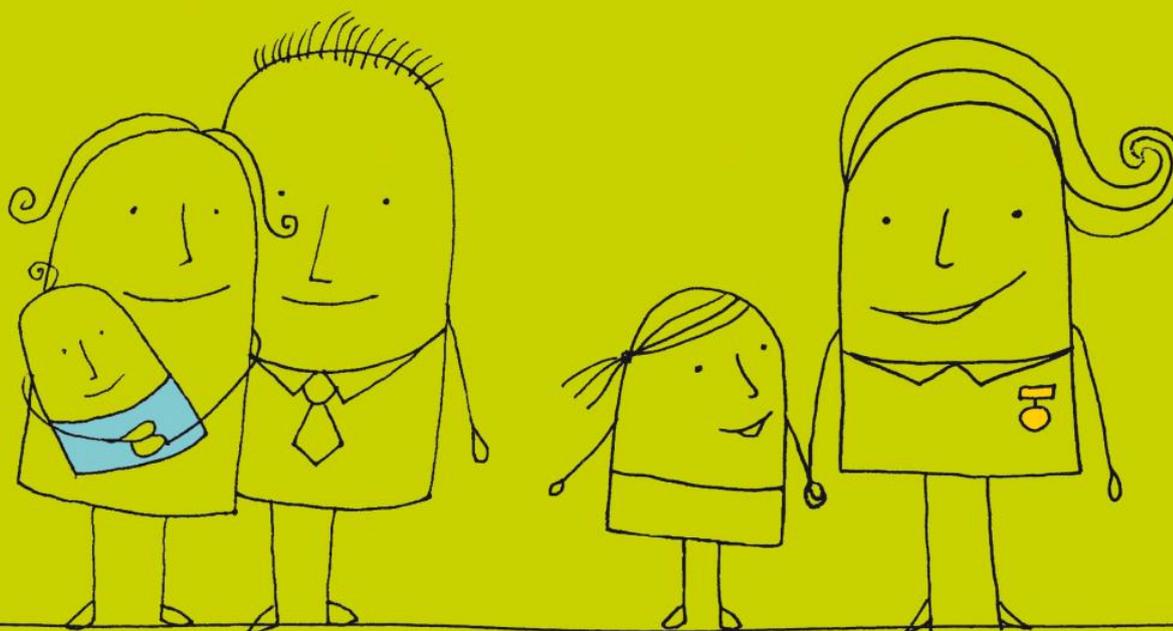


Patient and Client Council

Quality Report 2018/19



Foreword

In 2011, the former Department of Health and Social Services and Public Safety (DHSSPS) launched the Quality 2020: A 10 Year Strategy to “Protect and Improve Quality in Health and Social Care in Northern Ireland”. As an integral part of health and social care in Northern Ireland the Patient and Client Council has a commitment to the Quality 2020 strategy:

- in its own activities; and
- ensuring the patient voice is heard within health and social care.

This report demonstrates the Patient and Client Council (PCC) commitment to Quality 2020 and its mainstreaming into its work. However it should be noted that the PCC is neither a commissioner nor provider of health and social care services.



Vivian McConvey
Chief Executive
The Patient and Client Council

July 2019

Introduction

The Patient and Client Council (PCC) was established on 1st April 2009.

Our purpose is to be an influential and independent voice that makes a positive difference to the health and social care experience of people across Northern Ireland.

The PCC has four main statutory duties. They are:

- To represent the interests of the public by engaging with them to obtain their views on services and engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- To provide assistance to individuals making or intending to make a complaint relating to health and social care;
- To promote the provision of advice and information by Health and Social Care organisations to the public about the design, commissioning and delivery of health and social care services.

As part of the Health and Social Care Framework for Northern Ireland, the PCC seeks to support the Department of Health (DoH) overall duty to promote an integrated system of health and social care designed to improve the health and social well-being of the people of Northern Ireland. The PCC seeks to do this by providing a powerful, independent voice for patients, clients, carers, and communities on health and social care issues.

