

Patient Client Council

Written Evidence Submission to the Public Accounts Committee regarding Access to General Practice

21 February 2025

**Relating to oral evidence session of
27 February 2025**

Role of the Patient and Client Council

1. The Patient and Client Council (PCC) is a statutory corporate body established in 2009 to ***provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland***¹ through:

- Representing the interests of the public;
- Promoting the involvement of the public;
- Assisting people making, or intending to make, a complaint;
- Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services; and
- Undertaking research into the best methods and practices for consulting and engaging the public²

2. Paragraph 2.44 of the Framework Document summarises the constructive tension at the heart of the PCC's functions – balancing on the one hand, remaining independent to be able to exercise a challenge function on behalf of the public, whilst on the other hand retaining constructive relationships with the wider HSC, is critical in enabling the PCC to maintain influence and work on behalf of patients, clients, families and carers.

3. The PCC's effectiveness in fulfilling its' functions is partly dependent on building constructive and productive relationships and arrangements with service providers, the third sector and other statutory bodies who have powers to investigate and take enforcement action where there are problems with the quality and availability of health and social care services. The approach of establishing partnerships and building relationships with others can mean that the PCC is able to exercise a positive influence on the sector – albeit via ***soft skills*** such as mediation and collaboration rather than through hard statutory obligation. However, this approach requires a significant commitment of time

¹ Department of Health (2011) DHSSPS Framework Document [DHSSPS Framework Document - Approved version September 2011](#)

² Health and Social Care (Reform) Act (Northern Ireland) (2009)) [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009](#)

and resources for a small organisation like PCC and can take longer to reach a point when results are being achieved.

4. The PCC is a small Arm's-Length Body with an annual budget in 2024-2025 of £2.1m. £1.8m of this is recurrent funds, £0.3m is non-recurrent funds relating to inquiry related work. PCC employs 31 members of staff, excluding Council members.
5. The PCC has a Council made up of a Chair and Council Members, recruited from across Northern Ireland under the Public Appointments Process. It currently has 13 members³.
6. With a budget of £1.8m – equivalent to less than £1 for each member of the public in Northern Ireland that PCC is tasked to serve – it is a challenge to fulfil the statutory functions outlined above, across engagement and support, across the breadth of health and social care services. As such the PCC has to prioritise within this resource where it focuses its efforts to best support the population of Northern Ireland; combining delivering a service to individuals with trying to make a strategic impact; informing Department policy, as well as Department and HSC decisions on HSC structures and decisions on how, when and where services are delivered.
7. The PCC's ***Statement of Strategic Intent 2022-2025***,⁴ outlines the vision of the organisation which is for a Health and Social Care Service, actively shaped by the needs and experience of patients, clients, carers and communities.
8. In the long term we hope to see two big differences:

Strategic Objective One: Through our engagement and impact work, *the public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care.*

³ <https://pcc-ni.net/about-us/our-council/council-members/>

⁴ PCC (2022) Statement of Strategic Intent <https://pcc-ni.net/media/2llh3lkv/ssi-2022-2025.pdf>

Strategic Objective Two: Through our work in advocacy, engagement and impact, *the health and social care system responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.*

PCC Delivery Model

9. To fulfil our statutory obligations the PCC has developed delivery model focused on 4 key areas. These are PCC Connect, PCC Support, PCC Engage and PCC Impact. The model places an emphasis on relationship building; meeting people at their point of need and tailoring our support to each individual.
10. The majority of the focus of this report will cover PCC Support, which relates to our advocacy support for the public. Our model focuses on **relationship building** and a **partnership approach**, putting the voice of the person at the centre of our work. This approach uses **advocacy and mediation skills** on an individual and group basis, to enable us to *provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care in the most effective way.*
11. Our focus is on finding early resolution of issues. We do this through conversation, engagement and connection to appropriate services to meet immediate need. Our drive towards early resolution and a focus on restorative practice is reflected in **57%** of cases in 23-24 being resolved prior to formal complaint, an increase from 45% in 2022-23.
12. Where early resolution cannot be achieved, our advocacy and support carries through to individual and group advocacy casework under PCC Support. In some cases, this support and advocacy will progress to a formal complaint process. This can involve independent advocacy support in serious adverse incidents (SAIs) and Public Inquiries.
13. You can find out more about the PCC's full delivery Model at **Appendix 1.**
14. The PCC understands its role within the system of governance and assurance as providing the wider public, HSC Trusts and other service providers and the Department itself with ***information, insights and evidence gathered*** as part of discharging our statutory functions. This includes our role in providing advocacy

support, and advice on the best methods to engage with the public, and is primarily based on engagement with service users, patients, carers and families. It is within these parameters, and within this context, that the PCC offers the evidence contained in this briefing.

