

Factsheet 44

NHS services

October 2017

About this factsheet

This factsheet contains information about NHS '*primary care*' services – services you approach in a non-emergency situation when you first have a health problem.

It looks at services to help decide if you need to see a GP; GP services and services you access via your GP; services from your local pharmacy; how the NHS helps you manage a long term condition that cannot be cured but can be treated and managed at home; NHS screening programmes and services for older adults.

You may find it useful to read the following: factsheet 5, *Dental care: NHS and private treatment*; factsheet 61, *Help with health costs* and factsheet 66, *Resolving problems and making a complaint about NHS care*.

The information in this factsheet is applicable in England. If you are in Scotland, Wales or Northern Ireland, please contact Age Scotland, Age Cymru or Age NI for their version of this factsheet. Contact details can be found at the back of this factsheet.

Contact details for organisations mentioned in this factsheet can be found in the Useful organisations section.

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1 National Health Service

The fundamental principle of the NHS is that no one should be denied or charged for necessary *emergency* NHS treatment.

You can register with and consult a GP, regardless of nationality and residential status. You must pay NHS prescription charges unless you fall into a group exempt from such charges. See sections 9.1 and 10.

Non-urgent NHS hospital care is only free if you are living here lawfully and ‘*ordinarily resident*’ in the UK. ‘*Ordinarily resident*’ is a legal term that broadly means living here voluntarily, for a properly settled purpose for the time being. If you meet these requirements, access to hospital treatment is based on clinical need. If there are doubts about meeting ordinary resident requirements, your case must be judged on its merits.

If visiting the UK, you may have to pay if you need hospital treatment. The *National Health Service (Charges to Overseas Visitors) Regulations 2015* with 2017 amendments and supporting guidance explain the rules hospitals must follow. They vary depending on whether you are visiting from a non-European Economic Area (EEA); whether you live in an EEA country or Switzerland and your healthcare is paid for by the UK via a UK-issued S1 form registered with relevant authorities or are a visitor from an EEA country with a valid European Health Insurance Card. You can read about this at www.nhs.uk/NHSEngland/AboutNHSservices/uk-visitors/visiting-england/Pages/visitors-from-the-eea.asp

2 NHS Constitution – your rights

The NHS Constitution establishes the **principles and values** of the NHS in England. The opening sentence says:

“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.”

NHS organisations, independent and voluntary sector organisations providing NHS care and local authorities with a public health duty must take account of the rights and pledges in the Constitution when commissioning and delivering services.

It sets out **rights and pledges** for patients, the public and NHS staff and the **responsibilities** they owe each other to ensure the NHS operates effectively and fairly.

A **right** is a legal right arising from legislation or legal obligations imposed on NHS bodies or healthcare providers.

Pledges are levels of service the NHS is committed to achieve. They are not legally binding and cannot be achieved for everyone all the time because they express an ambition to improve, going above and beyond legal rights.

There are a number of **rights and pledges** in seven key areas: access to health services (6 rights, 3 pledges); quality of care and environment (2 rights, 3 pledges); nationally approved treatments, drugs and programmes (3 rights, 1 pledge); respect, consent and confidentiality (7 rights, 5 pledges); informed choice (3 rights, 2 pledges); involvement in your healthcare and in the NHS (2 rights, 4 pledges); complaints and redress (6 rights, 3 pledges).

A right in relation to respect, consent and confidentiality is: *'You have the right to be given information about test and treatment options available to you, what they involve and the risks and benefits.'*

A pledge in relation to involvement in your healthcare and in the NHS: *'The NHS commits to work in partnership with you, your family, carers and representatives.'*

An example of a patient responsibility is *'Please follow the course of treatment you have agreed and talk to your clinician if you find it difficult.'*

Order a copy of the *NHS Constitution – the NHS belongs to us all* (ref 2900013) from DH publications or read it online at www.gov.uk/government/publications/the-nhs-constitution-for-england

3 The Equality Act 2010 and age discrimination

The *Equality Act 2010* applies to anyone over the age of 18 and protects you from being unfairly discriminated against. It applies to all public services and means it is unlawful for the NHS, without good and sufficient reason, to provide inferior services or refuse to provide them solely because of one of eight '*protected characteristics*', including age.

Age discrimination means *unfairly* treating you differently because of your age. The law only intends to prevent *harmful or unjustifiable* use of age, including a '*stereotypical view*' of a particular age group. It does not intend to prevent differential treatment where there is '*objective justification*'. Cancer screening and flu vaccination programmes are examples of where there is objective justification for the NHS to offer a service to a certain gender or those within certain age ranges.

Examples of situations where the Act applies to the NHS include:

- **When a GP, consultant or other health professional discusses treatment options with you or makes a decision about treatment or care.** Your age can play a part but they should take account of '*biological*' age, not simply '*chronological*' age (your age in years).

If there are treatments for conditions such as cancer that are less successful or less well tolerated as people get older, the doctor should discuss this openly when explaining treatment options.

- **When providing NHS services or considering treatment options.** '*Unjustifiable discrimination*' would be to stereotype someone of a particular chronological age.

- **When designing or providing a service (such as at a GP practice or out-patients clinic).** Staff should not unfairly discriminate against or treat you differently due to your age or take a stereotypical view of people of a particular age.

You can often clarify and resolve a situation by discussing it with staff concerned. However the law means you can take NHS organisations, clinicians or managers to court on grounds of age discrimination.

Note

The *Equality Act 2010* 'protected characteristics' are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

4 Accessible Information Standard

The Accessible Information Standard aims to ensure everyone can be as actively involved as possible in discussions about their care. NHS and local adult social care organisations must ensure people with a disability or sensory loss get information they can access and understand and any help they need to communicate with staff. They must:

- 1 **Ask** if you have any communication or information needs relating to a disability or sensory loss and if so what they are.
- 2 **Record** your needs in a clear, standardised way in electronic and paper records.
- 3 **Alert/flag/highlight** your records or notes so your needs and how to meet them are '*highly visible*' whenever staff access your record.
- 4 **Share** information about your information and communication needs with other providers of NHS and social care that have permission to see them and make sure your records are kept secure.
- 5 **Act** by taking steps to ensure you get information you can access and understand and by arranging communication support.

In practice it is likely that your GP asks about then records your information and communication needs in your GP record. When referring you for an outpatient appointment or other NHS services, this information should be '*highly visible*' to the receiving department, who transfers it to your hospital record and acts upon it.

This might mean they send correspondence or information in large print, easy read, Braille or audio format or by email or arrange for a lip reader or British Sign Language Interpreter to be available for your appointment.

For more information contact your GP practice, Action on Hearing Loss or The Royal National Institute of Blind People

5 Local NHS services

5.1 Primary and secondary care services

You may hear NHS services referred to as '*primary*' or '*secondary*' care services. If you contact NHS staff in a non-emergency situation when you first have a health problem or need advice on how to stay healthy, you are using **primary care services**. Staff in a GP practice or walk-in centre, community pharmacists, high street opticians and dentists providing NHS services work in primary care.

Medical specialists and healthcare professionals you see at an out-patient appointment or following planned treatment or an emergency hospital admission are providing **secondary care services**. They are usually, but not always, hospital-based.

Commissioning of NHS services

NHS England and Clinical Commissioning Groups are responsible for buying (commissioning) NHS services from providers such as GPs, dentists and hospitals. For more about their role and organisations working with or associated with the NHS, see section 15.