All Health and Social Care (HSC) bodies must co-operate with the PCC in the exercise of its functions. This means that HSC bodies must consult the PCC on matters relevant to its role and must furnish the PCC with the information necessary for the discharge of its functions. Furthermore, HSC bodies must have regard to advice provided by the PCC about best methods and practices for consulting and involving the public in health and social care matters.

The PCC's relationship with the other HSC bodies is therefore characterised by, on the one hand, its independence from HSC bodies in representing the interests and promoting the involvement of the public in health and social care and, on the other, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to efficiently and effectively discharge its statutory functions on behalf of patients, clients and carers. The PCC's functions do not include a duty to consult on behalf of the HSC. Each HSC body is required to put in place its own arrangements for engagement and consultation.

Quality 2020

The objective of Quality 2020 is to protect and improve quality in health and social care services in Northern Ireland. Within the strategy there is a clear imperative to remain committed to continuous improvement and to maintain high standards of excellence.

Quality 2020 defines quality under three main headings:

Safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them;

Effectiveness – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time in the right place, with the best outcome; and

Patient and Client Focus – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The strategy identifies a number of **design principles** that should inform planners and practitioners of services. A high quality service should:

- be holistic in nature;
- focus on the needs of individuals, families and communities;
- be accessible, responsive, integrated, flexible and innovative;
- surmount real and perceived boundaries;
- promote wellbeing and disease prevention and safeguard the vulnerable;
- operate to high standards of safety, professionalism and accountability;
- be informed by the active involvement of individuals, families and communities, HSC staff and voluntary and community sectors; and
- deliver value for money ensuring that all services are affordable, efficient and cost-effective.

The strategy also outlines a number of values for all health and social care organisations in planning and delivery of services. Namely:

- Empowerment;
- Involvement;
- Respect;
- Partnership;
- Learning;
- Community;
- Continuity and Equity;
- Equality.

The strategic goals of Quality 2020 set out under these design principles and values are:

- 1. Transforming the Culture** - This means creating a new and dynamic culture that is even more willing to embrace change, innovation and new thinking that can contribute to a safer and more effective service. It will require strong leadership, widespread involvement and partnership-working by everyone.
- 2. Strengthening the Workforce** - Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is vital therefore that every effort is made to equip them with the skills and knowledge they will require, building on existing and emerging HR strategies, to deliver the highest quality.
- 3. Measuring the Improvement** - The delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care. In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes.
- 4. Raising the Standards** - The service requires a coherent framework of robust and meaningful standards against which performance can be assessed. These already exist in some parts, but much more needs to be done, particularly involving service users, carers and families in the development, monitoring and reviewing of standards.
- 5. Integrating the Care** - Northern Ireland offers excellent opportunities to provide fully integrated services because of the organisational structure that combines health and social care and the relatively small population that it serves. However, integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.

This report sets out how the PCC has reflected the Quality 2020 strategy under these goals.