Insights from Advocacy Casework and Complaints Relating to General Practice

15. The data and insights in this section comes from the PCC Case Management System, which is used by our practitioners to record the details of the support they provide to members of the public to resolve their issue or provide support to make a formal complaint. Members of the public can get advice, information or casework support from PCC by calling our freephone line, sending an email, contacting via the website, social media, meeting PCC staff at our in-person walk-in 'clinics' at various locations across NI or by coming to a PCC office⁵. The data covers PCC 'cases' and 'contacts' during the period 1st January 2022 - 31st December 2024 and has been collated by calendar year.
16. A '**contact**' is defined as a call to the PCC freephone service where members of the public's issue or concern can be addressed by the provision of straightforward advice and information, signposting to another organisation, or the issue can be resolved swiftly, so that they don't need dedicated advocacy support. Our records for 'Contacts', understandably, do not hold as much information as those for 'Cases'.
17. PCC defines a '**case**' as an issue the public require advocacy support to address, in that it cannot be resolved through the provision of straightforward advice or information alone. As part of a 'case' a member of the public requires advocacy support from a member of the PCC practice team to assist them in resolving their issue or concern. A 'case' can encompass individual advocacy support that results in the early resolution of an issue, through to supporting a member of the public with the formal HSC complaints process, Serious Adverse Incidents and Public Inquiries. More complex or involved cases can require PCC

⁵ The geographical remit of the PCC is all of Northern Ireland, across the breadth of health and social care including Family Practitioner Services as well as the services provided or commissioned by HSC Trusts. The PCC has local offices in Belfast, Lurgan, Omagh and Ballymena.

support to be provided for months and, on occasions, years⁶. Matters involving safeguarding, concerns for safety or risk are escalated and addressed in the most appropriate way in accordance with PCC policies on safeguarding and raising concerns. PCC trained practitioners carry out a triage process to ensure that those who require advocacy support receive this in a timely way.

18. General Practice has remained in our top five Service Areas for members of the public raising issues and concerns with the PCC in the past three years.

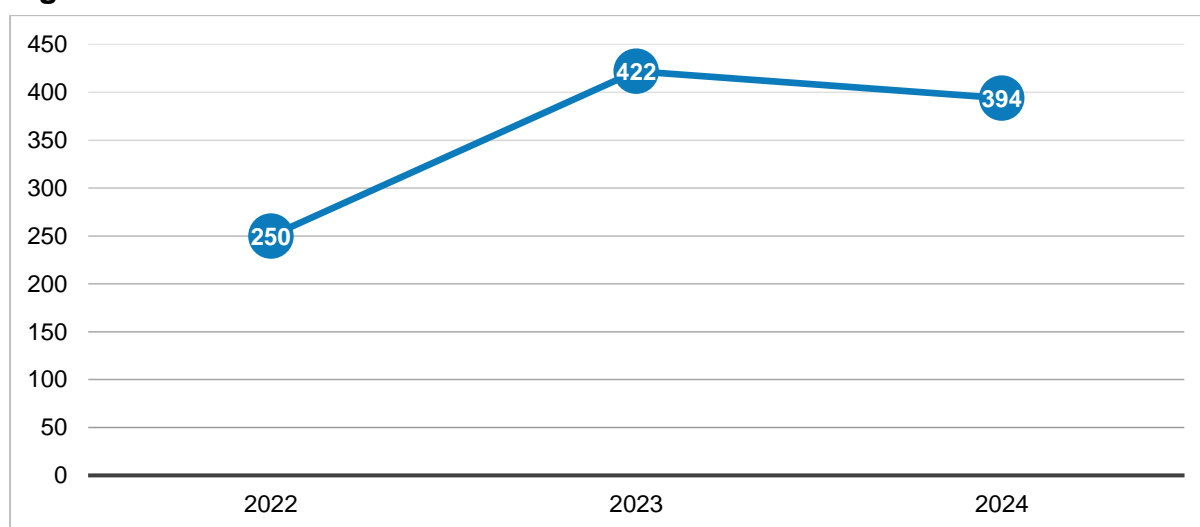
Figure 1 – Top 5 Service Areas of Concern for total new PCC cases - 2022-23 & 2023-24



