Surrey Quality Account 2023-24

Services delivered in Surrey by HCRG Care Services Limited

HCRG Care Services Limited, trading as HCRG Care Group
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w. https://surreynehantscommunityservices.nhs.uk/

care·think·do
WE CHANGE LIVES BY TRANSFORMING HEALTH AND CARE

Contents

Part one

Executive summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by HCRG Care Group on behalf of Frimley ICS in Surrey Heath and Northeast Hampshire and Farnham, the Dental service commissioned by NHSE South England covering the Surrey Heath and Farnham and Surrey Heartlands ICS area.

HCRG Care Group may also provide other services in Surrey, but these may not be included in this document if they are not commissioned by Frimley ICS and NHSE South England or are not eligible to be included within a Quality Account.

This document aims to demonstrate our commitment to providing the best quality services to local people and is an opportunity for us to take stock of what we have achieved and our plans for the coming year.

We have used the information presented here to analyse our performance and to set priorities for the coming year. To ensure those priorities reflect the needs of the people who use our services, views have been gathered from people who use them and community representatives, as well as commissioners and frontline colleagues.

If you would like a hard copy of this document, a copy in another language, to provide feedback on this document, or to talk to someone about your experience of using our services, please contact the service directly. Details can be found at **https://surreynehantscommunityservices.nhs.uk/**

Regional Director's introduction

I am extremely proud of the achievements and progress we have made in Surrey Heath, Northeast Hampshire, and Farnham over the past year.

Over the last 12 months, we have taken significant steps to improve patient care, enhance the efficiency of healthcare services and leverage technology and training to support healthcare staff and patients. And while there are many great things being done, here are three highlights:

1. **Delegation of Insulin Administration Initiative:**
In 2023, the implementation of phase 1 of the Delegation of Insulin Administration Initiative was a significant achievement. This initiative trained three healthcare assistants to administer insulin injections, reducing the workload on trained community staff and ensuring continuity of care for patients. This initiative highlights our organisation's commitment to improving efficiency and patient care by leveraging the skills of healthcare assistants.

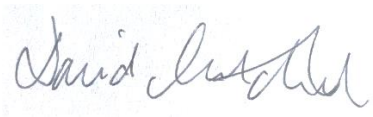
2. **Introduction of virtual wound clinics:**
As part of the integrated wound care group, the Community Nursing Service piloted virtual wound clinics in GP surgeries. This three-month pilot was successful and has been expanded to additional surgeries. This innovation has improved access to specialised wound care, demonstrating progress in utilising technology to enhance patient care and support within the community.

3. **Weekly pressure ulcer huddles**
The introduction of weekly pressure ulcer huddles for nurses has been another notable achievement. These huddles help monitor and manage patients at risk of or suffering from pressure ulcers. Additionally, the development and delivery of Purpose T pressure ulcer training in line with national guidelines have strengthened the organisation's comprehensive approach to pressure ulcer management, showcasing a commitment to patient safety and quality improvement.

Over the coming 12 months, we will continue to build on these achievements and take the lessons learned over the past year to ensure we can continue to change lives by transforming health and care in Surrey.

We will also continue to work closely with our partners, the Care Quality Commission (CQC) and the communities we work in, to demonstrate our high standards of quality.

In putting together this publication, we have sought feedback from staff and people who use our services, and I would like to take this opportunity to thank them for their input into the process.
I can confirm that, to the best of my knowledge, the data and information in parts two and three of this report reflect both the successes and the areas that we have identified for improvement over the next 12 months.



David Mitchell
Regional Director – Southeast
HCRG Care Services Limited

Part Two

About HCRG Care Group

We change lives by transforming health and care.

Established in 2006, we are one of the UK's leading independent providers of community health and care services, working with health and care commissioners and communities to transform services with a focus on experience, efficiency, and improved outcomes.

We deliver and transform adult and children community health services, primary care services including urgent care, sexual health, dermatology and MSK services as well as adult social care and wellbeing services.

We changed our name to HCRG Care Group on 1 December 2021, following our acquisition by experienced health, care and education investors Twenty20 Capital.