6 Non GP services when unwell

6.1 Getting help when feeling unwell

It is not always necessary to contact your GP practice when you feel unwell. There are other services able to help you decide whether you need to see a doctor or to put your mind at rest. These include:

- your local pharmacist
- NHS 111
- NHS walk-in centre
- minor injuries unit or urgent care centre.

To find out about local services including your nearest late-opening pharmacy, call NHS 111 or visit NHS Choices website:
www.nhs.uk/service-search

Local pharmacist

A pharmacist can help with sore throats, colds and aches and pains by suggesting non-prescription medicines to ease symptoms and advise whether you need to see a doctor. As experts on medicines, they can answer questions about non-prescription remedies you want to buy or prescription items you take.

NHS 111

NHS111 provides a single point of access for people needing urgent medical or dental help or advice in a non-life-threatening situation. It is a national, confidential free 24-hour telephone line operating in England.

Note

999 is the number to call in serious, life-threatening situations.

Depending on your symptoms, NHS 111 staff may tell you how to look after yourself at home or recommend you see a pharmacist or make a GP appointment when the surgery is next open. If the problem is more serious, they may advise you go to your nearest walk-in centre, minor injuries unit or Accident and Emergency (A&E) department. If very serious, staff can connect you to the ambulance service.

NHS walk-in centre

These centres open seven days a week from early morning until late evening. Often in town centres and usually run by experienced nurses, they treat minor illnesses and injuries. You do not need an appointment.

Minor injuries units and urgent care centres

These units are for patients with non-life-threatening injuries that do not require A&E staff. Often located in hospital grounds, they treat broken bones, minor burns, head and eye injuries, insect and animal bites.

Emergency and out of hours dental services

Call NHS 111 to find out where to access NHS treatment in an emergency or out-of-hours. If you have a usual dentist, their out-of-hours message may explain how to access out-of-hours care.

6.2 Serious or life-threatening illness or injury

If your illness or injury is serious or life-threatening, call 999 or go to your nearest A&E department. Arriving by ambulance does not mean you are seen more quickly. Life-threatening situations include:

- loss of consciousness
- persistent chest pain for 15 minutes or more
- heavy blood loss
- medicine overdose
- signs indicating a stroke. These include weakness on one side of your face making your eye or mouth droop, inability to lift both arms at the same time, difficulties in speaking or understanding what is said.

Remember FAST

Face-Arms-Speech-Time to call 999 – designed to help you recognise symptoms of a stroke.

If you attend A&E or spend a night on a ward, the hospital should ask you the **Friends and Family Test** question, described in section 7.1.

An NHS Constitution pledge is 95 per cent of patients should be admitted, transferred or discharged within four hours of arriving at an A&E department. The NHS publishes A&E waiting time figures and they include waits at major A&E departments, minor injury units and walk-in centres. This information is on NHS England's website and hospitals are encouraged to publish their own figures.

7 GP services

All GP practices in England must register with the Care Quality Commission (CQC) and meet 13 Fundamental Standards. The CQC inspects practices regularly to ensure they meet these standards. Visit the CQC website or read the CQC booklet '*What can you expect from a good GP practice*' to find out what a practice must do to meet CQC standards and about how the CQC rates practices.

A range of services and health professionals

GP practices offer services to prevent and treat illnesses and support people with long-term conditions such as diabetes, heart disease, asthma and chronic obstructive pulmonary disease (COPD).

Nurse practitioners, nurse consultants and specialist nurses frequently work alongside GPs and practice nurses. They can diagnose, treat and manage a variety of health conditions and some can prescribe from a list of medicines due to their additional training. See section 7.7 for information about supporting people with long-term conditions.

7.1 Registering with and using your practice

You do not need to be '*ordinarily resident*' in England to be eligible for NHS primary medical care. Anyone may register and consult with a GP without charge but must pay NHS prescription charges, unless in an exempt group, one of which is being aged 60 and over.

You can find details of local practices accepting new patients on NHS Choices website or by calling NHS England. Contact NHS England if you cannot find one to accept you, as in those circumstances they can arrange for you to be allocated to a practice

The NHS Constitution says you have a right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you should be informed of those reasons.

Each GP practice has a practice boundary enclosing certain streets or postcodes. It must have an agreed inner boundary and may agree an outer boundary. Practices often ask for proof of address before accepting you but you do not have to provide it and if you cannot, it is not considered a reasonable ground for withholding registration.

If a practice is accepting new patients and you live within their boundary, collect a practice leaflet or look on their website. This explains how to register and more about the staff and services they offer, including:

- name and qualifications of health professionals and support staff
- services such as special clinics for diabetics, health promotion activities and whether it supports trainee GPs
- opening hours
- how to make an appointment to see or speak to staff
- criteria for a home visit
- how to request a repeat prescription
- how to contact a doctor out-of-hours
- contact details for local walk-in or minor injuries units
- information for patients with disabilities or special language needs
- how to comment or complain about services
- rights and responsibilities of patients and action that may be taken if patients are abusive or violent.

Ask about things important to you, for example telephone access to a GP or nurse, ease of parking or support for carers.

Practices have a responsibility to ensure everyone who needs to use their practice can do so. If you have particular difficulties getting to the practice, due to disability or caring responsibilities, discuss them with the practice manager so they can do their best to address or resolve them.

The practice should invite you to the surgery for a new patient check to discuss your general health or, where necessary, offer you a home visit.

The GP contract requires every patient to have a named, accountable GP who takes responsibility for co-ordinating their care. It does not mean this is the GP you must see. You can express a preference for who you would like and practices should make reasonable efforts to accommodate you. New patients should know the name of their accountable GP within 21 days of registration.

Home visits

The practice leaflet should explain criteria for home visits. While having a general policy, decisions should be made on a case-by-case basis, based on clinical need. Giving a full description of your condition when you phone the surgery helps the doctor decide if you need a home visit.

Note

If you are a carer, ask the practice to note this in your records. By knowing this, your GP can understand your needs better, discuss ways to help you take care of your health, manage on-going health needs and advise what to do if you are ill. If you have a partner whose medical problems make it difficult for you to leave them or arrange a sitter, let the practice know. Telephone consultations or a home visit may be options.

'Out of area' patient registration option

GP practices are free to register patients who live outside their practice boundary. They can agree to accept your application but without any obligation to offer home visits. You may want to consider this option if you are in relatively good health and move locally outside your practice boundary or want a practice close to where you work.

Before agreeing to your request, the GP must:

- be satisfied it is clinically appropriate and practical in your case, and
- ensure you understand the consequences of this type of registration.

The practice should explain what happens during normal hours when illness or urgent care needs mean you cannot reasonably be expected to visit the surgery.

Your practice must monitor the effectiveness of your arrangement and if your health needs change, it may consider you would be better to register with a practice closer to home.

This option applies only to GP practices and patients who live in England and not in cross border situations with Scotland and Wales. Practices do not have to offer out of area registration - either without home visits or with home visits when needed - so an application may be refused.

Registering with a practice if you live in a care home

Your GP may be willing to continue to care for you if you move permanently into a local care home. If you move too far away, you must register with a new practice. In some areas, each care home has a nominated GP from a local practice who is responsible for all residents. In such cases, the aim is for you to have a GP who becomes familiar with your health needs and for the care home to build a relationship with the GP. You have the right to choose a different GP practice and be accepted by that practice unless there are reasonable grounds to refuse.