⁶ The figures outlined in this report relate to new cases in each year identified and therefore do not reflect the total number of cases the PCC is working at any given time

19. As illustrated in Figure 2 below, between 2022 and 2023 there was an increase of **68%** of cases and contacts to the PCC in relation to GP services. This follows the overall trend of an increase in cases and contacts coming to the PCC during this period.⁷

Figure 2: New GP Cases and Contacts to the PCC between 2022-2024



20. DoH figures show an increase in the overall complaints received across the HSC in recent years. The number of complaints received by the Strategic Planning and Performance Group (SPPG), relating to General Practice, has, however, decreased. Between 2019/20 and 2023/24, the number of complaints made against Family Practitioner Services - GPs in Northern Ireland decreased by 16.6% (32), from 193 to 161.⁸

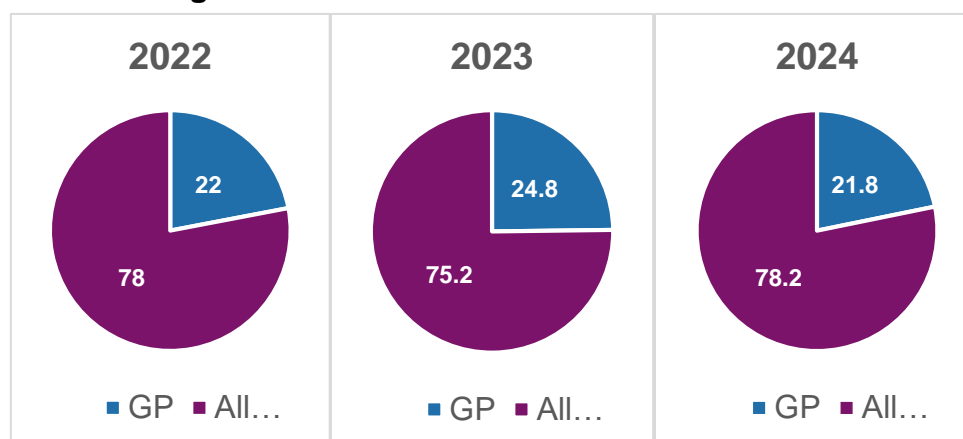
21. In contrast, PCC cases and contacts relating to GPs as a proportion of PCC's overall workload has remained relatively constant. GP cases and contacts have on average amounted to 23% of PCC's overall cases and contacts between 2022 and 2024, as illustrated in Figure 3 below. This is however, in the context of an overall trend of an increase in PCC cases and contacts over this period.⁹

⁷ In 2022 PCC had 1,125 cases and contacts, in 2023 it was 1,702 and in 2024 it was 1,810.

⁸ Department of Health, NISRA (2024) Complaints and Compliments Received by HSC Trusts (2023/24) [Complaints and Compliments](#)

⁹ In 2024 PCC had 1,810 cases, in 2023 1,702 cases and in 2022 1,125.

