

Meeting of Governing Body

Date: Tuesday 7 May 2019

Time: 1.30pm

Location: Vassall Centre, Gill Avenue, Fishponds, BS16 2QQ

Agenda number: 8.5

Updated CCG Policy on the Management of Compliments, General Enquiries and Complaints

Report Author: Lucy Jones, Customer Services Manager

Report Sponsor: Janet Baptiste-Grant, Interim Director of Nursing and Quality

1. Purpose

The purpose of this paper is to present to the Governing Body an updated version of BNSSG CCG's policy on the Management of Compliments, General Enquiries and Complaints.

2. Recommendations

The Governing Body is asked to approve the policy on the Management of Compliments, General Enquiries and Complaints for publication on the CCG website.

3. Executive Summary

In 2018 the CCG Governing Body approved the Policy on the Management of Compliments, General Enquiries and Complaints with the understanding that the policy would be reviewed once the CCG was better established and the direction of travel for the Customer Services Team clearer.

Since this time, the CCG has worked to ensure that patient experience is at the heart of everything we do. This policy formalises the manner in which patient feedback is handled and describes how the CCG will seek to learn from the feedback received and share this across the wider health footprint.

Draft versions of this policy were reviewed by the Corporate Policy Group and more latterly the Quality Committee in February 2019. Based on the feedback received, the policy has been updated and no significant changes have been made to the content. However work has been undertaken to describe more clearly how the CCG will manage feedback and more importantly, learn from this both as an organisation and a partner in the local

healthcare system. Any learning identified will be included in the quarterly reports that are shared with the Quality Committee and Governing Body, and the six monthly reports that will be shared with the Patient and Public Involvement Forum (PPIF).

This policy will be supported by a procedural document for staff which details the processes for handling patient feedback and clearly setting out their role in this. This will be shared with the Governing Body in July 2019 for ratification.

The Quality Committee and Chair of the Corporate Policy Group have reviewed the amended policy and their feedback has been included.

4. Financial resource implications

While there are no direct financial resource implications associated with the handling of patient feedback, there is an increase in the number of contacts being received which may require additional investment in the Customer Services Team in the future.

There is also the potential for the Parliamentary and Health Services Ombudsman to recommend financial remedy as the outcome of a formal complaint where their investigation shows failings and a level of harm to the patient.

5. Legal implications

There are no direct legal implications associated with the handling of patient feedback except for the formal complaints process which the CCG is required to handle in line with the NHS Complaint Regulations 2009.

6. Risk implications

Any risks, or potential risks identified through patient experience are brought to the attention of the relevant commissioning manager so that mitigations can be considered.

7. Implications for health inequalities

The NHS Complaint Regulations 2009 and the CCG Policy on the Management of Compliments, PALS enquiries and Complaints are inclusive and where a patient has a particular need the team will adapt their approach to meet this.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The NHS Complaint Regulations 2009 and the CCG Policy on the Management of Compliments, General Enquiries and Complaints are inclusive and accessible to all and do not discriminate against any of the nine protected characteristics.

9. Implications for Public Involvement

The triangulation of the patient experience information will provide an evidence base from which commissioners can accurately monitor the quality of commissioned services across BNSSG.

A summary of the process for contacting the Customer Services Team with a view to registering a compliment, complaint or making a general enquiry is available in the form a

leaflet and a short video, including sub titles and British Sign Language interpretation will also be available from 1st July 2019.

Once approved, the policy on the Management of Compliments, General Enquiries and Complaints will also be made available in a child friendly format as well as easy-read.