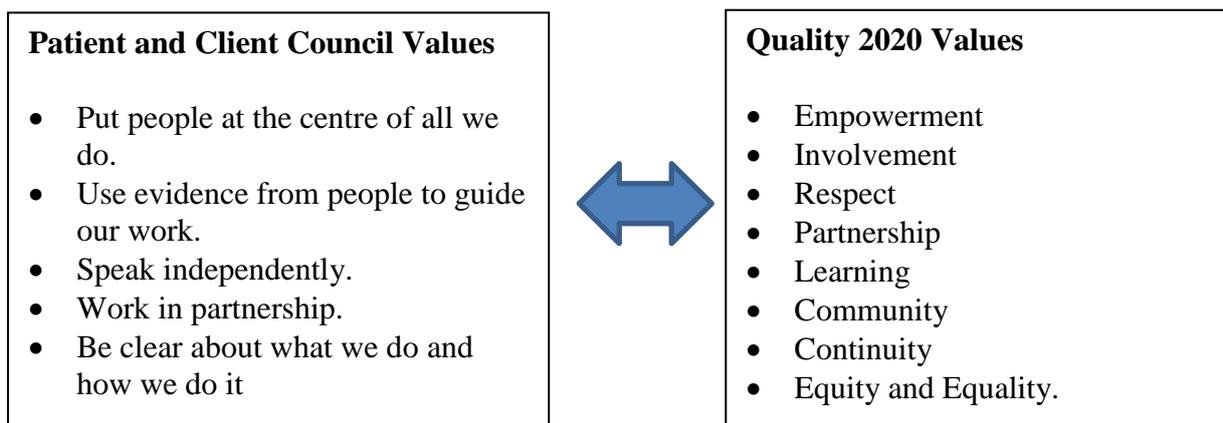
1) Transforming the Culture

Quality 2020 aim: *We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.*

The Quality 2020 strategy seeks to protect and improve the quality of health and social care services for people in Northern Ireland. The PCC has embraced the Quality 2020 in its work and seeks to be open, honest, transparent and client focussed in all it does; and to ensure that the voices of patients and clients are given due regard by service providers and policy makers.

Quality within the PCC

The PCC Corporate Plan as approved by the Council, has a set of values which reflect and indeed read across directly to the values of Quality 2020. A comparison of the values is shown below;



The PCC seeks to provide a quality service in all it does by adhering to these values. The PCC follows a values culture in its operations and its recruitment processes.

Corporate Plan

The PCC seeks to maintain a focus on quality through its Governance arrangements. The Council receives regular reports on the activities of the PCC and scrutinises the outputs (including quality) from agreed objectives. These objectives are based on the five corporate Goals of the PCC. The Goals for the period of this report were;

- a. The Patient and Client Council represents the interests of the public;
- b. The Patient and Client Council promotes involvement of the public in health and social care;
- c. The Patient and Client Council provides assistance to individuals making or intending to make a complaint relating to health and social care;

- d. The Patient and Client Council promotes the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care; and
- e. The Patient and Client Council is an effective organisation.

This scrutiny and oversight on the achievement of these Goals is based on the annual Business Plan. Annually the PCC sets out what it will seek to achieve in the coming twelve months in a Business Plan. The Plan is approved by the DoH and the Council and its contents are quality assured by reference to;

- What people have told the PCC in the previous year;
- The views of the Council;
- The views of the Bamford Monitoring Group;
- The views of DoH policy leads;
- The views of the PCC Sponsor Branch, the Nursing, Midwifery and AHP Directorate;
- The views of staff; and
- The statutory functions of the PCC.

In line with public sector strategy, the PCC's Corporate Plan aligns with the NI Executive's Programme for Government (PfG) using an outcomes based approach to its work and activities. The Plan shows how the PCC will work towards achieving the Department of Health PfG outcome:

“We enjoy long, healthy and active lives”

The Business Plan

The Business Plan sets out objectives which demonstrate how the PCC will deliver on discreet projects, gathering the views of the public on health and social care services, and on core services such as its complaints support service. The messages promoted by the PCC are firmly grounded in an evidence base of views expressed by the public.

The Business Plan sets out clear deliverables and dates for completion of its projects to gather people's views on health and social care services. Each project is detailed in a Business Brief which is approved by the Senior Management Team and, where appropriate, scrutinised by the Research Committee. The Committee is made up of Council Members, Senior Management and the PCC Research Manager (as well as others including past Board members who may be co-opted onto this Committee). The Committee scrutinises a project to ensure the plan and methodology proposed is appropriate and the information gathered will meet the project requirements.

The Council oversees the delivery of the Business Plan by *monitoring performance* against objectives at each meeting. This monitoring includes ensuring that the quality of the work, as exemplified by its reports, meets the standards expected. Complementing this scrutiny, the

PCC monitors how its work resonates through the health and social care system, particularly in the annual Health and Social Care Commissioning Plan for Northern Ireland. The PCC uses a Performance Report, as recommended by Internal Audit, which not only includes performance against operation and financial objectives but also provides an environmental scan on key health and social care issues, to inform Council decision making.