As a care home resident, you are entitled to the same range of services as people living in their own home. You should not be asked to pay for GP or other services the GP says you need.

The care home manager can explain the system in your home.

Making an appointment

Most practices have an appointment system and some offer extended hours - with appointments early morning, late evening and in some cases Saturday morning. Their system should be flexible and allow booking of routine or non-urgent appointments by phone and online.

Through Patient Online, practices now offer a **24-hour online service**, through which you can:

- book appointments with a GP of your choice or cancel appointments
- order repeat prescriptions (see section 11)
- view your **summary care record** and summary information on your health conditions, medication, allergies, immunisations and test results.

Ask your practice receptionist to explain what is on offer and how to register for online access. You can find out more about these services on NHS Choices www.nhs.uk/aboutNHSChoices/aboutnhschoices/find-and-choose-services/Pages/gp-online-services.aspx

Note

You have a **summary care record** (SCR) if you agreed for the NHS to create one from your GP record. It has up-to-date information about medicines you take, those you react badly to and any allergies. If you need A&E care but cannot communicate with staff on arrival, your SCR helps a doctor understand your health history and make a diagnosis. Only a doctor or health professional with special permission and a unique PIN number can see your SCR.

GPs have a duty of care to ensure they offer services in a manner and time that meets your clinical needs. There is usually a system that allows you to see a GP in an emergency when there are no appointments or speak to a GP or nurse on the telephone at an agreed time.

Making the most of your appointment

A typical appointment slot is about 10 minutes. If you have complex issues to discuss, ask for a double appointment. If you need information in a different format or help to take part in discussions due to disability or sensory loss, your GP should ask about them and record them in your records as described in section 4.

- Make notes beforehand so you have a reminder of what you want to tell the doctor or ask about.
- If worried about new symptoms, try to remember when you first noticed them. Does there seem to be a pattern or certain times when they are better or worse? Could they be linked to changes in medication?
- Do not miss things out because you think them minor or trivial. GPs can only work with what you tell them, so let them decide what is significant.
- If you do not understand the answer to your questions or some of the words used, ask for an explanation or for the answer to be written down.
- If you are going for test results and to discuss treatment, your doctor should tell you if there is more than one treatment, about the pros and cons of each and whether there are common side effects.

Seeking a second opinion

If you have doubts about a diagnosis or suggested treatment after discussing it with your GP, you can ask to be referred for a second opinion. You do not have a right to a second opinion but GPs rarely refuse unless they do not think it necessary. The referral may be to another GP in your practice or a consultant.

If your case is complicated or diagnosis unclear, your GP or consultant may want a second opinion to ensure they explore all possible options.

Out-of-hours services

Out-of-hours usually means from 6.30 pm to 8 am on weekdays, all weekend and bank holidays. When calling your practice out-of-hours, you are redirected to their out-of-hours service.

For non-urgent care you can call NHS 111 for advice. Your local Clinical Commissioning Group is responsible for commissioning an out-of-hours service that meets Department of Health standards.

Removing a patient from the practice list

A practice can make a written request to NHS England for you to be removed from their list. This can happen if you tell them you are moving outside the practice boundary or relocating abroad. It can happen if the practice believes your behaviour towards staff or other patients is considered unacceptable or your relationship with it has irrevocably broken down.

If the practice intends to request to remove you from their list, it must have given you a written warning in the previous twelve months prior to requesting your removal unless you have been violent, threatened staff or other patients and the police have been informed or the practice believes issuing of a warning was not reasonable or practical.

The practice should provide you with specific reasons for wanting your removal unless it reasonably believes the circumstance surrounding the request are such that it is not appropriate to give a specific reason and there has been an irrevocable breakdown in the relationship between you and the practice. If you have difficulty registering with another practice, contact NHS England for details of your Regional Team. They can allocate you to a new practice.

If you disagree with the reasons for your removal and believe you have been treated unfairly, you can complain to NHS England. See section 14 for information about making a complaint.

Changing your practice

You do not need to tell your practice if you want to change or have found another one to accept you. However you may, as a courtesy, wish to tell them. Once a new practice accepts you, your old practice transfers your medical records, including your **unique 10-digit NHS number**. This is used to eliminate errors that may occur if identification is by name only.

Registering as a temporary resident

If you are going to live away from your usual address for up to three months, you can apply to be a temporary resident at a local practice. They are likely to accept you if their list is not full.

If you become ill while staying with friends, approach their practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a local practice. Otherwise, call NHS 111 and they can recommend the most appropriate action to take.

Patient Participation Groups

GP practices must have a Patient Participation Group (PPG) and make reasonable efforts to ensure it is representative of the practice population. PPGs bring the patients' perspective into the practice so that services, plans and activities respond to patients' needs and priorities.

Providing feedback and knowing what others think about services

GP practices should offer you the opportunity, after an appointment, to respond to the Friends and Family Test question:

“how likely are you to recommend the A&E department or ward or practice where you've been treated to your friends or family if they needed similar treatment?”

They may ask why you have given the answer you have. For more on the Friends and Family Test and how to find results for your practice and local hospital, see the NHS Choices website at www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx

You can provide feedback on the NHS Choices website, where the comments section allows you to share your experiences, good and bad, with the service itself and other members of the public.

Independent sites, such as Care Opinion, allow a service to respond and indicate how specific feedback helped staff make changes to improve the quality of a service.

7.2 Help with hearing difficulties

If hearing difficulties affect your daily life, make an appointment to see your GP. If there is no medical reason, such as an ear infection or build-up of wax, your GP can refer you to a local audiology department or specialist provider for a hearing test.

Audiology staff discuss test results with you, your options and whether the test indicates you would benefit from a hearing aid in one or both ears. NHS hearing aids are provided on long term loan and batteries are supplied free of charge. If you want to buy a hearing aid privately, check the hearing aid dispenser is registered with the Health and Care Professions Council.

Action on Hearing Loss provides information about hearing loss and aids. Hearing Link helps people manage hearing loss.

Note

You can check your hearing using the Action on Hearing Loss online hearing check. It is not a medical diagnosis but aims to identify hearing loss and prompt you to take action and visit your GP.

7.3 Help with mental health needs

Mental health issues are as important as physical illnesses and like physical illnesses, respond better when diagnosed and treated early. If you experience periods of anxiety, low mood, poor sleep or a loss of interest in things you used to enjoy on several days a week and this goes on for a month or more, it is important to speak to your GP. A range of treatments can help, depending on the severity of your symptoms.

Talking treatments such as counselling help you understand and manage your feelings. They are available through your GP because of an initiative known as '*Increasing Access to Psychological Therapy*' (IAPT).

Research shows older people benefit from talking treatments just as much as younger people. Find out more by speaking to your GP or search NHS Choices. Select 'find a local service' and full list of services, then under 'P' choose psychological therapies (IAPT) and enter your postcode to find your nearest service.

The National Institute for Health and Care Excellence produces a patient version of guidance on '*Treating depression in adults*', go to www.nice.org.uk/guidance/CG90/ifp/chapter/About-this-information

7.4 Referral for a physical or mental health condition

If you and your GP agree you should see a consultant about a physical condition or a mental health professional, you have a right to choose to have your first outpatient appointment at any NHS or independent hospital in England offering suitable treatment and meeting NHS standards and costs.