Management of Compliments, General Enquiries and Complaints Policy



Policy ref no:	14
Responsible Executive Director:	Director of Nursing and Quality
Author and Job Title:	Lucy Jones, Customer Services Manager
Date Approved:	
Approved by:	<i>Governing Body</i>
Date of next review:	

	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	Assessment Screening completed
Has the review taken account of latest Guidance/Legislation?	Yes	Referenced in policy
Has legal advice been sought?	No	Guided by national complaints process
Has HR been consulted?	No	Guided by national complaints process
Have training issues been addressed?	Yes	
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by JCC?	NA	Policy does not apply to employment
Are there financial issues and have they been addressed?	NA	
What engagement has there been with patients/members of the public in preparing this policy?	No	Guided by national complaints process
Are there linked policies and procedures?	No	
Has the lead Executive Director approved the policy?	Yes	
Which Committees have assured the policy?	Yes	Quality Committee
Has an implementation plan been provided?	Yes	
How will the policy be shared with: <ul style="list-style-type: none"> • Staff? • Patients? • Public? 		The Hub / Induction Training CCG Website
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	

Version Control		
Version	Date	Consultation
V1	27 February 2018	Draft policy written
V2	9 March 2018	Comments from Fiona Cummings,
V3	9 March 2018	Complaints Manager included Comments from PPI team regarding
V4	14 March 2018	Equality Impact Assessment Included Job titles and team names updated.
V5	22 May 2018	Minor format changes
V6	12 November 2018	Policy reviewed and updated
V7	16 January 2019	Paragraph on MP enquiries included and comments from Quality Committee addressed.
V8	21 March 2019	Policy rewritten to reflect comments from Corporate Policy Group
V9	27 March 2019	Comments included from Customer Support Manager
V10	27 March 2019	Revised version reflecting comments from Customer Support Manager
V11	9 April 2019	Revised version reflecting comments from Associate Director, Nursing & Quality
V12	14 April 2019	Comments from Julia Ross included
V13	15 April 2019	Comments from Janet Baptist-Grant included
V14	18 April 2019	Further updates following discussion with Julia Ross and Janet Baptist-Grant
V15	24 April 2019	Updated with comments from Graham Wilson and Quality Committee

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Management of General Enquiries, Complaints and Compliments

1. Introduction

- 1.1 Bristol, North Somerset and South Gloucestershire (BNSSG) CCG (from now on referred to as the CCG) is committed to ensuring that patient experience is at the heart of everything we do and that services in the local area meet and exceed the expectations of our local population. The feedback we receive from our patients is invaluable in both shaping and improving the services we commission for our local population.
- 1.2 The Policy on the Management of Compliments, General Enquiries and Complaints is compliant with the Local Authority Social Services and National Health Services Complaints (England) Regulations which came into effect on 1 April 2009, and the principles of the complaints process are based on those of the Parliamentary and Health Services Ombudsman (PHSO) which are:
1. Getting it Right
 2. Being Customer Focused
 3. Being Open and Accountable
 4. Acting Fairly and Proportionately
 5. Putting things Right
 6. Seeking Continuous Improvement
- 1.3 Patients and their families or carers have the right to be listened to and for their enquiries or complaints to be addressed promptly, efficiently and courteously. Confidentiality will always be maintained and we are committed to ensuring nobody is treated any differently as a result of sharing their experience.

2. Purpose

- 2.1 The purpose of this policy is to:
- Provide assurance that a robust system is in place to manage compliments, general enquiries and complaints made to the CCG.
 - Outline how the CCG will handle general enquiries, complaints and compliments in an open and unbiased way.
 - Document how the CCG and where appropriate, the wider local healthcare system, will learn from the feedback received.
 - Summarise how feedback is used to inform quality contract monitoring and future commissioning intentions.
 - Set out how confidentiality will be maintained throughout the processes.
 - Ensure there is accountability within the CCG for improving the quality of services
- 2.2 The management of compliments, general enquiries and complaints is led by the CCG Customer Services Team. The team is committed to listening to feedback and ensuring that patient enquiries, complaints and compliments are addressed by the CCG and in line with this policy.

3. Duties and responsibilities

- 3.1 The Chief Executive** is accountable for ensuring compliance with this policy and the NHS Complaint Regulations 2009, and for ensuring that actions identified as a result of feedback are implemented.
- 3.2 The Director of Nursing and Quality** has responsibility for overseeing the management and effective implementation of this policy on behalf of the Chief Executive, and provides day to day senior leadership in the management of patient feedback including patient enquiries, complaints and compliments.
- 3.3 The Customer Services Manager** leads the Customer Services Team who is the first point of contact for patient enquiries, complaints and compliments. This post also works with the senior management team to ensure that learning, including systemic changes identified as a result of patient feedback is implemented.