The PCC has delivered on all its approved Business Plan objectives for the year 2018/19 apart from objective 1.1a, a project to seek people's views on how to progress the findings in the report, 'Power to People' including social isolation and the funding of domiciliary care. This objective is carried forward into the 2019/20 business plan as progress on the implementation of this major reform of policy led by the Department of Health that has been slower than anticipated.

Annually the Council receives and considers this report on the PCC's commitment and activities surrounding Quality with specific regard to Quality 2020, annually.

The Council itself is fully committed to quality in its activities. The Council undertakes a formal, annual, self-assessment of its performance to reflect on how it can improve its effectiveness.

The Risk Register was brought to the Council for approval in June 2018, September 2018, October 2018, December 2018, January 2019 and March 2019. The Governance and Audit Committee reviewed the Corporate Risk Register, prior to it being submitted to the Board. Due to the unprecedented change amongst both Board Members and staff in 2018/19, the Governance and Audit Committee recognised the significant loss of corporate memory for the PCC.

Board and Governance and Audit Committee scrutiny also included a workshop which included discussion on the risk associated with non-compliance with the framework regulations which establishes the size and composition of the Council.

For the year ended 31 March 2019, the Head of Internal Audit provided satisfactory assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

In 2017/18 the Department of Health announced that Controls Assurances (CAS), in their current format, would cease to operate as of the 1 April 2018. The Small Agency Group of Arms Lengths Bodies, which the PCC belongs to has been liaising with the DoH throughout 2018/19 about what will replace the CAS. Until the new model of assurance is known, the PCC continues to comply with existing arrangements. The Governance and Audit Committee agreed there was adequate internal governance assurance, through the review and scrutiny of key documents such as the Governance Plan, Assurance Statement and the annual Governance Statement from the Chief Executive on internal controls in the organisation. These Statements were therefore recommended to the Council for approval.

Engaging with the public

The PCC has a policy setting out clearly how it will engage with people and discover their views. The policy is called “Working Together” (previously titled: “Involving You”). Based on our experience of working with patients, service users, carers and communities (people) and listening closely to what they have told us, we seek to ensure the following principles underpin all our work:

- *The six principles of co-production recommended by the Department of Health ‘Co-production, “A Guide to Delivering Transformational Change Together”, August 2018;*
- *Value 2 - People will be involved in ways that are accessible;*
- *Value 3 - People will be kept informed;*
- *Value 4 - Involving people will make a positive difference; and*
- *Value 5 - In partnership with you we will continually review what we do.*

In 2018/19 that engagement included attending numerous events to listen to people and gather their views on health and social care and engaging with its Membership Scheme, members now numbering some 13,497 members.

Throughout 2018/19, the PCC

- Spoke directly to approximately 3,600 to hear their views on health and social care services;
- Heard from 2,279 people who contributed to our published reports and
- Responded formally to 8 health and social care consultations.

Health and Wellbeing 2026: Delivering Together

The Minister for Health introduced “Health and Wellbeing 2026: Delivering Together” in October 2016. This provides a vision for how health and social care services will be reshaped and delivered in the future.

Fundamental to the success of the vision contained within “Delivering Together” a commitment for the Health and Social Care system to re-organise how it does things in partnership with those who use the service and those who work in it. This is being realised by the Health and Social Care through Co-Production. The former Chief Executive has led the PCC’s involvement in helping the system to develop a clear understanding of the concept of Co-Production and its value in designing and producing quality services; and the current Council and Chief Executive are fully committed to further developing this work.

Staff and Council members from the Patient and Client Council participated in a regional Future Search event – January 2018. The objective of this event was to create the conditions for the ‘whole system’ to be in the room to discuss and determine how best to work together to:

- put citizens at the centre of health and social care delivery;
- embody our values of co-production;
- ascertain a common agenda; and
- identify the way forward to make this happen.