You have a right to choose which consultant led team, or in the case of mental health, which team led by a named professional, is in charge of your treatment. They are in charge of your NHS treatment and care for this appointment. The consultant will not necessarily be present for this and/or future appointments – you may be seen by a doctor in their team - but retains overall clinical responsibility for your care.

This choice is available in most circumstances but not if you need urgent or emergency care, for example you have chest pains or cancer is suspected or if detained under the *Mental Health Act 1983*.

If you are not offered a choice, contact your local Clinical Commissioning Group (CCG) to find out what choice should be available to you. You can find your CCG on the NHS Choices website.

Choosing your hospital – practical and quality issues

You can discuss your preferences and options with your GP, compare hospitals, including comments from patients on NHS Choices or read hospital inspection reports published on the Care Quality Commission website. In addition to clinical care, there may be practical issues that matter to you, such as access by public transport or car parking.

Booking an appointment through NHS e-referral Service

The NHS e-referral service allows you to choose your hospital and book an appointment on a day and time convenient to you. If you choose your hospital and know when you could attend an outpatient appointment, you may be able to book the appointment before you leave the surgery.

If you want to think about your options, discuss them with family or friends or decide a convenient time to attend outpatients, your GP gives you an appointment request letter containing a unique reference number and a password so you can book your appointment later.

To book your appointment later:

- log into NHS e-referral online: <https://www.ebs.ncrs.nhs.uk/> or
- call Appointment Line on 0345 6088 888 or textphone 0345 850 2250.

You need the unique reference number and password for security. It ensures only you or someone you nominate can make or change your appointment. You can change an appointment online or by telephone.

Waiting times

You have a right to access certain services commissioned by NHS bodies within maximum waiting times under the NHS Constitution.

You have the right to:

- start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- be seen by a cancer specialist within a maximum of two weeks from GP referral, where GP makes an urgent referral because cancer is suspected.

If this is not possible, the hospital responsible for your treatment should take all reasonable steps to offer you a choice of other hospitals that can see or treat you more quickly.

Although not a right, the NHS should aim to offer you, if your operation or treatment is cancelled on or after the day of admission (including the day of surgery) for non-clinical reasons, another binding date within 28 days to be funded at the time and hospital of your choice.

7.5 Chiropody, physiotherapy and other services

Your GP can refer you to other health professionals for a diagnosis or treatment. You can see them at a local practice, health centre or hospital or they may visit you at home.

Chiropodists (also known as podiatrists) help with problems with your lower legs or feet. In some places, you can self-refer to the chiropody service but in many cases, you need a GP referral.

To receive NHS treatment, you must meet local eligibility criteria. This can mean having a medical foot problem, or you have a risk of foot-related problems because of a condition such as diabetes, arthritis or circulatory problems.

The NHS is unlikely to offer routine care such as nail cutting but local voluntary organisations may do so. Contact your local Age UK to see if nail cutting services are available.

Physiotherapists help with back pain and muscle strains. They may be members of a multi-disciplinary team offering rehabilitation following a fall or stroke or for conditions such as osteoporosis and asthma.

Occupational therapists (OTs) advise on home modifications or equipment to make living at home easier. Your GP or social services can refer you to an OT. They can be members of a multi-disciplinary team offering rehabilitation support.

Speech and language therapists help with speech and communication. They can help with eating and swallowing difficulties that can occur following a stroke or in people with dementia.

Dietitians are experts in nutrition. Their role includes advising on meals or supplements for people with poor or small appetites. They work with speech and language therapists to help patients with swallowing difficulties.

Marie Curie and Macmillan nurses provide support following a diagnosis of cancer and other terminal illnesses. They help you and your family to manage physical and emotional aspects of an illness, particularly as you approach the end of your life.

Note

If you approach health professionals to treat you privately, contact the Health and Care Professions Council (HCPC) to check they are registered to practice. The HCPC registers 15 health professions.

7.6 Falls Prevention Services

If you have a fall or start to feel unsteady, discuss this with your GP, even if you were not injured by the fall and generally feel fine. Your GP may want to check your medication or arrange tests to see if there is a medical reason to explain it.

With your permission, your GP can refer you to the local falls prevention service for a falls risk assessment. The aim is to:

- try to work out what is making you unsteady
- listen to what you think the problem might be
- if necessary, develop an action plan with you, to reduce your risk of falling.

This can include checking your eyesight, investigating any continence problems, checking your home for potential hazards and/or attending an exercise class to improve your strength and balance.

As well as considering your risk of further falls, your GP may review your risk of osteoporosis. This condition affects bone strength and means you can break a bone following even a minor fall. If you are at significant risk, your GP should discuss options to reduce your risk.

The National Osteoporosis Society provides information about osteoporosis.

7.7 Supporting people with long-term conditions

Millions of people have one or more '*long-term*' conditions (LTCs) such as diabetes, arthritis, heart disease, chronic obstructive pulmonary disorder (COPD) or other lung diseases. LTCs can be managed with medication and other treatments but cannot be cured.

Your GP practice should be keen to help you better understand and manage your own care. This may include drawing up a **care plan** to help you manage your condition on a day-to-day basis and recognise symptoms to report to your GP, as well as information about national support organisations and local support where you can share experiences with other people living with the same condition.

Many patients become expert in managing their condition with the help of self-management courses. These aim to give you confidence, skills and knowledge to play an active role in managing your condition on a daily basis. Ask your GP if there are local courses.

NICE Quality Standards

National Institute for Health and Care Excellence (NICE) Quality Standards are concise statements and measures setting out what aspirational but achievable markers of quality care look like.

There are standards for a number of LTCs including chronic heart failure, COPD, dementia, type 2 diabetes, depression and stroke.

NICE also develops standards for NHS services, social care and public health. There are standards explaining ways to help people live well with dementia, support the mental wellbeing of older people in care homes and support people to stop smoking.

Information about NICE standards is on their website.

7.8 Supporting people to maintain their independence

Having one or more '*long term*' conditions can have an impact on your independence and wellbeing. If you notice small, gradual changes in your ability to manage everyday things such as climbing stairs or getting in and out of the bath or notice unintentional loss of weight, it is important to tell your GP practice.

Practice teams recognise the importance of identifying patients who find it difficult to manage, are suffering minor health setbacks or finding it difficult to bounce back after an illness. This is sometimes described as '*showing signs of frailty*'. If staff know about this, they can work with you, so you keep as well and independent as you can.

If your practice identifies you may be living with frailty, they may invite you to discuss any worries you have about your health or ability to manage and to find out what is important to you. If you care for a partner, it can be helpful to look at what this role entails and identify support available locally. Staff may look at your medication and if you have become unsteady on your feet, explore possible reasons why. They may identify new signs and symptoms to watch out for and explain what to do if you notice them.

Practice staff may discuss adding information to your summary care record so other health professionals you engage with, such as paramedics or hospital doctors, can access up to date information about your health and wishes.

7.9 Personal health budgets

Anyone eligible for NHS continuing healthcare has the right to have a Personal Health Budget (PHB) unless there are clear clinical or financial reasons why it would not be appropriate.

A PHB aims to give you more choice, flexibility and control over how money is spent meeting your long term health and wellbeing needs. It is not new money but money that would have been spent on your care. A PHB allows this money to be spent more flexibly to meet identified needs and health and wellbeing goals agreed with your NHS team.

You can manage a PHB in one of three ways – a **notional budget** where money is held on your behalf by the NHS who then arrange your care; a **real budget held by a third party organisation** that arranges your care or by a **direct payment**.