4. Definitions of terms used

- 4.1 Compliment**
A compliment is an expression of praise or admiration made in recognition of a staff member, team or service.
- 4.2 Patient Enquiry**
A patient enquiry is healthcare related enquiry which can either be dealt with at the time or within a couple of days and does not require formal investigation.
- 4.3 Complaint**
A complaint is an expression of dissatisfaction which requires investigation and a written response from the Chief Executive or their nominated deputy.
- 4.4 Healthwatch**
Healthwatch is an advisory and signposting service commissioned by the Local Authorities in Bristol, North Somerset and South Gloucestershire. Healthwatch provides the opportunity for service users to have a say and influence the design and delivery of local health and social care services.
- 4.5 Support, Empower, Advocate and Promote (SEAP)**
SEAP is a complaints advocacy service for Bristol and North Somerset residents.
- 4.6 Swan Advocacy**
Swan Complaints advocacy service is a local service available for South Gloucestershire residents.
- 4.7 The Regulations**
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 4.8 Parliamentary and Health Service Ombudsman (PHSO)**
An independent body established to provide a service to the public by undertaking independent investigations into complaints regarding public bodies, including the NHS in

England, who have not acted properly or fairly in relation to the management of a complaint or have provided a poor service.

5. Customer Services Team

5.1 The Customer Services Team is the central point of contact for patients and/or their carers or families who have a healthcare related enquiry, and who do not wish to contact the service provider directly. The team will:

- Assist with navigating the NHS system to ensure enquiries are either addressed by the CCG or are directed to the organisation that is the subject of the enquiry.
- Ensure that where a patient enquiry or complaint is relating to services purchased by the CCG it is addressed in line with this policy. This may include the coordination of complex complaints where appropriate.
- Ensure the CCG and the wider system learns from patient feedback and implements the learning identified as a result of a patient enquiry, complaint or compliment.
- Ensure patient feedback is used to inform future CCG commissioning intentions.
- Report regularly to the Quality Committee, PPI Forum and Governing Body for assurances purposed. These reports will include a summary of the contacts received and the actions that have been taken as a result.

Customer Services is available Monday to Friday and can be contacted as follows:

Telephone: 0800 073 0907

(Answerphone facilities are in place when the office is closed or the team are assisting another patient).

In writing: 5th Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX

Email: bnssg.customerservice@nhs.net

Website: <https://bnssgccg.nhs.uk/contact-us/>

6 Maintaining Confidentiality

6.1 Where a patient enquiry or complaint raises serious concerns which affect people's safety, for example threats of self-harm or harming others, physical abuse, sexual abuse, child abuse or financial misconduct, the Customer Services Team has a duty to breach confidentiality by seeking advice from others to ensure people are protected. In such circumstances the minimal amount of information will be shared in the strictest of confidence.

6.2 Where a person makes an enquiry or a complaint on behalf of a third party, or where there is a need to share the details outside of the CCG, consent from the patient will be required in the first instance, unless Lasting Power of Attorney (LPoA) for the patient's welfare or Court Appointed Deputy (CAD) with the relevant decision making power is held by the person raising the concern or complaint. In such instances proof will be required before the concern or complaint can be taken forward.

- 6.3 Where a person is making an enquiry or complaint on behalf of a deceased patient, consent from the next of kin or person who holds LPOA for the patient's welfare will be required before the investigation can be progressed.
- 6.4 Without consent, LPOA or CAD with the relevant decision making power, the CCG is unable to provide a personal response. However the CCG will consider the information provided and aims to provide a generic response if this is appropriate.
- 6.5 The CCG will only consider a complaint or enquiry made by a third party on behalf of a child or young person under 18 years of age where it is satisfied that there are reasonable grounds for the complaint not being made by the child or young person themselves. Where appropriate, consent from the child or young person will be requested.
- 6.6 If the patient is under the age of 18 or lacks capacity within the meaning of the Mental Capacity Act 2005 the complaint or enquiry will only be considered where the CCG believes that the complaint is being made in the individual's best interest. This will be determined through discussion with the CCG's Director of Nursing and Quality. Where the CCG does not believe the complaint is being made in the patient's best interest, an explanation of the reasons will be provided in writing and the complainant will be advised to contact the PHSO for further advice.
- 6.7 Any information relating to a patient who lacks capacity to provide consent will only be shared on the basis that it is in the patient's best interests. A clear record of the best interests determination process will be made, including details of how the views of the patient and relevant others have been taken into consideration.