Figure 3: Percentage of PCC Cases and Contacts 2022-24 which relate to GPs



22. As shown in Table 1 below, the majority of PCC engagements with the public relating to GPs are classed as contacts.

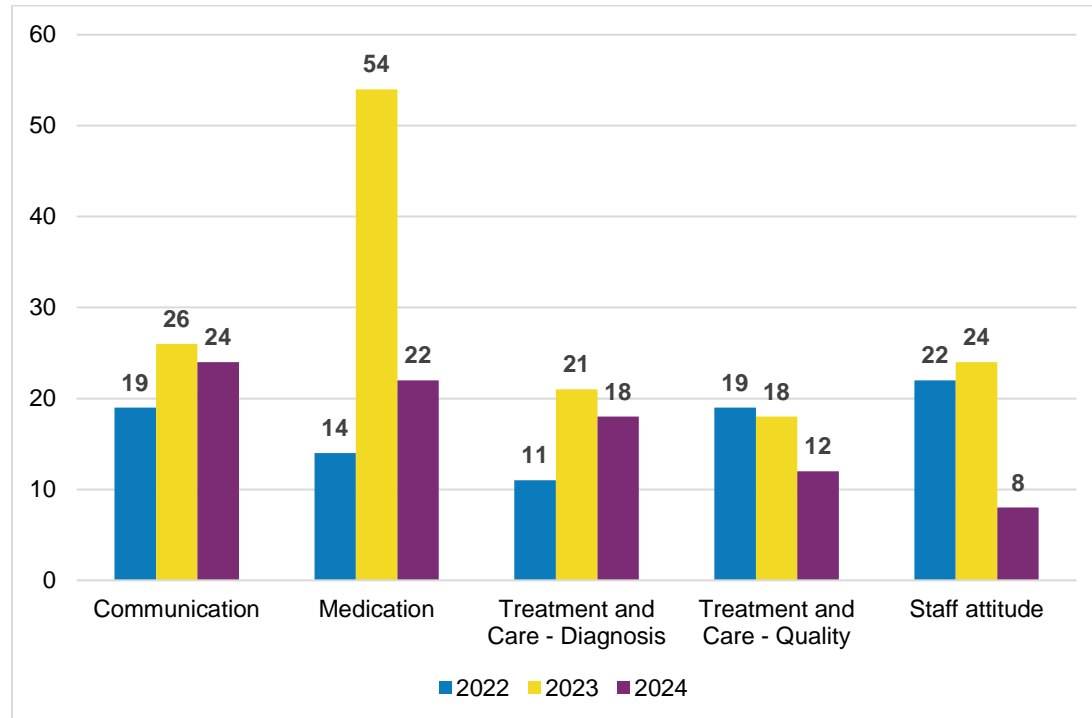
Table 1: Breakdown of GP Cases and Contacts to PCC in 2022-2024

GP Cases and Contacts 2022-24				All PCC Cases and Contacts ¹⁰
Year	Type	Contacts	Cases	
2022	Advice and Information	156	-	504
	Advocacy Support	-	62	347
	Formal Complaint	-	30	257
	SAI	-	-	17
	Total	156	92	1,125
2023	Advice and Information	246	-	913
	Advocacy Support	-	118	395
	Formal Complaint	-	58	368
	SAI	-	-	26
	Total	246	176	1,702
2024	Advice and Information	300	-	1,175
	Advocacy Support	-	69	328
	Formal Complaint	-	23	285
	SAI	-	2	22
	Total	300	94	1,810
Total 2022-24		702	362	4,637

¹⁰ Includes GP cases and contacts 2022-24 in total.

Top areas of concern – PCC Cases related to General Practice

Figure 4: Top areas of concern – GP Cases



23. The following summarises the nature of the concerns falling under each category.

24. **Communication:** Cases categorised as communication concerned issues with the person feeling that their GP was not listening to their concerns about their condition and a lack of information about their condition from their GP. Some spoke about issues with contacting the Practice, such as the removal of the “call back” system from the GP Practice. One person described an issue of being unable to email their Practice despite having a pre-arranged agreement to use emails.

25. **Medication:** Those who raised issues with medication reported it was being refused, reduced or stopped, whilst others said they had delays in prescriptions being provided. There was a spike in medication cases in 2023 due to changes associated with DoH’s endorsement of NICE guidelines¹¹ “*Medicines associated*

¹¹ NICE (2022) Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults [Overview | Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults | Guidance | NICE](#)

with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care".^{12,13} Many of these cases involved people who are in prison. People who contacted PCC were concerned about not being able to access these medicines anymore and about moving to other medicines.

26. Treatment and Care – Diagnosis: These cases included issues with people being unhappy with the diagnosis their GP had provided, being concerned they had been given an incorrect diagnosis, or being unable to get a diagnosis from their GP.

27. Treatment and Care – Quality: These cases involved concerns that the treatment and care people received was below the standard of care they would expect from their GP service. Cases included Practices not performing routine tests such as blood pressure and bloods samples, GPs not providing vaccinations, and dissatisfaction with the GP's assessment and treatment of a condition. Many of these people mentioned being frustrated by being unable to access an appointment with a GP, mainly due to issues with telephone systems and appointments being booked up quickly. People who contacted PCC reported having trouble accessing an appointment i.e. calling numerous times and not getting through or spending a long time waiting to get through, only to be told there are no appointments left.

28. Staff Attitude: In these cases, people had issues with how they felt GPs and Practice staff had interacted with them. These included not being treated or spoken to in a positive or professional manner and feeling that staff had not listened to them. Cases concerned GPs but also other practice staff including reception staff and nurses. One person reported they were told *'if you are not happy with the service you can go to another GP'* by the Practice Manager when they raised a query about their medication.