Our leadership team

Stephen Collier
Chair

David Deitz
Chief Financial Officer

Samantha Kane
Chief People Officer

Richard Comerford
Chief Commercial Officer

Pat Birchall
Chief Operations Officer

David Watkins
General Counsel

Our leadership team changed after March 31 2024. Please visit hcrgcaregroup.com to see the latest leadership chart

Our colleague survey results

We run a colleague survey to understand how our colleagues are feeling and how we can improve. In 2022-23, we changed the frequency of these surveys from annual to quarterly to obtain more timely feedback. The surveys include the nine staff engagement questions from the NHS People Pulse Survey.

An average of 35.5 per cent of our colleagues across England took part in the four surveys between April 2023-January 2024 and we continued to see positive feedback and improvement in key indicators. Satisfaction with our organisation as a place to work averaged at 60.5 per cent. Over the same period, 58 percent of colleagues said they would recommend HCRG Care Group as a place to work. In all of the nine NHS People Pulse survey questions, our scores compared favourably.

We develop action plans based on feedback from this survey to improve in the areas colleagues said could be better. The latest action plan is currently in progress in all parts of our organisation and we measure the effectiveness of these actions in subsequent surveys across the year.

How our colleagues can speak up

Our Freedom to Speak Up policy sets out how our colleagues can raise concerns at a number of levels either anonymously or by being identified.

It is very important to us that our colleagues can speak up about any concerns they have at work because it helps us to keep improving our services and the working environment. While colleagues might feel worried about raising a concern, our policy and our senior leadership team and board are all committed to an open and honest culture. Our policy reflects the recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, and we have fully adopted the policy produced by NHS England and NHS Improvement) alongside all other NHS organisations.

We regularly promote this policy to colleagues, encouraging anyone who has concerns to raise them.

Whenever a colleague raises a concern, they will always be listened to, and they will always be supported. Concerns can be raised about risk, malpractice or wrongdoing.

Through Freedom to Speak Up, colleagues can raise concerns:

- with their line manager, or another manager in their service.
- with a lead clinician or tutor.
- with any member of our senior leadership team.
- with our Freedom to Speak Up Guardians, whose contact details are available on our intranet.
- through our anonymous online reporting system SpeakInConfidence;
- with one of three nominated members of the executive team.
- with our independent chairman.

Colleagues can also directly contact our senior leadership team and executive team at any time, whether they are raising a formal concern or an informal query.

Statements from CQC

Some services we operate are required to register with the Care Quality Commission (CQC).

As part of this document, we confirm that HCRG Care Services Limited is registered with the CQC for the provision of the relevant regulated activities, and has no conditions attached to its registration. HCRG Care Services Limited's services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports are available on the CQC's website at www.cqc.org.uk under HCRG Care Services Limited.

Safeguarding statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm.

To achieve this, we have appointed dedicated National and Local Safeguarding Adults and Children's Leads and policies, guidance, training and practices which reflect statutory and national safeguarding requirements:

- Our National Safeguarding Assurance function works across localities and partnership boundaries to respond to national developments, legislative changes, national, local and organisational learning leading to continuous improvement and learning across the organisation.
- Our Clinical Governance and Safeguarding Committees provide board assurance that our services meet statutory requirements.
- Safeguarding Leads and named professionals are clear about their roles and responsibilities and have sufficient time and support to undertake them.
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self-Assessment audit tool, with all services completing our national safeguarding audit.
- Action plans are monitored across the organisation at committee and board level.
- Safeguarding policies, processes and systems for children and vulnerable adults at risk are current, up to date and robust.
- Safeguarding training is undertaken in line with our safeguarding training strategy and in accordance with the three intercollegiate documents for safeguarding children, looked after children and adults.

Duty of candour statement

We are committed to being open and transparent with the people who use our services and, while considering confidentiality, their representatives too.

We encourage colleagues to be open and honest at all times but particularly when a notifiable safety incident has been recognised. Colleagues report incidents via our incident report system and follow our Duty of Candour policy. This ensures that an apology is made to service users within 10 days of the incident occurring, which is followed up in writing.

We investigate, establish the facts, and report externally as required. We also have due regard to the relevant safeguarding policy and input from suitably trained colleagues before any disclosures are made. Following the investigation, we send another letter to the person who used the service to advise them of the outcome, lessons learnt and how we'll share lessons and knowledge to reduce the likelihood of the same kind of issue happening again. We may also offer a meeting to listen to those affected by the incident and help understanding of our findings and resulting actions.