As the statutory voice for the public on health and social care issues, the PCC will continue to promote and support the patient voice in these developments. We have committed to be active stakeholder in the Partnership Network, the forum tasked to take this work forward.

Health and Wellbeing 2026 challenged the service to set out the initial design work for an Improvement Institute. The former Chief Executive has led on the PCC’s input to this and we look forward to seeing the output and implementation of the ideas in 2018/19.

CO-PRODUCTION GUIDE

The drive towards Partnership Working using PPI and co-production approaches places people and HSC staff at the centre of health and social care services design and delivery. It connects people and enables them to influence the commissioning, planning, delivery and evaluation of services in ways that are meaningful to them.

TRANSFORMATION ACROSS HSC

With a view to establishing effective transformation across Health and Social Care, the PCC were awarded transformation funds to take forward initiatives:

A) CREATING LEADERS

The PCC agreed to support the Department of Health in forming a number of Local Health and Social Care Panels. In 2018/19, the PCC brought forward the concept of regional recruitment to a panel of people who would be interested in being involved in strategic developments in the HSC including Transformation. This need was identified by the Regional PPI Forum. To take this forward in 2019/20, a media campaign, ‘Make Change Together’, has been developed in conjunction with the Forum and PCC members to raise public awareness and interest in decision making on key areas of HSC.

Personal and Public Involvement (PPI) is a statutory requirement set out in sections 19 & 20 of the HSC (Reform) Act (NI) 2009. The launch of the Co-production Guide, by the DoH in 2018, sets a new vision and practice model for how all HSC organisations should embrace

involvement. There is a strong emphasise on the need to not only connect but to realise “Value through People”. The guide sets an ambitious mandate and outlines the key steps required for the adoption and implementation of coproduction across all HSC organisations. It represents an opportunity to co-ordinate and integrate all work undertaken through PPI, patient experience, service user feedback, peer networks, expert patients, peer advocacy, public consultation and community development, into an integrated approach. It places people at the centre of decision making and aims to connect people together in representative networks so that they can meaningfully influence, shape and participate as real partners.

This initiative aligns with the HSC Collective Leadership Strategy which was launched on 18th October 2017. The need for collective leadership has never been more important and will be a key enabler in transforming our health and social care system. Implementation of the strategy can help improve the health and wellbeing of the people of Northern Ireland by harnessing our strengths and working collaboratively and effectively across traditional boundaries as one system.

Collective leadership consists of four key components:

- Leadership being the responsibility of all;
- Shared leadership in and across teams;
- Interdependent and collaborative system leadership; and
- Compassionate leadership.

B) PCC MEMBERSHIP SCHEME

A review was undertaken in 2017/18 by the Innovation Lab and the Democratic Society and a training exercise to develop member’s capacity, knowledge and skills to have their voice heard on HSC matters was piloted last year. Training events will be delivered by the Involvement Team across each Trust area for members.

A successful bid of £50,000 awarded in August 2018 has been used to commission the development of a digital solution including an improved website and an on-line engagement portal for the PCC. This will facilitate the ongoing development of the PCC’s Membership Scheme and promote the active engagement of the public in health and social care issues.

Membership scheme development is now being taken forward as part of a transformation portfolio at the PCC. It has evolved to support both transformation priorities at Department of Health and in response to citizen appetite.

2) Strengthening the workforce

Quality 2020 aim: *We will provide the right education, training and support to deliver high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.*