A **direct payment** is an amount of money you hold. You use it to buy health and care support you and your care team agree meets one or more of your identified needs and achieves the outcomes you want. A direct payment gives you control to manage the budget and your care.

You only need to take as much control over making decisions about your care as you wish. You do not have to have a PHB if you do not want one.

If you think you or someone you care for, although not eligible for NHS continuing healthcare, could benefit from a PHB, ask your GP or other key health professional responsible for your care. They can offer a PHB if you have a LTC and they believe you could benefit from one.

For more information about PHB's, see factsheet 20, *NHS continuing healthcare and NHS-funded nursing care*.

8 Accessing your health records

A health record is a historical record of your illnesses and NHS care. It contains information about your physical and mental health, medication, consultation notes, investigations such as blood tests and X rays, referrals, hospital discharge letters, vaccinations. You may have paper and electronic records.

Your GP or a practice-based health professional adds to your GP record at each appointment. Hospitals may also hold records about your care. This means various places hold medical information about you.

The NHS must keep your health records confidential and secure. Under *The Data Protection Act 1998* you have the right to apply for access to personal information held about you in either paper or computerised form. This includes records held by your practice, a hospital, dentist or optician. A record holder can refuse access if, in their opinion, disclosure would cause serious harm to your physical or emotional health or another party. They can withhold parts of the record for the same reason.

You can give another person permission to access your health record.

GP records

Registering with your practice for the Patient Online service, should offer online access to your GP record in summary form.

To access your full record, write to the practice manager explaining the dates of the record you wish to see and anything else to help staff to fulfil your request. There can be a charge if you want copies of the record.

A practice must keep paper records for 10 years after a patient's death or after they permanently leave the country, unless they remain in the European Union. There is no time limit for computer records.

Speak to your GP if you wish to view your Summary Care Record created from your GP record and described in section 7.1 sub heading: making an appointment.

Hospital records

To access hospital records, you apply in writing to the records officer. They will require proof of identity or proof of access, if you are applying on behalf of someone else. You may ask to view or have copies of the record. Many hospitals have an application form and require as much information as possible to support them to fulfil the request. This includes dates, department, responsible consultant, type of record - paper or electronic, x-rays or scans. A hospital must keep a record for 8 years after conclusion of treatment or death, or longer if it relates to maternity care, cancer treatment or mental health care related to mental health legislation.

Fees and time scales

Online access to your GP records is free.

There can be a charge of £10 maximum to give you access and up to £50 including the £10 access fee if you want paper of copies.

NHS organisations have up to 40 days to provide information after receiving your request and checking your identity.

Access to medical records of a deceased person

Access to Health Records Act 1990 covers records of a deceased person. To access a record under the terms of this Act, you must be:

- a personal representative (executor or administrator of an estate),
OR
- have a claim resulting from the death (either a relative or other person).

The deceased person's GP can tell you how to access their GP record. For hospital records, contact the records manager at the hospital they attended.

9 NHS services for older people

9.1 Over-60s – free prescriptions

NHS prescriptions are free for people aged 60 and over.

9.2 Over-60s – free NHS sight tests

Anyone aged 60 or over is entitled to a free NHS sight test. A sight test checks your vision and your eye health and picks up eye conditions, such as glaucoma, in the early stages before long-term damage is done.

Younger adults should have a test every two years and if aged 70 and over, you should have one as often as your optician recommends, which may be every year. Opticians are able to use their professional judgement to decide the frequency of your sight test.

If you find it difficult to visit your local optician, ask if they offer a mobile home visiting service or have details of opticians offering a mobile service in your area. Alternatively, call your local Healthwatch or Clinical Commissioning Group who should have this information.

For more information about eye conditions, contact RNIB.

9.3 Over-65s – free seasonal flu jab

A dose of flu can lead to complications such as pneumonia or severe bronchitis in certain groups of people. As the flu virus is always changing, a new vaccine is developed every year to target viruses likely to be in circulation. This is why you need a flu jab every year.

The NHS offers a seasonal flu jab to people aged 65 and over and to people under 65 at particular risk of complications if they have flu. This includes people:

- with specific long-term conditions, including chronic lung disease, a heart problem, diabetes, liver or kidney disease or a neurological condition such as multiple sclerosis
- who have had a stroke or mini stroke (known as a transient ischaemic attack or TIA)
- who have a lowered immune system as a result of cancer treatments or taking steroid medication.

You can have a free jab if you receive Carer's Allowance or the welfare of someone you provide a substantial level of care to would be at risk if you were ill.

GP practices usually start their flu jab service in late summer or early autumn. Community pharmacists offer free flu jabs in some areas.

9.4 Over-65s – free jab against pneumonia

You can have this jab, commonly called the pneumo jab, if you are aged 65 and over. You do not need it every year and most people have it only once. It is available through your GP practice and protects against pneumonia, septicaemia and bacterial meningitis.

9.5 Shingles vaccination

Vaccination against shingles is recommended for people aged 70 to 79. It is not recommended for people aged 80 and over, as it seems less effective over this age.

In 2013, the NHS started an immunisation programme on a phased basis for people aged 70 and 79 on 1 September, with an annual 'catch up' programme, to pick up people between 71 and 78 years old.

In 2017, you are eligible for the vaccination if you turned 70 or 78 on or after the 1 April 2017. You can be vaccinated if you missed the opportunity when first eligible. For example, if you are in your 70's and born after 1 September 1942 but have not had the vaccine.

Your GP decides if you are vaccinated as some people are not suitable, for example if your immune system is weakened after cancer treatment.

The vaccine is safe alongside the seasonal flu jab, so it may be convenient to have both on the same visit. Your GP practice may have a leaflet explaining about shingles, possible side effects of the vaccine and the vaccination programme or download it at www.gov.uk/government/uploads/system/uploads/attachment_data/file/623656/Shingles_2017_A5_leaflet.pdf

9.6 NHS screening programmes

You must be registered with a GP practice to be included in a screening programme, as invitations are issued on a practice basis, using their list of registered patients. Screening brings potential risks as well as benefits so there are leaflets to help you decide whether to take part.

The **NHS breast screening programme** invites women aged between 50 and 70 for screening every three years. You should receive a leaflet explaining the benefits and risks of breast screening with your screening invitation. There is a research programme looking at extending the age range to include women between the ages 47 and 73.

Note

At your last screening appointment, staff should give you a card that reminds you that screening is still available and you have a right to ask to be screened for breast cancer every three years. The card has a contact number to book future appointments.

The **NHS cervical screening programme** invites women between the ages of 50 and 64 for screening every five years. Once you reach the age of 65, you are only invited for screening if you have not been screened since the age of 50 or have had a recent abnormal result.

NHS Choices has information about the risks and benefits at www.nhs.uk/Conditions/Cervical-screening-test/Pages/Introduction.aspx

The **NHS national bowel screening programme** offers two types of screening to adults.

- **'Faecal occult blood (FOB) test'** is the more established test. A test kit is sent every two years by post to men and women between ages of 60 and 74. There are instructions for use and you return it by post to a laboratory for analysis. If you are over the age of 75, you can request a screening kit by calling the Bowel Screening helpline.
- **'Bowel scope screening'** is a newer, one-off test gradually being offered to men and women around their 55th birthday. About two thirds of screening centres now offer this test. A doctor or nurse uses a thin, flexible instrument to look inside the lower part of the bowel and remove any small growths, called polyps that could eventually turn into cancer.