¹² Department of Health (2022) Circular HSC (SQSD) (NICE NG215) 21/22 Subject: NICE Clinical Guideline NG215 - Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults [Microsoft Word - Circular HSC \(SQSD\) \(NICE NG215\) 21 22 - Medicines associated with dependence or withdrawal symptoms safe prescribing and withdrawal management for adults](#)

¹³ This was endorsed in July 2022 and HSC services had 12 months to implement, therefore we see the spike in 2023.

Top areas of concern – PCC Contacts related to General Practice

29. As outlined in paragraph 16, the data and information we hold in relation to contacts is more limited due to the more immediate nature of support provided by the PCC at point of contact. To assist the Committee, we have however carried out a scoping analysis of the quantitative and qualitative information we hold in relation to contacts concerning GPs and have made the following assessment. Between 2022 - 2024 the top three areas of concern in relation to contacts have been:

- Access to appointments,
- Advice and information relating to complaints;
- And access to members of the public's medical records

30. Other areas of concern which have consistently been raised during contacts include registration with GP practices and issues relating to people's diagnosis. Further information on these areas is outlined below to illustrate the nature of concerns with which people have contacted the PCC.

31. **Access to appointments:** The overwhelming majority of these Contacts relate to issues with getting a GP appointment through the phone booking system. People spoke about the difficulty of placing dozens or even hundreds of calls, and queuing for more than an hour on phonelines, exacerbating the anxiety already experienced when seeking to speak to a GP regarding their health. Many people express dismay that despite these efforts, they are told appointments are gone when they do get through.

32. These contacts not only focused on GPs but on other practice staff too including reception staff. Whilst many calls relate to being unable to access GP surgeries in the first instance, these calls overlap with other areas of concern such as medication, treatment, staff attitude, onward referrals and diagnosis, amongst others.

33. There have been several calls where people report being denied access to services due to conflict with surgery staff, which can lead to discharge from the GP surgery. This then creates another access issue as people report having difficulty finding a new surgery with which to register. People who contact PCC with this issue report being aware of zero tolerance policies but have often

disputed the blame for conflict, instead citing the stress of trying to navigate GP services, treatment, medication etc. An example provided is a person who contacted PCC reporting that they were denied their appointment due to being '2 minutes' late following difficulty parking, and staff accused the client of being 'cheeky'. However, the person felt that staff were 'cheeky' to them. In other instances, having discussed the case with PCC practitioners, persons contacting PCC have apologised to GP staff for getting angry under the circumstances.

34. A further example is a person who contacted PCC reporting that they work irregular shifts and require bloods to be taken for anaemia. They reported trying to book for bloods to be taken directly, but were told this can only be arranged by speaking to the GP first. However, when they did get through, after multiple attempts over a time period of an hour or more, they were told all the slots are gone and to try again tomorrow.
35. There are small, but increasing numbers of contacts relating to people who lack English as a first language. One example is a lead family member who works during the day and therefore cannot support family members who do not speak English when the GP phones them. Other issues include difficulties in navigating processes around accessing GP services whilst claiming asylum or awaiting renewal of work VISA.
36. People also report difficulties regarding call backs from GP surgeries. If an approximate time for the call is not given, it can result in the call being missed due to work or other commitments. Examples of such scenarios include onward referrals of private treatment, discussing results or providing information relating to fitness to work or driving licences for examples. In at least one instance, a red flag referral for breast screening was not made as agreed.
37. Access to a GP solely for the purpose of prescription renewals are also cited. One example is a person in chronic pain who has been prescribed medications to manage this, but they can't access the GP to do so despite ringing "every morning over 100 times".
38. Other contacts relate to timely access around mental health and ADHD or Autism needs. As an example, one person reported having difficulty communicating their needs with the GP due to the environment impacting upon their autism.

39. **Complaints:** People in these Contacts generally wanted advice and information about raising issues and making a formal complaint to their GP Practice. PCC Practitioners talked through the Contacts issue and gave them advice on navigating the complaints process, including writing letters of complaint and sending further information to them.
40. **Medical records:** Contacts had issues with accessing their medical records when requested or were looking information on how to access their records. Other people said information on their medical records was incorrect or incomplete and they wanted their GP to change them.
41. **Registration:** These Contacts concerned issues with people getting registered with a GP. Those contacting PCC stated they had difficulties getting registered or were unable to register with a new GP resulting in issues with accessing healthcare.
42. **Treatment and Care – Diagnosis:** These Contacts, like Cases with this issue, contacted the PCC looking advice regarding a potential misdiagnosis and being unable to get a diagnosis from their GP.