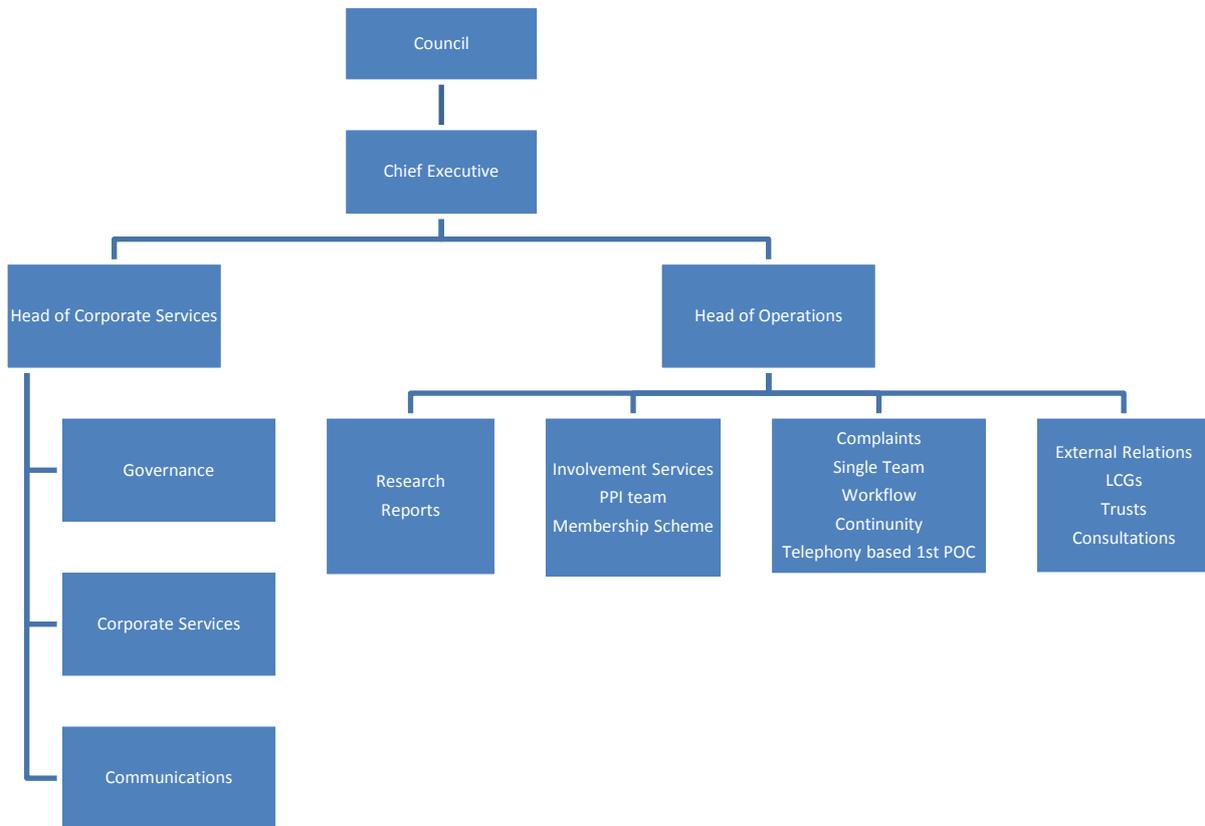
The PCC's most valuable resource is its staff and we strive to allow our staff to deliver the best job they can. It must be recognised that this reporting period, the PCC has encountered an exceptional year with regard to staffing matters. In 2018/19 the Chief Executive and Head of Operations resigned from their posts, and the Chair completed her maximum (10 year) tenure. The permanent replacement of Head of Development and Corporate Services (vacant from September 2017) commenced in February 2019. This significant loss of corporate memory reiterates the need for effective succession planning. Other challenges regarding staffing included, staff resignations at all levels, the back filling of posts at all management levels, sickness, absenteeism and required usage of agency staff in key areas of business.

Support for staff in their work and development improves the quality of what they do. In realising this we have taken a number of steps to ensure such support is in place for staff, including:

- A staff appraisal system which sets clear objectives under the corporate goals approved by the Council. This allows all staff to see how they contribute directly to the vision for the organisation Appraisal meetings allow feedback to staff on their performance and an opportunity to celebrate good performance;
- A counselling and occupational health service to help staff if they feel they need specialist support and advice to remain in work and manage their health and well-being.

The PCC operates under a flat functional structure as set out below.

