

Appendix 1 What to do if you have a complaint

What to do if you are having difficulty in accessing the health or social care services you think you need?

There are three different routes, at least, that you might choose to use:

1 Complaints

If you have a personal *COMPLAINT* about something, use the **Complaints System**.

Every organisation you deal with has its own complaints system. Just ask to be informed about their complaints system and ask to register your complaint formally

e.g. When visiting your spouse in hospital you find them in a state of neglect (perhaps soiled in faeces) and you need to act quickly on each matter of personal, confidential concern.

2 PALS (Patient Advice and Liaison Service)

If you need *ADVICE* and don't know where to start, try the Patient Advice and Liaison Service, aka PALS

e.g. You are trying to get your spouse home from hospital and do not know where to start nor how to arrange support, then ask PALS to help you negotiate the system.

PALS can also be contacted for confidential, impartial help, advice or support or for information about making a complaint on health-related matters and are a point of contact for patients, their families and carers.

PALS will:

- Act impartially when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solution
- Listen to your concerns, suggestions or queries
- Provide information on NHS Services
- Advise and support patient, their families and carers
- Help sort out problems with you or on your behalf.

You can find officers from PALS in your local hospital or find your nearest PALS office on the NHS Choices website. NHS Choices on www.nhs.uk

On the **Isle of Wight** the PALS Team is now called the **Quality Team**.

It has Patient Experience Officers (PEO's) in the Complaints/PALS team who will be able to offer initial advice and support and guide you through the complaints process.

Direct Tel: 01983 534850 or 01983 534420 or via the hospital switchboard 01983 524081

Email: quality@iow.nhs.uk or PALS@iow.nhs.uk

3 Healthwatch

If you have an *ISSUE* you'd like to highlight, approach local Healthwatch; **e.g.** If you have already made several complaints, or you and several others have experienced problems - perhaps you have found parking at hospital tricky and have missed an Out Patients appointment and know of others who have been in the same situation

Healthwatch is the independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms:

Healthwatch England - at national level. www.healthwatch-uk.org/

Local Healthwatch - the aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health/social care services are provided within their locality.

You can contact the local Healthwatch in your area through the following:

Southampton

The Voluntary Action Centre, Kingsland Square, Southampton, SO14 1NW

Tel: 023 8021 6018 www.healthwatchesouthampton.co.uk/

Hampshire

Write (free) at: Freepost RTHH-KGST-ZRBC, Healthwatch Hampshire, Westgate Chambers, Staple Gardens, Winchester SO23 8SR

Tel: 01962 440 262 www.healthwatchhampshire.co.uk/content/about-healthwatch

Isle of Wight

Isle Help Advice Hub, 7 High Street, NEWPORT PO30 1SS

Tel: 01983 608608 www.healthwatchisleofwight.co.uk/

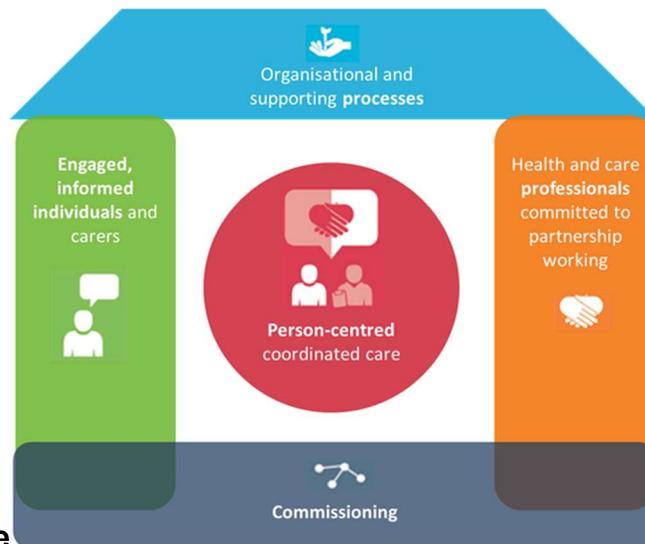
Portsmouth

Unit 3, St George's Business Centre, St George's Square, Portsmouth PO1 3EY

Tel: 023 9397 7079 <http://portsmouthhealthwatch.blogspot.co.uk/>

Appendix 2

Enhancing the quality of life for people living with long-term conditions



The House of Care

Dr Martin McShane – Director (Domain 2) Enhancing the quality of life for people with Long-term Conditions, NHS England, writes:

“The NHS has a lot to celebrate: it has contributed to people surviving conditions that in the last century would have been fatal and contributed to an increasing life expectancy. That success has however created a new context for the health and care system: the emergence of non-communicable diseases or long-term conditions (LTCs) as the dominant challenge to health and care systems. It is estimated that LTCs consume around 70% of health and care resource expenditure. Moreover the pattern of LTCs is changing. Although great strides have been made in tackling individual conditions, increasingly individuals have to cope with multiple conditions. Society has changed as well. People have different expectations and the revolution in digital technology means the traditional role of the professional with a patient needs to be transformed as well.

