practice, pharmacy or optician) or you can complain to NHS England, which funds these services. Complaints cannot be raised with NHS England if they have been made to the provider first.

NHS England

PO Box 16738, Redditch, B97 9PT Tel: 0300 311 2233 E-mail: england.contactus@nhs.net

How do I complain about local hospitals?

Although hospital services are funded by the Clinical Commissioning Group, if you would like to complain about a hospital service you should do so to the hospital directly.

You should contact the Patient Advice and Liaison Service (better known as PALS) at the hospital.

Whittington Health PALS

Tel: 020 7288 5551 E-mail: whh-tr.whitthealthPALS@nhs.net

University College Hospitals PALS

Tel: 020 3447 3042 E-mail: pals@uclh.nhs.uk (for informal and quick resolution)

But to make a formal complaint Tel: 020 3447 7413 E-mail: complaints.officer@uclh.nhs.uk

The Royal Free Hospital PALS

Tel: 020 7472 6446 E-mail: rf.pals@nhs.net

Moorfields Eye Hospital PALS

Tel: 020 7566 2324/2325 E-mail: pals@moorfields.nhs.uk

How do I complain about ambulance services?

Complain to the Patient Experiences Department at the London Ambulance Service.

Patient Experiences Department

Units 1&2 Datapoint Business Centre, 6 South Crescent, London E16 4TL

Tel: 020 7837 1663 E-mail: ped@londonambulance.nhs.uk

How do I complain about non-emergency patient transport for hospitals?

Non-emergency transport is provided by Medical Services Ltd. However, patients should complain to the PALS office at the hospital where the transport was arranged.

How do I complain about community health services?

Community health services include physiotherapy, podiatry (foot health), district nursing and health visiting, as well as the Urgent Care Centre. These services are provided by Whittington Health.

Whittington Health PALS

Tel: 020 7288 5551 E-mail: whh-tr.whitthealthPALS@nhs.net

How do I complain about the walk-in centre (Angel Medical Centre)?

Complain directly to the practice manager at the Ritchie Street Health Centre (where the walk-in centre is based).

Ritchie Street Health Centre

Tel: 020 7837 1663

How do I complain about mental health services?

In Islington, mental health services are provided by the Camden and Islington NHS Foundation Trust.

Camden and Islington NHS Foundation Trust

Contact the Advice and Complaints Service Tel: 020 3317 7102 E-mail: complaints@candi.nhs.uk

How do I complain about the GP out of hours service?

This service is based at the Whittington hospital, but is provided by Care UK.

Islington Out of Hours

Complaints Coordinator Tel: 020 3402 1300 E-mail: harmoni.westlondon@nhs.net (this address covers all London. E-mails will reach Care UK even though the address uses the name of the previous provider).

Islington Clinical Commissioning Group (CCG)

Islington CCG funds many healthcare services in the borough including hospitals, mental health, community health, out of hours and urgent care.

If you are complaining to one of these services and you would like the CCG to know about it then you can send them a copy of your complaint. However, the responsibility for dealing with the complaint remains with the service provider.

If you complain to Islington CCG without complaining to the provider first, the CCG will contact you to get permission for them to contact the provider. The provider will then investigate the complaint (as above).

Islington Clinal Commissioning Group

Tel: 020 3688 2900 E-mail: islington.ccg@nhs.net

If your complaint is about how a local health service has been designed or funded you can contact the North East Central London Commissioning Support Unit.

North East Central London Commissioning Support Unit (NEL CSU)

Patient Experience and Effectiveness Team Tel: 0203 688 1666 E-mail: nelcsu.complaints@nhs.net

Can I get help to make my complaint?

If you need support to make a complaint you can contact NHS Complaints Advocacy at VoiceAbility. You can contact them at any stage in the process. They can provide you with an advocate; a person who will help you to complain, and make sure that you understand your options.

NHS Complaints Advocacy at VoiceAbility

Tel: 0300 330 5454 Textphone 0786 002 2939 E-mail: nhscomplaints@voiceability.org

The website www.nhscomplaintsadvocacy.org has resources to support you to make a complaint by yourself. These are available in a range of languages, as well as Easy Read and large print formats.

What if I'm unhappy with the result of my complaint?

If you are unhappy with the outcome of a complaint about any NHS provider, you can appeal to the Parliamentary and Health Service Ombudsman.

You can only contact the Ombudsman once the organisation you complained to first have completed their response, or if it has not been sorted out after 6 months.

Parliamentary and Health Service Ombudsman

Millbank Tower, London SW1P 4QP Tel: 0345 015 4033 E-mail: phso.enquiries@ombudsman.org.uk

How do I complain about a non-NHS service?

If you would like to complain about private healthcare, or about a social care service (for example day centres, care homes, or carers who help you in your own home), then the complaints process is different.

Social care services are provided by Islington Council. Private healthcare is offered by a range of providers.

If you would like to complain about a non-NHS service (or indeed any health service) contact Healthwatch Islington and we will let you know how to proceed, what support is available, and who you need to contact.

Healthwatch Islington

Information and Signposting service Tel: 020 7832 5828 E-mail: info@healthwatchislington.co.uk

Other resources

Healthwatch England have worked with Citizens Advice to produce a series of guides to help you make a complaint or raise a concern about any provider of health or social care. There are tips and tools such as letter templates and other practical resources to support you to make an effective complaint.

Healthwatch England

www.healthwatch.co.uk/complaints/guides