About Surrey

Adult community services and rehabilitation services including therapies and podiatry (some of these services are delivered in partnership with Frimley Health Foundation Trust community services)

- Adult speech and language therapy (inpatients, outpatients and domiciliary)
- Community rehabilitation including intermediate care service, rapid response, and community therapy.
- Continence treatment and promotion service
- Community nursing including 24-hour district nursing, community matron, and specialist services such as tissue viability services and Parkinson's disease.
- Diagnostic, assessment, and treatment centre (DATC) comprehensive assessment service exclusively for older patients.
- Diabetes specialist nursing
- Inpatient therapies across two wards in Farnham Hospital
- MSK physiotherapy (GP direct access to physiotherapy and general health)
- Neurological outpatient physiotherapy
- Outpatient department at Farnham Hospital
- Podiatry

Community Dental Service

This is a specialist referral service for children and adults who, due to a variety of special needs, have been unable to have those needs met in a general dental practice. The services cover Farnham, Surrey Heath, and the wider Surrey Heartlands ICB (Integrated Care Board) footprint.

Priorities in 2023 - 2024

The priorities in 2023-2024 show what was planned within the quality account with an update on progress over the year. Any outstanding priorities will be taken forward into this year's quality account priorities.

Priority 1	
Integrated and partnership working adult community services	We are committed to continuing to deliver community services in partnership and in an integrated way with our local health and care providers including Frimley Health Foundation Trust, Commissioners for Surrey Heath and Northeast Hampshire and Farnham, our Primary Care Networks (PCNs), integrated care teams and adult social care colleagues. • Our Allied Health Professional (AHP) Lead works closely with the Integrated Care System (ICS) AHP Council and we are involved in several working groups focused on workforce development and student experience. HCRG Care Group has successfully developed and introduced a return to practice pathway for all AHPs who would like to return to their chosen profession. In 2023 we had a successful candidate go through the course and secure a permanent position within the organisation. • In late 2023 Frimley ICB were reviewed under the Getting it Right First Time (GIRFT) which is a national initiative led by NHS England. The GIRFT report team were very impressed with our Community Diabetes Service working in partnership with secondary care. Continued seamless care for patients from secondary care to community, working together (including voluntary sectors) to ensure integration, alignment, reduce duplication and improve efficiencies. • HCRG Care Group colleagues meet regularly to discuss complex patient care through our well established multi-disciplinary team meetings. New to these weekly meetings are the voluntary services which support the holistic approach through social prescribing. • The environment of the single point of access in Surrey Heath encourages and enables rich patient centred discussion and joint working and visits to avoid duplication. • Our weekly proactive care meeting in Surrey Heath has in attendance our Primary Care Networks (PCN), GPs and Frimley Park Hospital, demonstrating our commitment to working across the health and social care footprint to ensure high quality patient care. • Our Tissue Viability Nursing (TVN) Service has worked in partnership with the ICB as part of the national wound care strategy project to develop a lower limb pathway. An initial pilot was set up in Yateley but has now been rolled out fully. This included the producing of a lower limb wound care patient leaflet. • Work has stared with the ICB to align the wound dressing formulary across the north and the south of the patch. This work is ongoing into 2024 -2025.

In 2023 -24 we continued to utilise different ways of working using clinical systems used to improve communication and data collection.

- Our TVN service has introduced virtual clinics for clinicians to get expert advice on a range of wound care concerns they have with patients. This is not only for HCRG Care Group colleagues but also those colleagues working in Frimley Community Services.
- Our TVNs also deliver training to not only our own staff but that of Frimley Health including community wards and practice nurses within the ICB.
- Our inpatient therapies have been trained to use Frimley's online care records and our integrated care team (ICT) are able to access patient notes to ensure communication flow is paramount.
- The ICT is continuing to put all existing paperwork on to EMIS (electronic patient records) for smarter working and our colleagues in Frimley Park ICT can also view completed templates for a seamless patient care for the in-reach service.