There is more information on the NHS Choices website about the tests and the risks and benefits of taking part in bowel screening.
www.nhs.uk/conditions/bowel-cancer-screening/Pages/Introduction.aspx

NHS Abdominal Aortic Aneurysm (AAA) screening is offered to men in their 65th year. This uses an ultra sound scanner (as used to monitor a developing baby during pregnancy) and can detect a symptom-free abnormality that can develop in a major artery - the aorta.

Screening is offered to men because aneurysms are more common in men. A large aneurysm can be serious but if doctors detect one at an early stage, it can be monitored and treated if necessary.

Read more on the NHS Choices website
www.nhs.uk/Conditions/abdominal-aortic-aneurysm-screening/Pages/Introduction.aspx

Anyone aged 12 and over who has diabetes should be invited for screening every year to detect an eye condition: **diabetic retinopathy**. You can opt out but speak to your GP if you are not invited. Public Health England has a leaflet *Your Guide to diabetic eye screening* at www.gov.uk/government/publications/diabetic-eye-screening-description-in-brief

There are no plans to screen men to detect risk of **prostate cancer** because it has not been proved that the benefits would outweigh the risks. An informed choice programme, Prostate Cancer Risk Management, is available to help men understand the benefits and risks of having a blood test that could lead to a prostate cancer diagnosis. Speak to your GP if you would like to know more.

NHS service to keep you well

NHS health check is a service that aims to assess your health and if necessary help you lower your risk of common but preventable diseases: heart disease, type 2 diabetes, stroke, kidney disease and some forms of dementia.

It is offered every five years to people between the ages of 40 and 74 who have not already been diagnosed with one of these conditions. If you fall into this category, you can expect a letter from your GP or local authority inviting you for a health check.

Read more on the NHS Choices website at
www.nhs.uk/Conditions/nhs-health-check/Pages/What-is-an-NHS-Health-Check.aspx

10 Help with health costs

Most NHS services are free but some groups of the population, including people aged 60 and over, pay for services such as NHS dental treatment and the purchase of glasses or contact lenses. If you are on a low income, you may be eligible for help with these costs.

If you receive Pension Credit Guarantee Credit, Income Support or Income-related Employment and Support Allowance, you are automatically entitled to help with the cost of dental treatment and glasses.

If you are on a low income and have savings of less than £16,000 (£23,250 if you live in a care home) you may be entitled to full or partial help with these costs through the NHS Low Income Scheme.

If you receive Universal Credit you may be eligible for help through the low income scheme, including sight tests and prescription charges. Go to the NHS Choices website for information
www.nhs.uk/NHSEngland/Healthcosts/Pages/universal-credit.aspx

If you receive Pension Credit Guarantee Credit or one of the other benefits mentioned, or are eligible for help through the NHS Low Income Scheme, you may also be eligible for help with the costs of travel when referred to see a consultant on NHS premises. In some circumstances, referrals by a GP or dentist mean you are entitled to help with travel costs. Ask the referring doctor or dentist whether their referral qualifies for help.

For more information, see factsheet 61, *Help with health costs* or the NHS Choices website at
www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx

11 Services at your local pharmacy

Pharmacists are experts on medicines and help if you have questions about or difficulty taking prescribed or over-the-counter medicines. They may offer cholesterol testing, blood pressure checks and advice to help you stop smoking.

Speak to your pharmacist if you find labels difficult to read, the usual packaging hard to open or tablets difficult to swallow. It can be difficult if you must take many tablets on several occasions at different times of the day, so let your pharmacist know if you find it difficult to take them as prescribed. Your pharmacist may offer a simple solution or be able to decide if you are eligible for special help due to disability.

Pharmacies may offer the following services:

- **Prescription collection service** – at your request, the pharmacy collects a repeat prescription from your GP practice.
- **Home delivery service** – while helpful, this limits the opportunity to ask questions about your medicines. Call the pharmacy with any questions, as many pharmacists are happy to speak to you on the phone.

Electronic Prescription Service (EPS)

EPS aims to improve efficiency and safety when dispensing medicines. Most practices offer this service which is particularly useful if you need repeat prescriptions. You nominate the pharmacy you want to dispense your prescription on a regular basis.

When you request a repeat prescription, it is sent quickly and securely, via the practice IT system, to your chosen pharmacy. It eliminates paper prescriptions and errors from reading handwriting. Prescriptions are ready an hour or two after you request them. If your prescription is unlikely to change, the GP can agree to set up automatic delivery of your prescription for a specified number of repeats.

EPS is optional – you do not have to choose it. You can amend your nominated pharmacy or amend it temporarily if you are going away and likely to need a prescription during that time. Watch a video about EPS at www.youtube.com/watch?v=qaPJJEx5hjU

‘New medicines’ service

The New Medicines Service aims to support you in the early days of a new treatment for certain conditions and ensure you get maximum benefit from it. If prescribed new medicine for treatment of asthma, type 2 diabetes, COPD, high blood pressure or any blood thinning medicines, ask your pharmacy if you can take part. It involves three meetings with the pharmacist in their private consultation area over four weeks.

Watch a video about this service at www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/medicine-service-qa.aspx

Medicine Use Review (MUR)

Your GP should regularly review your medication to make sure you take the most appropriate medicines at the most appropriate dose. In addition, your pharmacist may invite you for a MUR:

- if you have recently been discharged from hospital and changes were made to the medicines you take
- if you take multiple medications or take one where the dose is critical
- if you take medicines to help your breathing
- if you have cardiovascular disease or cardiovascular risk factors and take four or more regular medicines.

MUR helps make sure you get the most benefit from your medicines. It offers a chance to learn more about how they work and discuss side-effects you think they are causing, raise any problems taking your medicines and get advice on how to take them in the best way. If you take non-prescription medicines, bring them with you so the pharmacist gets a complete picture of the medicines you take.

The pharmacist asks you to sign a consent form to have a MUR. They must ask for your consent to share feedback with relevant health professionals, such as your GP.

11.1 Reporting unwanted side effects from medication

The Yellow Card Scheme allows health professionals and patients to report unwanted side effects from prescription or non-prescription medicines or herbal remedies; defective medicines of an unacceptable quality; counterfeit or fake medicines and problems with devices such as catheters or ear thermometers.

A yellow card form is available in most pharmacies or you can complete an online form or call the yellow card hotline. The scheme is administered by the Medicines and Healthcare products Regulatory Agency (MHRA). When completing the form, it asks if you are happy for the MHRA to contact you, if they would like further information to help them understand the issues you describe.

12 Complementary therapies

These include therapies such as acupuncture, chiropractic, osteopathy, homeopathy and herbal medicine. They are not usually available as NHS treatment but your GP will know if they are. When considering one of these therapies on a private basis, speak to your GP before making an appointment. This is important if you take prescription medicines, as a therapist may recommend a medicine or herbal remedies that may not be compatible with your prescription medicines.

Always check a therapist has appropriate qualifications and insurance to treat you. Osteopaths and chiropractors must be registered with their own regulatory bodies – General Osteopathic Council and General Chiropractic Council - in order to practise legally in the UK.

Other professions such as acupuncturists and herbal medicine practitioners have their own professional bodies but not a regulatory body. These bodies can apply to the Professional Standards Authority (PSA) to receive their Quality Mark and be accepted on the PSA Accredited Register. You can read about accreditation and check Registers online to find a local registered practitioner.