Insights from Patient Experience Relating to General Practice

43. The Online User Feedback Service, Care Opinion, was launched in Northern Ireland on 03 August 2020 providing an opportunity for service users, families and carers to share feedback on their experiences of any service within Health and Social Care in Northern Ireland (HSCNI). Commissioned by the Department of Health, Care Opinion enables feedback which is open and transparent, supporting services to engage with the voice of service users, families and carers through a two-way feedback mechanism. The Care Opinion platform supports feedback to be shared safely as all stories are independently moderated prior to publication on the website www.careopinion.org.uk. Care Opinion is built upon the concept of “what’s your story” and supports the author to highlight what matters most to them using their own words.
44. Care Opinion is administered by the Public Health Agency (PHA). The PCC has no role in administering Care Opinion, however in line with PCC’s role to represent the interests of the public and to assist the Committee, the PCC

reached out to the Regional Lead for the Patient Client Experience Programme to understand what information Care Opinion holds in relation to General Practice, ahead of providing evidence to the Public Accounts Committee. They shared with us a number of draft reports and we have integrated some of the information from these reports below, to augment the insights from the information PCC holds, with insights from this broader patient experience source. All the examples and quotes provided below are already in the public domain on the Care Opinion website. Any figures which have been used are with the permission of Patient Client Experience.

45. A total of **68** stories have been shared on Care Opinion which relates to Primary Care from 01 April 2023 until 31 March 2024. The majority of stories (n=42, **62%**) have been assigned a “not critical” score which indicates a **wholly positive experience**. A unique function of the Care Opinion platform is to support a two-way feedback mechanism between the author of the story and services to which the feedback relates. It is our understanding, however, that this is not currently an active process within Primary Care in Northern Ireland and therefore no story relating to Primary Care receives a response.

Examples of positive patient experience stories

46. **Professionalism** - “... *The attention and care I received today was first rate. Dr F was so understanding and helpful at my GP surgery appointment today. Her leadership with a medical student was professional and attentive and every step of my treatment care was coordinated effectively. I felt such a sense of relief after having been listened to, guided and given new medication to make me better...*”
[GP attention | Care Opinion](#)
47. **Efficiency** - “... *My son had chicken pox. I called our GP and had a very prompt call back and appointment made. Went in that afternoon and was prescribed oral abx. Unfortunately he was not able to tolerate these as he was vomiting. The next day I called back and was seen within 30mins of call back. Abx were changed but again he couldn't tolerate these. He was promptly referred to the Acorn centre at AAH...*” [Such a great service | Care Opinion](#)
48. **Advice** - “... *I rang the surgery recently within the contact guidelines; ... I requested a call back about 08:40. Shortly after 09:00 Dr G rang me. By his very active, focused listening and a couple of specific questions he gave a diagnosis: a very nasty little virus! It needed urgent attention; commencement of specific*

medication. It is important to note here this medical emergency can sometimes quickly change into another medical emergency and before ending our call Dr G was very clear: if the condition changed suddenly – he detailed the change as directed I took myself immediately to A&E. Unfortunately, his caveat did indeed, a day or so later, happen to me...” [My experience of needing urgent healthcare | Care Opinion](#)

Areas for Improvement

49. In 2023-24 areas for improvement tagged through stories of patient experience on Care Opinion included communication, Staff Attitude, Appointments, Long Waits and Customer Care¹⁴. These are similar to issues raised by people contacting PCC. All examples are available on the Care Opinion website and a link has been provided.

Access

50. **Telephone System** - “... Recently I rang the health centre seeking an appointment. I started phoning from 8.30 a.m. and immediately heard the recorded message which indicated that all telephone appointment for that day were taken and to phone back tomorrow...Prior to the above I walked to the surgery to make an appointment and was told by the receptionist that I wasn’t allowed to do that anymore but, on this occasion, they would make a telephone appointment for me...I shudder to think how elderly/unwell patients navigate this nightmare system in order to be seen by a GP and I am quite sure that serious illnesses are being missed...” [Long wait for services | Care Opinion](#)

51. “... I appreciate GP practices can be busy at times but I can never get through on the phone. It seems to be 90% of the time on an answering machine saying to call the next day or their message box is full...” [Not getting through on the phone | Care Opinion](#)

¹⁴ Care Opinion, PHA (2024) Primary Care-General Practice Summary of feedback on Care Opinion platform 01 April 2023 – 31 March 2024 [Draft Report].