In 2023- 2024 we had a focus to lead and deliver community service pharmacy training to foundation pharmacists from Frimley and Surrey Heartlands ICS and continue to work to standardise.

- A successful training session was delivered in September 2023 in partnership with Frimley and Surrey Heartlands Community service providers. This session attracted more than 25 attendees and was very well received. The plan is to continue this in 2024.

Priority 2

Accessibility for all

Our diabetes team initiates, educates, and supports patients to better understand their glucose levels using continuous glucose monitoring with freestyle Libre sensors. Benefits include:

- Patient centred and individualised care through analysing the data.
- A sense of empowerment that can be handed back to the patient through identifying trends via the AGP (ambulatory glucose profile) reports, educating patients and allowing them to better understand their own condition and needs.
- Reassurance and safety measure for the vulnerable patients or those who may be prone to hypoglycaemic episodes overnight.
- Reports can be used in follow up reviews and to evaluate the patient's improvement and areas of weakness, as a clear visual aid.

We give patients access to self-referral services in MSK physiotherapy and our falls service.

Our podiatry and speech and language services both successfully implemented self-referrals. Our MSK service commenced a self-referral system, however, the ICB asked for a pause on this to understand the demand and capacity. This will be reviewed in 2024 -25.

Community Dental Services: Implementation of a new intravenous (IV) sedation service for Adults with Special Needs and look to reduce referral wait times to 12 weeks.

- The Dental service did introduce an IV therapy service and Dental Service wait time data reported as of April 24 show and average wait time of 12 weeks.

Priority 3

Patient Safety

Our patient safety incident response framework has been successfully implemented locally following the organisation-wide launch in September. Colleagues have been trained in this new approach and learning is being shared throughout our national forum.

In 2023 -24 we continued to embed our incident reporting system, Datix, and had a total of 879 incidents reported of which 445 were HCRG Care Group were thought to be responsible for care at the time of the incident. There were no serious incidents in 2023 -2024 attributed to our care.

In 2023 -2024 in Surrey, we undertook a full internal service review (ISR) to ensure robust oversight of the business in meeting CQC standards. This has given great insight into our services and will be the basis of our annual plan and priorities going forward in 2024- 2025 and beyond.

There is now more joined up working with partners and ICB colleagues. This includes system wide quality performance meeting monthly and working more closely with Frimley Health Foundation Trust (FHFT) to ensure that areas such as clinical supervision, networks and competencies are aligned that will enable sharing of best practice and innovation. For example, our TVN is supporting community colleagues with wound care concerns.

Our Surrey business unit has been at the forefront of sharing best practice and innovation with our partners and ICB colleagues.

- We have successful implemented phase 1 in 2023 of our Delegation of Insulin Administration Initiative. This has seen three of our own health care assistants (HCA) undertake training and working to a standard to enable them to give insulin injections. This has reduced the workload on the registered community colleagues whilst at the same time providing continuity of care for the patients. Phase 2 for non-HCRG Care Group colleagues such as care home staff has yet to be fully implemented but will be a focus going forward.
- As part of the integrated wound care group the Community Nursing Service shared learning of a pilot on virtual wound clinics

for GP surgeries. The pilot lasted three months and has now been rolled out to a further two surgeries in the area.

- HCRG Care Group has introduced weekly pressure ulcer huddles for nurses to monitor and manage those patients who are at risk of or have pressure damage.
- We have successfully developed and delivered on Purpose-T pressure ulcer training in line with national guidelines and forms part of our comprehensive pressure ulcer training.

Priority 4

Patient Experience

In our drive to think in a greener way and ensure that we can make a difference HCRG Care Group initiated PenCycle. This service is provided by a pharmaceutical company to recycle disposable insulin pen to encourage sustainability. Education session were held for all including community nursing, pharmacy, and practice nurses to spread the word. Patients are provided with recycling boxes for filling and self-return.

With the introduction of a new Oral Health Promotion Lead the 'lived experience' can be realised by understanding how the Community Dental Service engages with care homes and to improve communication and identify training needs. We are also sharing quarterly newsletters with patients and carers to promote oral health promotion.

We:

- Developed resources to improve communication with care homes to facilitate the oral health of residents this included tailored letters and individualised patient centred care plans.
- Encouraged care home staff to attend appointment to receive training in oral care.
- Begun developing training videos to give care home staff necessary knowledge and skill to deliver oral care to residents.