13 End of life care

Palliative care is care and support provided for people living with a terminal illness where a cure is no longer possible. It can help at any stage of an illness, not simply during the final months and weeks, and is now offered more widely, not only to people with cancer. It aims to address physical, emotional and spiritual needs, make life more comfortable and support your family before and after your death.

Developed by the hospice movement, palliative care skills are increasingly available outside a hospice environment for example in hospital or as part of care in your own home. Marie Curie Care has information to help people affected by a terminal illness.

<https://www.mariecurie.org.uk/help/support/terminal-illness>

End of Life care refers to NHS-provided care and support if you are likely to be in the last year of life, and offers support to your families or informal carers too. The focus should be on the quality of your life and death, rather than length of your life.

Choice about end of life care

Many people die in hospital yet most people say they would prefer to be cared for at home. If you are about to make such a decision, talk it over with your GP and seek thoughts of people you live with. Find out what you can expect as your illness progresses, what support is available from NHS staff to help you and your carers during the day and at night time. If you live alone, ask what 24-hour support would be available.

If diagnosed with an advanced, progressive, incurable illness, the NHS team caring for you should offer, or you can ask for, the opportunity to discuss your future care. This is often referred to as '**advance care planning**'. You can choose to involve your family or nominate someone else in the discussions. On one or over several meetings you can:

- discuss treatment options and likely progression of your illness
- express your thoughts, concerns, wishes and preferences, including where you would like to be cared for
- ask about support available locally to support you and family members.

Staff should record your wishes in an '*advance care plan*' or '*preferred priorities for care*' document and review it with you regularly. It informs health professionals and can be called upon if you are unable to express your wishes at any time. It is a '*live*' document and can be amended and added to at any time.

At the same time, you may want to think about making a Lasting Power of Attorney, advance statement or advance decision to refuse treatment. See factsheets 22, *Arranging for someone to make decisions on your behalf* and factsheet 72, *Advance decisions, advance statements and living wills*.

In some areas, there is an **Electronic Palliative Care Co-ordination System (EPaCCS)**. It holds care plans and end of life preferences of people with incurable or life-limiting illnesses. Out-of-hours doctors and paramedics can access it with your consent, so they can consider and meet your end of life choices and preferences where possible. Ask your GP if EPaCCS is available or planned for your area.

One Chance to get it right: improving peoples experience of care in the last few days and hours of life, is a report published following a review of the Liverpool Care Pathway. It identifies **five Priorities for care of the dying patient** that staff should follow when it is thought someone may die within the next few days or hours. Staff should ensure:

- 1 That if a patient may die in the next few days or hours, it is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
- 2 Sensitive communication takes place between staff and the dying person, and those identified as important to them.
- 3 The dying person and those identified as important to them are involved in decisions about treatment and care to the extent that the dying person wants.
- 4 The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
- 5 An individual plan of care, including food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

The report is available at www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations

Useful publications and websites on end of life care

- *'Planning for your future care'* explains the rationale behind advance care planning and things you might want to consider and discuss. You can download from the National Council of Palliative Care website at www.ncpc.org.uk/freedownloads
- *Ambitions for palliative and end of life care – a national framework for 2015 - 2020*, published by the National Palliative and End of Life Partnership, describes six ambitions the 27 partnership members, with a deep commitment to improving end of life care, would like to be achieved. You can read it at www.endoflifecareambitions.org.uk/
- National Institute for Health and Care Excellence (NICE) *Quality standard for end of life care for adults* NICE Quality Standard 13. Available at www.nice.org.uk/guidance/qs13

- VOICES - a national survey of bereaved relatives 2015 identifies their experiences on the quality of care delivered during the last three months of a loved ones' life. Available at www.gov.uk/government/statistics/national-survey-of-bereaved-people-voices-2015
- Dying Matters and its partner website 'Find me help' <http://findmehelp.org.uk/>
- Gold Standards Framework – an established training programme for front line staff to enable a gold standard of care for people in the last years of life. As care homes, community hospitals and GP practices can complete the training and apply for accreditation you may like to ask your GP practice or a care home you visit if they are accredited. You can find information at www.goldstandardsframework.org.uk/patients-amp-carers
- 'Before you go – planning and support for the end of life' information guide available from Age UK Advice or at www.ageuk.org.uk

14 Resolving problems and making a complaint

Each GP practice, pharmacy, opticians and dental surgery providing NHS services must follow the NHS complaints procedure. They must have a senior staff member responsible for resolving problems raised by patients.

If you can, try to raise concerns at the time with the member of staff, their manager or the person responsible for complaints handling. Some problems can be resolved informally in this way. If this does not resolve your complaint or you want to make a formal complaint, ask for a copy of their complaints procedure. This should tell you what to do.

If you feel uncomfortable making a complaint to the staff or organisation providing the service, raise it with organisation that commissions the service. NHS England is the commissioner of the services listed at the start of section 14.

In every area of England there is a free **NHS independent complaints advocacy service** commissioned by the local authority. It is available if you are thinking of making or want to make a complaint about NHS care or services.

Advocacy staff do not suggest any course of action but:

- help you think through exactly what you want to complain about and what you want to achieve by making the complaint
- help you write letters and prepare for meetings and if you wish
- arrange for an advocate to support you at meetings.

Contact your local Healthwatch for details of the local service.

For information about what should happen when you raise concerns or wish to make a formal complaint see factsheet 66, *Resolving problems and making complaints about the NHS* and factsheet 5, *Dental Care: NHS and private treatment*.

If your complaint is about services or care in hospital, there will be a hospital Patient Advice Liaison Service (PALS). They can try and help you informally or explain how to make a formal complaint.

15 Health and social care organisations

The following organisations were introduced by the *Health and Social Care Act 2012*. The Act applies in England only.

NHS England (also known as NHS Commissioning Board)

NHS England works to the Department of Health mandate and oversees delivery of NHS services. It is nationally accountable for achievements of NHS organisations and for continued improvement in the quality of treatment and care. It provides leadership and promotes co-operation between organisations as well as promoting competition and efficiencies.

Commissioning role of NHS England

Through its **four Regions**, NHS England is responsible for commissioning (buying):

- local GP services, dental services, opticians and pharmacy services
- all healthcare for prisoners and the armed forces
- specialised services for a range of conditions including rare conditions.

Clinical Commissioning Groups (CCGs)

Every GP practice must be a member of a CCG, which is made up of GPs from local practices, with representatives from other health professionals on their Board. There are 207 CCGs.

Commissioning role of CCGs

CCGs commission (buy) local services such as NHS 111, out-of-hours and emergency care, community services, hospital care, NHS continuing healthcare, mental health and learning disability services.

When commissioning, they must take account of the NHS Constitution, their local health and wellbeing strategy and take advice from bodies including their clinical networks and senates.

A number of CCGs have fully delegated responsibility for commissioning general practice, while others have joint commissioning responsibilities with NHS England. This arrangement has been found to help produce better integrated local primary care services.

Health and Wellbeing Board (HWB)

Each local authority (county and unitary authority) has an HWB. It plays a key role in commissioning local services by bringing together leaders of the local health and social care system (CCGs, local councillors, Director of Adult Social Care, Director of Public Health and local Healthwatch) to work in partnership and agree how to improve the health and wellbeing of their local population. HWBs can invite representatives from voluntary and community organisations to be members.