52. Availability of appointments *“... I attempted to contact the GP on a number of days but had been told that today’s triage was full and that I would have to call again on the following day at 8.30 a.m. this was the case on several occasions and there was no option to make a routine appointment in the future. This is not always appropriate as I work full time and do not have the capacity to contact the surgery at exactly 8.30 a.m. and wait in long unnecessary queues caused by the hysteria to make the daily triage... I informed the GP that I had booked a private audiologist because of the issues I had been facing... The audiologist advised that my hearing was severely impaired there was excess fluid in my ear drum ...I am wholly disappointed in my treatment and ability to access the GP and feel, like so many, the service provision needs to be reviewed, I have since left this practice...”* [Poor GP service | Care Opinion](#)

53. *“... I had a nasty fall in my home in January 2022, breaking some ribs. I required hospitalisation for six days. On my discharge I was given a fortnight's supply of the medication. When the fortnight was up I couldn't get a prescription signed - no doctor available. My daughter rang at the end of the week to check with a doctor - the receptionist would speak to me later which they did. I was prescribed morphine tablets. I was asked if I could ring in a fortnight and let them know how I was getting on. I tried a few times but when I got through the receptionist said there were no slots available even though the doctor had asked me to ring. They said she would put me on the list which never happened. I just gave up and decided to write a letter to my own GP. I attached it to my repeat prescription and another GP rang me a week and a day later and said they had come across my letter last evening. They apologised and said that the doctor concerned had had a bereavement, but there are 4 others in the practice. Question is asked - "what could be better" - GP service, I know things are bad at present time. But we are human beings and need to be treated as such. I don't know whether or not they realize how sore broken ribs are? It is impossible to get an appointment so one just gives up. GP surgeries are the stumbling block...”* [I had a nasty fall in my home | Care Opinion](#)

Attitude and Behaviours

54. Empathy for Service Users - "...My friend is sending this story on my behalf-I attended my GP last week. When I arrived, I needed to check in on a screen but I didn't understand how to do it. I asked the receptionist and they said it was not their job. They did not help me. I just sat down. It may not be obvious but I need help with things like this. I have had a brain injury and I can't process these things. I never want to go back there. She made me feel unimportant and gave me no support..." [Not supported | Care Opinion](#)

Continuity of care

55. Registration - "...I was wrongfully de-registered from GP and NHS for over 3 years without even being told about it - I had no GP, no valid Health and Care Number and no entitlement to NHS treatment - I only found out about this when the local Hospital was going to bill me for all appointments and treatments. I don't have the words to describe the absolute anger, fear, anxiety and real inconvenience this has caused! [Wrongfully de-registered without being informed | Care Opinion](#)

56. Referral processes - "...I rang the health centre with severe ear pain explaining I had already tried pharmacy and dental options last week. I was advised to contact Specsavers or F hearing clinic as GPs no longer deal with ears and that if there was infection these people could also prescribe an antibiotic. I expressed concern about this but was advised there was no GP option. I contacted Specsavers and they advised they can only check for wax and do not prescribe antibiotics. Out of kindness they agreed to check my ear but explained they are experiencing this type of contact signposted by health centres and this is not appropriate as they only provide microsuction and hearing tests. They advised they could prescribe an antibiotic and advised to go back to the GP..." [Accessing GP support for ear pain | Care Opinion](#)

Appendix 1

PCC Delivery Model

A new practice model, introduced in response to the outcome of the 2019 review, updated and re-designed how the PCC provide support to the public across three core functions; advocacy, engagement and policy impact and influence, see diagram below.



PCC Connect

PCC Connect is about connecting the right person, at the right time, to the right information. Our **PCC Connect Freephone service**, often the first point of entry to the PCC, is the foundation of PCC Support; beginning with the provision of advice and information to the public.

PCC Connect also captures the initial stages of PCC Engage structures; particularly our **Membership Scheme** and our '**Make Change Together**' involvement methodology, which seeks to ensure the public can access involvement opportunities with us, across the HSC and beyond. This is supported by working in partnership with external stakeholders through a '**network of networks**' approach and the development of '**positive passporting**'.