7 Types of Feedback and how these are handled

7.1 Compliments

- 7.1.1 Compliments received by the CCG will be acknowledged where contact details are provided. The compliment will be shared with the staff member, their manager and where necessary, the service to which it relates.
- 7.1.2 Compliments can be made directly to the team or staff involved, or can also be directed to the Customer Services Team using the contact details in section 5.1.
- 7.1.3 An overview of the compliments received is shared with the CCG's Quality Committee, PPI Forum and Governing Body as part of the reporting processes in place.

7.2 General Enquiries

- 7.2.1 General healthcare related enquiries that can be dealt with at the time or within a couple of days and do not require formal investigation fall into this category. Examples include:
- I want to make a complaint but I'm not sure who to contact.
 - I can't get an appointment.
 - I need to contact a particular individual or service but don't have the details.
 - I am unhappy with a service I have received but am not sure how to take this forward.

- 7.2.2 The Customer Services Team will discuss the most appropriate way to assist based on the nature of the enquiry.
- 7.2.3 All information will be treated confidentially and details will be retained on file for monitoring and reporting purposes.
- 7.2.4 Any themes and learning identified through general enquiries will be reported on a regular basis to the Quality Committee, PPI Forum and Governing Body.
- 7.2.5 The CCG's Customer Services Team can be contacted either in writing or by telephone using the information detailed in Section 5.1.

7.3 Complaints

- 7.3.1 These are matters which require investigation and a formal written response.
- 7.3.2 Complaints will be investigated in an unbiased, open and transparent manner and responses will be provided within an agreed timescale, including any action being taken as a result.
- 7.3.3 A complaint must be made no later than 12 months after:
- The date on which the matter, which is the subject of the complaint, occurred or
 - The date on which the matter came to the notice of the complainant.
- 7.3.4 The CCG may still be able to consider complaints made outside of 12 months:
- Where there was good reason for the complaint not being made at the time, and,
 - It is still possible to investigate the complaint efficiently and effectively.
- 7.3.5 Where the CCG declines to undertake an investigation, the complainant will be informed in writing and can ask the Parliamentary and Health Service Ombudsman (PHSO) to consider the case.
- 7.3.6 Where a complaint has already been investigated and responded to either by the CCG or another healthcare organisation it cannot be reinvestigated. The next step if the complainant remains unhappy is to contact the PHSO.
- 7.3.7 Face to face meetings can be arranged at any point during an investigation at the complainant's request. This will need to be requested through the Customer Services Team who will then make the necessary arrangements.

7.4 Complaints Process

- 7.4.1 A complaint about the CCG or a service the CCG pays for can be made in writing, including by email, over the phone or in person.
- 7.4.2 To make a complaint in person, an appointment with the Customer Services Team will need to be made in advance. Please refer to section 5.1 for contact details.

- 7.4.3 All complaints are acknowledged within 3 working days. Where a telephone number is provided this will be used to acknowledge the complaint and to discuss:
- How the complaint will be handled,
 - The anticipated timescale for a response to be sent from the Chief Executive,
 - The desired outcome(s).

This will also include the offer of a face to face meeting at any point during the complaints process.

- 7.4.4 Where a telephone number is not provided a written acknowledgement will be sent to the patient and the offer to discuss the matter with the Customer Services Team will be included.
- 7.4.5 Where the complaint can be investigated and responded to directly by the CCG, it will be forwarded to an appropriate investigation lead who will conduct a thorough investigation and where appropriate, will identify any learning to be taken as a result.
- 7.4.6 The investigating lead will then provide a detailed response to the complaint back to the Customer Services Team.
- 7.4.7 Where other organisations are involved in the complaint, the details will be shared as necessary for investigation and response back to the Customer Services Team. This information will then be reviewed and collated into an overall response from the CCG.
- 7.4.8 All aspects of the complaint response, whether this is a direct CCG complaint or involves other organisations, will be reviewed by the Customer Services Team and Director of Nursing & Quality to ensure all concerns have been addressed, before final sign off by the Chief Executive and issuing.
- 7.4.9 Where a face to face meeting is offered as part of the resolution process it will be led by an appropriate senior manager from the CCG and any other partners involved in the complaint will be invited to attend.