The HWB must prepare **joint strategic needs assessment** of the local population and then a **joint health and wellbeing strategy (JHWS)**.

These documents inform commissioning plans of the local CCG's and NHS England Regional Teams. The HWB scrutinises these plans to ensure they reflect needs identified in the JHWS, support joint working by health and social care services to the benefit of patients and lead to continuous improvement in the quality of care.

Clinical Senates

There are 12 multi-specialist Clinical Senates to help CCGs, HWBs and NHS England make the best decisions for their local population. Made up of doctors and professionals from health, public health and social care as well as patients and the public, they offer strategic advice, promote cross-speciality collaboration, innovation and service redesign.

Strategic Clinical Networks

These networks are centred on disease areas such as cancer, mental health and cardiovascular disease. They are made up of clinical experts in primary and secondary care, social care professionals and patients. Their focus is on improving care and using evidence-based practice to support innovation and increasing efficiency across the NHS.

Public Health England (PHE)

PHE is an executive agency of the Department of Health providing national leadership and expert services to support public health in England. It develops plans to protect the population from infectious diseases – ranging from influenza pandemics to terrorist attack.

It is responsible for reducing health inequalities, by enabling and supporting individuals and communities to improve their own health.

It commissions and delivers programmes to promote health and wellbeing and works with NHS, local government and other agencies to address wider determinants of health such as housing, transport and leisure services.

Public Health – local authority

Each local authority (LA), supported by its Director of Public Health, is responsible for local public health improvement and enacting PHE plans at a local level such as the Heatwave Plan. Directors of Public Health are statutory members of HWBs.

LAs must arrange a small number of mandatory services such as NHS health check assessments and at a local level, implement national plans to protect the health of the nation, for example against pandemic flu. The NHS works closely with LAs and retains responsibility for delivering specific public health services such as national screening programmes.

Healthwatch England

Healthwatch England is the national consumer champion created to gather and represent views of health and social care service users, members of the public and local Healthwatch. It aims to influence policy and service delivery through advising NHS England, local authorities, Care Quality Commission and Secretary of State for Health.

Local Healthwatch

There are 152 local Healthwatch bodies commissioned and funded by their county council or unitary authority. They gather views and experiences of users of health and social care services and carry out investigations of, and publish reports on, local services. Through their place on the HWB, they help ensure the views of patients and carers are taken seriously and are an integral part of local commissioning.

Local Healthwatch provides information, advice and support on local health and care services. In some areas it provides the local NHS independent complaints advocacy service, supporting people making or thinking about making a complaint about NHS services. If not providing the service, it can signpost to it. Contact Healthwatch England for contact details of your local Healthwatch.

Patient Advice and Liaison Service (PALS)

Each hospital Trust operates a PALS service. PALS staff can tell you about Trust services and are keen to hear from patients who wish to make complimentary comments or have concerns about their care.

Early intervention by PALS staff can help resolve problems before they become major issues. They can give details of the complaints process, local NHS independent complaints advocacy service and put you in contact with the complaints manager.

Useful organisations

Action on Hearing Loss

www.actiononhearingloss.org.uk

Telephone 0808 808 0123

Charity tackling hearing loss and providing information about specialist equipment and services for people who are deaf and hard of hearing.

Bowel screening programme

Telephone 0800 707 6060 (free call)

Call this number if you are over 70 and would like to request a bowel screening kit.

Care Opinion

www.careopinion.org.uk/

Telephone 0800 122 31 35

Enables the public to give feedback on their experience of NHS or social care services and the organisation to respond.

Carers Direct

www.nhs.uk/Conditions/social-care-and-support-guide/Pages/carers-direct-helpline.aspx

Telephone 0300 123 1053

Provides free and confidential advice for carers.

Carers UK

www.carersuk.org

Telephone 0808 808 7777

Provides information, advice and support to carers, has local support groups, and campaigns on carers' issues.

Care Quality Commission (CQC)

www.cqc.org.uk/content/help-advice

Telephone 03000 616161

Regulates and inspects hospitals, care homes, care agencies, GP and dental practices in England. It accepts comments from the public about the quality of services but does not investigate complaints.

Dying Matters

www.dyingmatters.org

Telephone 08000 21 44 66

Aims to help people talk more openly about dying, death and bereavement and make plans for the end of life. Provides information for professionals and the public and has a useful website offering postcode links to local services, information and a supportive online community.

Department of Health (DH) publications

www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

Telephone 0300 123 1002

When ordering, have the publication title and reference number to hand.

Hearing Link

www.hearinglink.org

Telephone 0300 111 1113

Charity for people with hearing loss and their families. It aims to give knowledge, skills and confidence to manage practical and emotional challenges hearing loss can bring.

Local Healthwatch

www.healthwatch.co.uk

Telephone 03000 68 3000

Each local authority has a Healthwatch body that offers information on local care services and may run or signpost to the local independent NHS complaints advocacy.

NHS Digital

<http://content.digital.nhs.uk/forthepublic/>

The national provider of high-quality information, data and IT systems for health and social care.

National Osteoporosis Society

www.nos.org.uk

Helpline 0808 800 0035

Provides information about osteoporosis, its prevention and support available for those with osteoporosis.

NHS Choices cancer screening

www.nhs.uk/Livewell/preventing-cancer/Pages/cancer-screening.aspx

Provides information on breast, cervical and bowel cancer screening.

NHS Choices

www.nhs.uk

Comprehensive online information service to help you find NHS services, identify how you can improve and make choices about your health and manage long term conditions.

NHS England

www.england.nhs.uk/contact-us/complaint/

Telephone 0300 311 22 33

Commissions GP, dentists, pharmacy and optical services. If you cannot access NHS Choices website, call them for details of local services.

Royal National Institute of Blind People (RNIB)

www.rnib.org.uk

Telephone 0303 123 9999

Shop by phone 0845 702 3153

Provide information and advice about sight problems and products or publications to support blind or partially sighted people.

Self Management UK

www.selfmanagementuk.org/

Telephone 0800 988 5560

Run courses to help people with long-term conditions maintain their health and improve their quality of life.

Yellow Card Scheme

www.yellowcard.mhra.gov.uk/

Yellow card hotline 0800 731 6789 (10am and 2pm on weekdays.)

Allow you to report unwanted side effects or reactions to prescription, non-prescription or herbal medicines; report counterfeit or fake medicines, defective medicines or problems with medical devices.

Health professional organisations

General Chiropractic Council (GCC)

www.gcc-uk.org

Telephone 020 7713 5155

Regulate the practice of UK chiropractors. Chiropractors must register with the GCC to practise. Use their website to find a local chiropractor.

General Osteopathic Council (GOC)

www.osteopathy.org.uk

Telephone 020 7357 6655

Regulate the practice of UK osteopathy. Osteopaths must register with the GOC in order to practise. Use their website to find a local osteopath.

Health and Care Professions Council

www.hpc-uk.org/

Telephone 0300 500 6184

Regulates and registers health, psychological and social work professionals, with register of those who meet their standards.

Professional Standards Authority

www.professionalstandards.org.uk

Telephone 020 7389 8030

Oversees statutory UK health and social care regulatory bodies and sets standards and accreditation for organisations with voluntary registers.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice or Age Cymru Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.org.uk

0800 022 3444

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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The evidence sources used to create this factsheet are available on request. Contact resources@ageuk.org.uk

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