Organisational Structure



Developing teamwork

- Functional teams work in partnership on Business Plan projects allowing a synergy in how people work together, with staff learning from the expertise of others. E.g. the Research team helping Personal and Public Involvement officers to understand the principles of effective research and hence improve their engagement with service users, clients and carers.
- Personal and Public Involvement Officers collate and share contact details to the Complaints Support Officers, of those who express dissatisfaction with the care and/or services they have received.
- Staff commitment to their organisation and team can be measured in a number of ways.
 - The 2018/19 HSC staff survey showed that compared to the rest of HSC, motivation levels for PCC staff were lower; however, the PCC scored highest when staff were asked:
 - if they were proud to say they work as part of the HSC and
 - if they looked forward to going to work.

- The year-end the Patient and Client Council sickness absence rate over the year was 5.63% against target of 2.63% (2.65% in 2017/18). Staff across the organisation completed a series of training courses across the year. In particular PCC Complaints Support Officers undertook training which leads to the BTEC Level 5 Professional Award in Complaints Handling and Investigations.

Demonstrating senior management commitment to quality and reinforcing an inspiring vision of the work of the organisation

- The Head of Operations continued to work directly with clients alongside Complaints Support Officers in helping to have their concerns about health and social care heard; and
- Staff engagement in developing the Business Plan and the approach to delivering on projects, encouraging and allowing for innovation.
- The Senior Management Team hosted three all staff sessions to share the work of the PCC, gather any staff input to the Business Plan and respond to any staff concerns. Staff also contribute to the programme of planned team days.

Effective communication

The Patient and Client Council endeavoured to keep its staff informed on all aspects of its organisation's work, including its annual Business Plan, performance against objectives and policy developments through e-mail communications, team meetings and the sharing of Updates magazine/ezine.

The whole staff team meet regularly and team days are an important to enable sharing information, discussing developments and celebrating achievements together.

Innovative working

Since its inception the PCC has sought to be innovative in what it does and how it works. Our staff work across a number of sites but we have fully embraced an agile working concept in how we approach what we do, fully in line with Northern Ireland Civil Service Reform future@work and DoH policy.

Staff have been given the tools to work anywhere across Northern Ireland to enable them to realise the PCC's commitment to meet people wherever they live and work.

A task and finish group, (made up of staff across the various PCC departments) was set up in 2018/19 to review current working patterns. Revised guidance was issued to staff on a trial basis and this work will continue into 2019/20.

The Patient and Client Council reviewed its "complaints, comments and compliments" procedures in 2018/19. Staff were given a chance to contribute to the revised process which was piloted for a month before full implementation.

The PCC always seeks to improve how it manages what it does and takes a positive “no blame” approach to its work. We also follow the Health and Social Care Complaints Process if anyone is unhappy in their experience with us and wishes to make a complaint. The PCC received two complaints about its services in the course of the year. Complaints are a valuable way to learn how to improve services. The PCC takes all feedback very seriously and is constantly reviewing the service it offers to improve the experience of our clients. Based on this feedback the PCC revised its project work flow procedure, this included a greater emphasis on staff responsibilities. All complaints are reviewed by the Chief Executive.

Training

Whilst the PCC has a strong commitment to training and developing its staff this element of work has been impacted by a reduced budget. In 2018/19 the PCC devoted £ 18,600 to training courses for staff – a reduction of approximately £8,000 (30%) on the year previous.

All PCC staff have access to e-learning training on Quality 2020 – to date 23 staff have taken Level 1 training in the Quality 2020 Attributes Framework.

All staff have access to the e-learning platform which allows staff to develop skills and knowledge at a pace they are happy with. In 2017/18 a new e-learning matrix was shared with staff to help manage completion of all the mandatory training on a timely basis. This is now being used by managers to monitor training uptake of staff.

All complaints staff are now committed to an accredited City and Guilds advocacy course and completed a Bond Solon training in Complaints Investigation and Handling in March 2019.