Our system, designed for the 20th century, has to change and adapt to meet the challenges of the future. By listening to the experiences and feedback from people coping with LTCs it is evident that the individual needs to become central to how care is designed and implemented. Personalised care, which understands and supports the individual, is vital. There is no magic bullet which will support the delivery of personalised care but there is evidence that thinking systematically about the essential components does.

We need to continue to use the best clinical and organisational evidence and practice which has emerged from the condition specific focus developed over recent decades. This is the roof of the House and is supported by two walls. The first of these walls supports professional collaboration. Long-term condition management is about collaboration between professional specialists and generalists. It is about team work which puts the individual requiring support central to the endeavours of professionals. The second wall is about the individual and their carers. We need to support the potential of both the individual and their network of support to self-care. Self-care is not abandoned care but recognises that in the management of LTCs the individual with the conditions is an expert in their own right.

The foundations for the House are commissioning enablers. Planning, securing and monitoring investment on behalf of the individual and population to secure the best possible outcomes.

The House of Care takes a whole system approach to LTC management. It makes the person central to care. It is about aligning levers, drivers, evidence and assets to enhance the quality of life for people with long-term conditions no matter what or how many conditions they have. To make the House of Care a reality we have developed resources including an interactive toolkit, an information dashboard and a diagnostic tool which will help professionals, organisations and communities to make the changes at a local & personal level. NHS England will continue to make changes at a national level that support implementation whilst understanding where the real change happens.”

Appendix 3 NHS 111

NHS 111 is a new service that has been introduced to make it easier for you to access local NHS healthcare services in England. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

When to use it

You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.

Call 111 if:

- you need medical help fast but it's not a 999 emergency
- you think you may need to go to [A&E](#) or need another NHS urgent care service
- you don't know who to call or you don't have a GP to call
- you need health information or reassurance about what to do next

For less urgent health needs, contact [your GP](#) or [local pharmacist](#) in the usual way.

If a health professional has given you a specific phone number to call when you are concerned about your condition, continue to use that number.

For immediate, life-threatening emergencies, continue to call 999.

How does it work?

The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They will ask you questions to assess your symptoms, then give you the healthcare advice you need or direct you straightaway to the local service that can help you best.

That could be A&E, an [out-of-hours](#) doctor, an [urgent care centre](#) or a [walk-in centre](#), a community nurse, an [emergency dentist](#) or a late-opening chemist.

Where possible, the NHS 111 team will book you an appointment or transfer you directly to the people you need to speak to.

If NHS 111 advisers think you need an [ambulance](#), they will immediately arrange for one to be sent to you.

Calls to 111 are recorded. All calls and the records created are maintained securely, and will only be shared with others directly involved with your care

NHS Choices - can be helpful in less urgent situations with information from the **National Health Service** on conditions, treatments, local services and healthy living. Contact on: www.nhs.uk



Appendix 4 Reports and documents of interest

One Chance to get it Right 26 06 14 - Improving people's experience of care in the last few days and hours of life - (Leadership Alliance for the Care of Dying People). Find on: <https://www.gov.uk/government/publications/improvements-to-care-in-the-last-days-and-hours-of-life>

Fuller Working Lives – A Framework for Action June 2014 DWP

This publication explains the benefits of working longer and how we intend to help people have fuller working lives.

www.gov.uk/government/publications/fuller-working-lives-a-framework-for-action

Supporting people to manage their health - An introduction to patient activation

www.kingsfund.org.uk/publications/supporting-people-manage-their-health

Care Act 2014

www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm

Care Act 2014 Fact Sheets

www.gov.uk/government/publications/care-act-2014-part-1-factsheets

Mental Capacity Act 2005: post-legislative scrutiny by the House of Lords

Document can be obtained on:

www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf

White Paper: Valuing every voice, Respecting every right - Government Response to the Lords Committee Report on the Mental Capacity Act

Documents can be obtained on: <https://www.gov.uk/government/publications/mental-capacity-act-government-response-to-the-house-of-lords-select-committee-report>

This has particular relevance to the Lasting Power of Attorney Health and Welfare.

Under the MCA the doctor does not have the power to over-rule the decision of the LPA Attorney. It is also not the case that if two doctors agree on a course of action it supersedes the LPA.

Over the coming year the OPG will be working with DH and health professional bodies to increase awareness and understanding of the MCA and LPAs. The planned work follows the committee recommendation that the OPG address 'the poor levels of understanding of LPAs among professional groups; especially in the health and social care sector, paying specific attention to the status of Lasting Powers of Attorney in decision-making'

Later Life Newsletters from DWP are available - obtain from

www.gov.uk/government/collections/later-life-newsletters



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