PCC Support

PCC Support is our advocacy and support model.

Our advocacy and support model focus on **relationship building** and a **partnership approach**, putting the voice of the person at the centre of our work. This approach uses **advocacy and mediation skills** on an individual and group basis, to enable us to *provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care in the most effective way.*

PCC advocacy and support begins with the first point of entry to the PCC, which can often involve the provision of **advice and information to the public** over the phone or via email. PCC contact details are widely available across a number of different sources including the NI Direct website (the official government website for Northern Ireland citizens), within the HSCNI Complaints Procedure; within complaints literature shared by each of the HSC Trusts who signpost complainants to PCC for independent support; on the PCC website; on social media platforms; and in literature shared by PCC.

Our focus is on seeking **early resolution of issues** through facilitated conversations with parties involved in a particular case. This can include a wide range of other service providers, HSC bodies and individual professionals. Our advocacy and support can include signposting and 'positive passporting' as noted above.

Where immediate early resolution cannot be achieved PCC advocacy and support carries through to **individual and group advocacy casework**. The formal complaints process can be onerous and difficult for members of the public. Therefore, the PCC focus is on assisting members of the public to achieve a resolution to their complaint where possible without invoking the formal aspects of the complaints process.

In some cases, this support and advocacy will however progress to a formal complaint process. The PCC also provides independent advocacy support in relation to serious adverse incidents (SAIs) and Public Inquiries.

PCC Engage

The objective of the PCC is to provide a powerful, independent voice for patients, clients carers and communities on health and social care issues through the exercise of its functions. PCC's new practice model provides the best method of facilitating the conversations, having their voice heard and building relationships between service users, patients, carers and families and the system which serves them. To meet this objective, PCC designed and created a ***theme-based engagement platform*** model of practice. Themed engagement platforms provide members of the public with a forum for engagement on specific areas of work and connect them with the Department and with representatives across health and social care and voluntary and community sectors. This is critical in fulfilling our statutory functions of ***promoting the involvement of the public and representing their interests.***

An Engagement Platform is a space to bring together a group of people, with a common theme or interest and ***lived experience***, to work together and make change in health and social care. Engagement Platforms allow participants to communicate their experiences and thoughts, related to a policy programme, with the PCC, as well as being able to share their views directly with decision-makers in health and social care. Engagement Platforms are a significant opportunity for decision makers in health and social care to have meaningful input from experts by experience, in service areas under review, development and reform.

Running alongside our engagement and involvement structures is the continuum of ***advocacy and support*** that the PCC offer in meeting our core statutory function of providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care.

Engagement Platforms can also provide the opportunity for participants to raise their individual issues and concerns with the PCC directly whilst engaging in ongoing theme-based work. This may be in the course of a participation event itself and as part of group discussions. Online technology allows the PCC team to place a participant into a separate virtual room, during these discussions, where they can, in private or on a one-to-one basis, seek advice and discuss concerns with PCC staff. It can also happen after a session or event has concluded when PCC staff are approached by an attendee to raise an issue or complaint they have. In both cases, PCC staff would offer the individual support and advocacy to assist to address the issue they have raised during engagement.

In line with our statutory function to *undertake research into the best methods and practices for consulting and engaging the public*, PCC continues to develop our

engagement structures, working alongside the public and our partners, and building on the learning from previous years.

PCC Impact

PCC Impact focuses on measuring and demonstrating the impact of our work, and communicating this externally. Through PCC Impact we seek to bring change on an individual, collective and systems level. PCC has a critical role in securing a '**seat at the table**' for the public. The goal is to connect the evidence gathered through PCC advocacy and engagement work under PCC Connect, Engage and Support to influence change. Under PCC Impact, the aim is to ensure a focus on the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care.

The PCC policy advocacy role is the process of negotiating and mediating a dialogue through which influential networks, opinion leaders, and ultimately, decision makers take ownership of the ideas, evidence, and proposals, presented by PCC on behalf of the public and subsequently act upon them.

The PCC's approach today is that it will contribute to and seek to influence policy and service developments by the Department and HSC bodies. The PCC will do so by attending and contributing to groups and meetings established to take forward such work; by engaging with service users and members of the public to seek their views; and by submitting evidence. This evidence is based on what those engaging with PCC tell us as well as the practice experience of our staff who provide advocacy and support to the public.