Priorities in 2024 -2025

How we identified our priorities for 2024 -2025

HCRG Care Group's national priorities were identified by its board, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year. A variety of methods were used, and the priorities set for us by commissioners in each local area were considered, alongside our delivery plans in each business unit.

Individual business units, including Surrey were then able to set their own priorities.

Priority 1	
Patient Engagement and experience	• Produce a local strategy on patient participation and involvement. • Develop an engagement strategy for local communities who engage in our services.
Priority 2	
Equity in access to care support and treatment	• Understand our local community's healthcare needs to design and deliver our services in such a way as to meet those needs, however small.
Priority 3	
Our People Plan	• Develop a people plan which will encompass workforce development, new ways of working, growing, and developing for the future.
Priority 4	
Digital Solutions	• Identify digital champions to understand and develop digital solutions for self-management.

Audits we've taken part in

Medicines safety audit
Prescribing Metrics Audit
Community Medicines Administration Chart
Patient Group Directions audit
Antimicrobial Stewardship Audit
Controlled Drug Prescribing Audit
Infection Control Audit
Safeguarding Audit
Health and Care Record Keeping and Confidentiality Audit
Health and Care Record Audit
End of Life Care
Hand Hygiene
Pressure Ulcer audit
Controlled Drug Site Visit Audit (Dental)

Learning from deaths

HCRG Care Group continues to work with partner agencies to learn from deaths and to adopt any relevant learning from serious case reviews and other local and national reports. The national Learning from Deaths Policy is available, and we will follow this locally.

Statement on the accuracy of our patient data

HCRG Care Group submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

Community hospital PLACE reviews

Patient-led assessments of the care environment (PLACE) put the views of people who use HCRG Care Group services at the centre of the assessment process, helping to highlight how well a hospital is performing in certain areas. These areas include privacy and dignity, cleanliness, food and general building maintenance. The reviews focus on the care environment and do not cover the clinical care provision or staff behaviours.

NHS staff survey

Our colleagues did not complete the NHS staff survey. HCRG Care Group colleagues complete an equivalent colleague survey.

A summary of the prescribed data is included below:	
KF26 (Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)	6%
KF21 (Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)	89%