8 Support during the complaints process

- 8.1 Support and advice for complainants is available from the Customer Services Team at any stage. This service is confidential and no information will be shared without the required consent. For a patient who lacks mental capacity to consent, a determination of whether sharing of this information is in the persons best interest is considered. The outcome of this determination will be shared with the originator of the complaint.
- 8.2 Where independent complaints advice is preferred, this can be obtained from SEAP or Swan Advocacy depending on the complainant's location. Contact details are below:

Support Empower Advocate Promote (*For Bristol and North Somerset residents*)

Telephone: 0330 440 9000

Email: info@seap.org.uk

Swan Advocacy (*For South Gloucestershire residents*)

Telephone: 0333 344 7928

Email: southglos@swanadvocacy.org.uk

9 Complaints which are outside the scope of this policy

9.1 There are some complaints which are outside the scope of this policy. These include but are not limited to:

- Complaints regarding the alleged failure to comply with a request under the Freedom of Information Act 2000 or a complaint following a Subject Access Request disclosure. These will need to be made to the Information Commissioners Office and they can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

- Complaints relating to a GP's clinical practice, dental practice or opticians, these should be directed to NHS England using the following details:

In Writing: NHS England, PO Box 16738, Redditch, B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

9.2 If a complaint falls outside the scope of this policy, or within the wider categories described in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Customer Services Team will explain this and will provide advice on where the enquiry should be directed.

9.3 A copy of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is available online or can be requested from the CCG Customer Services Team.

10 Parliamentary and Health Service Ombudsman (PHSO)

10.1 Whilst every effort is made to resolve complaints locally, we recognise that there may be times when a person remains unhappy with the outcome. Where all reasonable steps to resolve the issue locally have been exhausted, the next step will be for the PHSO to be contacted.

- 10.2 The PHSO is able to undertake independent investigations into complaints where government departments, a range of other public bodies in the UK and the NHS in England have not acted properly or fairly or have provided a poor service.
- 10.3 Details for contacting the PHSO are included in the Chief Executive's response letter but are also included overleaf for ease:

Parliamentary and Health Service Ombudsman

Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

- 10.4 The CCG complies with requests for information from the PHSO. Once the PHSO has considered the case, they will notify us of their findings and of recommended actions for implementation.

11 Learning from Complaints and Feedback

- 11.1 The CCG seeks and welcomes patient feedback, and will use the lessons learnt from this to inform our commissioning decisions, improve the services that we purchase for patients and improve the wider local healthcare system where appropriate.
- 11.2 As part of the investigation process, the CCG will seek to ensure that where something has gone wrong, appropriate actions are identified and implemented to address the issue. These actions may be related to the CCG or the wider local healthcare system.
- 11.3 Progress on the implementation of these actions will be monitored by the Customer Services Team against the agreed timeframes. Where actions are not being implemented as agreed the matter will be escalated to the Director of Nursing and Quality and included as part of our assurance reporting to the Quality Committee.
- 11.4 Where a recurring issue, trend or theme is identified this will initially be shared with the relevant Executive Director so that appropriate action can be considered within the directorate or more widely across the CCG. It will also be brought to the attention of the Quality Team for consideration of how any learning can be addressed on a wider level.
- 11.5 Patient feedback, including any actions taken, is analysed quarterly on an anonymised basis to protect confidentiality. The information is cross-referenced for themes or trends and reported to the CCG's Quality Committee, PPI Forum and Governing Body. This report includes details of any actions taken during the reporting period and information received from organisations such as Healthwatch.

12 Implementation Plan (Including training, resources)

- 12.1 The complaint regulations have been effective since 1 April 2009 and this policy provides a formal description of the process now in place.