3) Measuring the improvement

Quality 2020 aim: *We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively*

Representing views of the public

A core function of the PCC is to ensure that the needs and expectations of the public are represented in the planning, commissioning and delivery of health and social care services. Since the organisation is not part of the direct decision making process on services this can be challenging and the quality and reliability of what we produce to inform decision-makers is essential. The annual Business Plan sets out a number of discreet objectives and projects to be achieved in the year. The delivery of these projects is monitored and their associated reports are approved by the Council. The PCC also monitors how this work is subsequently taken up

by the health and social care system and where it has made a difference. A new online resource is being developed by the Research Team where a number of past pieces of PCC work have been reviewed to determine how our work has a difference, titled, 'You said, we did.' It is envisaged this will form of the new PCC web site, to be launched in 2019/20.

PCC Complaints Support Service

In the year 1st April 2017 to 31st March 2018, 716 people were supported by the complaints support service for a formal complaint or issue/concern. In addition to this, 667 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires.

For most people who made a complaint the outcome they sought was an apology, an explanation and an assurance of change so that others do not have the same experience as them.

The PCC provides clients with a range of support services including information, advice, assistance with drafting correspondence, advocacy support at meetings and follow-up, preparation of cases, including submissions to the Ombudsman and other regulatory bodies.

Whilst there is a high degree of satisfaction with the service, the Complaints Support team continually seeks to understand the reason for people being dissatisfied with the service and put in place steps to improve the system or the complaints officers' skill sets. In 2018/19 the following actions were taken to improve the service;

- Key Performance Indicators for the service are in place and monitored; and
- Internal Audit carried out a review of the complaints services. A number of recommendations are being taken forward by management.

4) Raising the standards

Quality 2020 aim: *We will establish a framework of a clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review*

The PCC's activities are aimed at making a difference for people and improving the patient experience. The PCC's work is firmly evidenced based, rooted in the views it gathers from people. As part of the follow up on its work, the PCC can demonstrate specific examples which exemplify the commitment to quality improvement through effective partnership working. These successes were documented in the PCC's **The People's Voice** report which was produced in 2017/18, showing positive outcomes for patients, clients and carers over a seven year period.

Independent Inquiry into Hyponatraemia Related deaths: The PCC is active participating in the Hyponatraemia Implementation Programme. The PCC is represented on the overall Programme Board as well as on the work streams dealing with Serious Adverse Incidents; Duty of Candour, and Being Open sub group, Advocacy and Patient Experience and Inquest and Litigation sub groups.

5) Integrating the care

Quality 2020 aim: *We will develop integrated pathways of care for individuals. We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external providers.*

Within the HSC framework the PCC provides an “independent voice” for patients, clients and carers. All views expressed by the PCC and its officers are firmly grounded in an evidence base of the people it has spoken. The PCC shares these views to promote a more integrated approach to health care. The PCC does this through:

- Publication and dissemination of formal reports;
- Active press and social media promotion; and
- Contributing to HSC groups and forums on developing services. In 2018/19 this included representing patient views at many groups and committees in order to bring a patient perspective, these included: The Miscarriage Regional Forum, Regional Nutrition Steering Group, Stroke Forums, ME/Fibro groups and a Endometriosis Steering group. In addition to this, meetings with key external stakeholders for health and social care such as locally elected representatives, professional bodies, the community and voluntary sector and independent service providers were held.

The PCC also recognises that service users and carers, who sit on HSC groups or forums often require confidence and skills to have their voice heard. In 2017/18 the PCC piloted capacity building training for PCC members to support them to influence HSC decisions. The evaluation of this exercise was very positive and following a review of the presentation content, this initiative was rolled out wider in 2018/19. Training events (insert number) were delivered by the Involvement Team across Trust areas for members and local groups.

www.patientclientcouncil.hscni.net

Remember you can contact us by

Telephone

0800 917 0222

Email

info.pcc@hscni.net

Post

FREEPOST
PATIENT CLIENT COUNCIL

Follow us on



[/PatientAndClientCouncil](https://www.facebook.com/PatientAndClientCouncil)



[@PatientClient](https://twitter.com/PatientClient)

This report is available in other formats on request