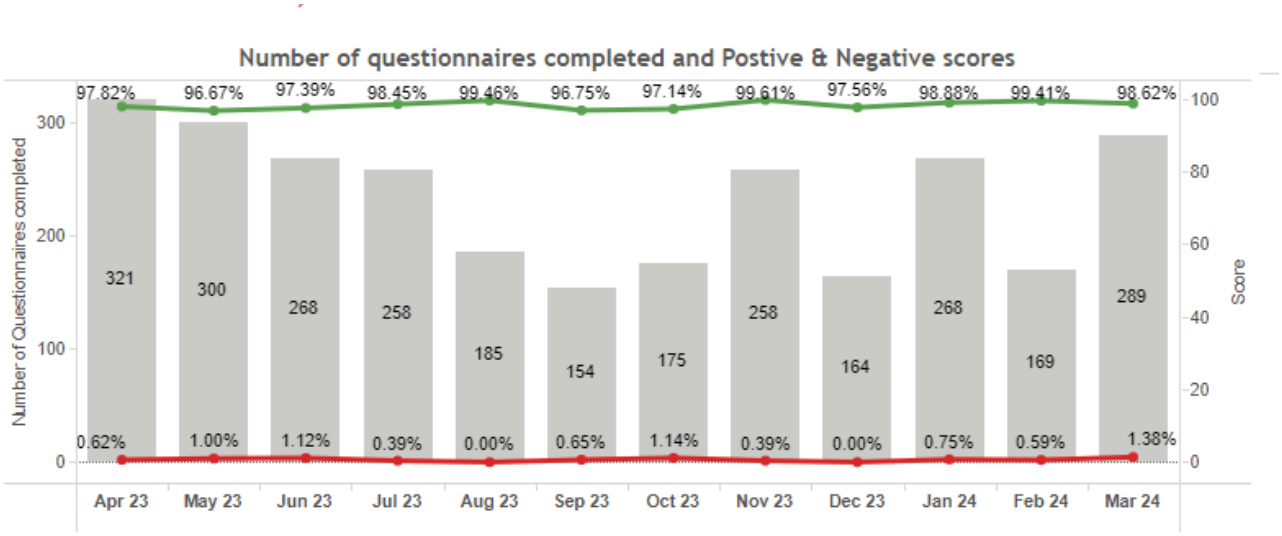
Overview of CQC inspections this year

HCRG Care Group Services Limited and HCRG Care Group Community Services Ltd (Dental) did not receive any CQC assessments in 2023 / 2024. However previous Assessment were rated “Good”.

NHS Friends and Family Test

Like all NHS providers, we ask people who use our services to feed back to us on their experience using the NHS Friends and Family Test.

In 2023 - 2024, 2,809 people rated our services in Surrey and 98.15% per cent said they had a positive experience of our service.



Feedback examples received for the services:

Occupational Therapies

"Completely satisfied with care.....Nicky, Chris & Sarah (OTs) were excellent in activities and knowing the balance of independence and support."

Farnham Community Nursing

Feedback from patient's family: "Respect, care, patient dignity, and family support - every interaction was clearly explained and delivered with compassion."

Surrey Dental Services

Feedback from parent: "Thank you all so much for your kindness to my son. It has been such a positive experience for him, and I am sure it will make future visits to the dentist easier."

Part three

Prescribed information

12.	a) The value and banding of the Summary Hospital-level Mortality Indicator (SMHI) for the trust for the reporting period; and b) The percentage of patient deaths within palliative care coded at either diagnosis or speciality level for the trust for the reporting period	N/A
13.	The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	N/A
14.	The percentage of Category A telephone calls (red one and red two calls) resulting in an emergency response by the trust at the scene of the emergency within eight minutes of receipt of the call during the reporting period	N/A
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period	N/A
15.	The percentage of patients with pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period	N/A
16.	The percentage of patients with suspected stroke assessed face-to-face who received an appropriate care bundle from the trust during the reporting period	N/A
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Team acted as a gatekeeper during the reporting period	N/A
18.	The trust's patient reported outcome measures for (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery During the reporting period	N/A
19.	The percentage of patients aged - (i) 0-15 and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period	N/A
20.	The trust's responsiveness to the personal needs of its patients during the reporting period	N/A

21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	Jan 2024 quarterly pulse survey 87%
21.2	Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2) Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but provider organisations should consider doing so.	N/A
22.	The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	N/A
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	N/A
24.	The rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	N/A
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	879 incidents reported of which 445 were "our incidents". No severe harm or death incidents reported.

Commissioning for quality and innovation (CQUIN)

We work with our commissioners and other local providers to support the delivery of CQUIN targets.

There are no CQUIN targets associated with the community contract however we do report on the following.

- CCG1: Staff flu vaccinations – HCRG Care group achieved an 73.8% success rate in our peer flu vaccination campaign.
- CCG14: Assessment, diagnosis, and treatment of lower leg wounds – this is not reported on as a contractual requirement /KPI however Pressure ulcers and wounds are discussed at the monthly joint clinical governance meeting with commissioners, FHFT community services and us.

Comments from commissioner

We have consulted and shared this document with our commissioners.

Appendices

1: Glossary of terms

Care Quality Commission	Also known as CQC Independent regulator of health and social care in England. Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.
Clinical audit	Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.
Integrated Care Boards	Organisations which seek and buy healthcare on behalf of local populations.
Commissioning for quality and innovation	Also known as CQUIN System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
Community Services	Health services provided in the community (not in an acute hospital) Includes health visiting, school nursing, district nursing, special dental services and others
CP-IS	Child Protection Information System A computerised way of sharing data about child protection securely between organisations.
Did Not Attend	Also known as DNA An appointment which is not attended without prior warning, by people who use services
Healthcare	Care relating to physical or mental health
Healthcare Quality Improvement Partnership	Also known as HQIP Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice
National Institute for Health and Clinical Excellence	Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

NHS Outcomes Framework	Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.
Patient-reported experience measures	Self-reporting by patients on their experience following treatment and satisfaction with treatment received
Here to help/PALS	Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services