- 12.2 This policy is publically available on the CCG website and copies can be posted to an individual or made available in alternative formats and languages upon request.
- 12.3 CCG Staff are made aware of the policy during the induction process and through regular internal communications.
- 12.4 Our healthcare partners are also made aware of the policy in place and how they should bring any patient feedback to our attention.

13 Audit

- 13.1 One month after an enquiry or complaint has been responded to, a feedback survey is sent to canvass feedback on the service received. This information is included in the quarterly report submitted to the Quality Committee, PPI Forum and Governing Body and is used to inform how the Customer Services Team can improve the handling of patient feedback.
- 13.2 The learning identified from complaints will be reviewed on a six monthly basis to ensure that the same issues are not repeated.

14 Training Requirements

- 14.1 The Customer Services Team is trained in the handling of patient feedback upon their appointment.
- 14.2 All staff are made aware of their responsibilities in relation to this policy through regular updates, induction training and bespoke training when required.
- 14.3 A procedural document will also be developed to complement this policy and ensure all CCG colleagues are aware of their role in ensuring that patient feedback is handled appropriately.

15 Equality Impact Assessment

- 15.1 This policy is based on the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 15.2 An Equality Impact Screening Assessment has been undertaken which identified that a full assessment is not required.
- 15.3 In recognition of the diverse culture of the BNSSG area, and to meet our obligations under the Accessible Information Standard, this policy can be made available in a larger font or alternative colour and in recognition that PDF documents are not generally compatible with screen readers used by people with sight impairments; it can also be made available using an alternative software package for example Microsoft Word.
- 15.4 A leaflet containing the key information can also be provided in braille or an alternative spoken language if required.

- 15.5 A video which describes how to make an enquiry or complaint will be available on the CCG website by 1st July 2019 and will include British Sign Language interpretation alongside the spoken word. Sub titles will also be included.
- 15.6 An easy read and child friendly version of this policy will be available on request.

16 Monitoring compliance and effectiveness

- 16.1 Compliance with the requirements of this policy will be included in the assurance reports produced for the Quality Committee, PPI Forum and Governing Body.
- 16.2 Quarterly returns (KO41a) are also submitted to the Health and Social Care Information Centre (HSCIC) regarding complaints performance.
- 16.3 To ensure the continued effectiveness of the CCG's process for handling complaints, every formal complaint responded to by the CCG will be followed up with a feedback form one month later. Where necessary, action will be taken to address any shortfalls in service.

17 References, Acknowledgements and associated documents

- 17.1 Local Authority Social Services and National Health Services Complaints (England) Regulations.
- 17.2 CCG Freedom of Information and Subject Access Request Policy
<https://bnssgccg.nhs.uk/library/freedom-information-and-subject-access-request-policy/>
- 17.3 Parliamentary and Health Service Ombudsman
<https://www.ombudsman.org.uk/>
- 17.4 Support, Empower, Advocate, Promote (SEAP)
<https://www.seap.org.uk/>
- 17.5 Swan Advocacy
<https://swanadvocacy.org.uk/>
- 17.6 Information Commissioners Office
<https://ico.org.uk/>
- 17.7 NHS England
<https://www.england.nhs.uk/>
- 17.8 Healthwatch
<https://healthwatchbristol.co.uk/>
<https://www.healthwatchnorthsomerset.co.uk/>
<https://healthwatchesouthglos.co.uk/>

18 Appendices

Appendix 1 Contact Details

APPENDIX 1 – Contact Details

CCG Customer Services Team

5th Floor, south Plaza
Marlborough Street
Bristol
BS1 3NX

Telephone: 0117 900 2655 or 0800 073 0907

Email: BNSSG.customerservice@nhs.net

Support Empower Advocate Promote
(For Bristol and North Somerset residents)

Telephone: 0330 440 9000

Email: info@seap.org.uk

Swan Advocacy
(For South Gloucestershire residents)

Telephone: 0333 344 7928

Email: southglos@swanadvocacy.org.uk

Parliamentary and Health Service Ombudsman

Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

NHS England

NHS England
PO Box 16738
Redditch
B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net