

Reference: FOI.ICB-2526/378

Subject: Primary Care Service Provider Complaints

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
<p>1. The total number of complaints received by the ICB from patients about primary care service providers in the years 2023, 2024 and 2025.</p>	<p>Total number of primary care service provider complaints – including GP, dental, pharmacy, optometry and out of hours:</p> <p>01/01/23 – 31/12/23: 382 complaints received 01/01/24 – 31/12/24: 622 complaints received 01/01/25 – 31/12/25: 668 complaints received</p>
<p>2. The total number of complaints about primary care service providers investigated by the ICB under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 in the years 2023, 2024 and 2025</p>	<p>From the numbers above the ICB investigated:</p> <p>01/01/23 – 31/12/23: 282 Cases 01/01/24 – 31/12/24: 330 cases 01/01/25 – 31/12/25: 309 cases</p>
<p>3. The total number of complaints to the ICB about primary care service providers in the years 2023, 2024 and 2025 when the ICB rejected the complaint on the grounds that the service provider had already carried out a investigation under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Please make clear whether the numbers provided in response to this request are included or not in the answers to request 2.</p>	<p>In order to provide the information requested the ICB would need to conduct a case-by-case review of where the ICB did not investigate the concerns raised to establish the reasons why, this could have been for a number of reasons, including that the provider has already investigated the concerns raised. The ICB has calculated that this would take over 18 hours of staff time to extract the requested information from the files and therefore has applied Section 12 (The cost of compliance exceeds the appropriate limit of</p>

<p>4. The number of the complaints identified in request 3 above in which the complainant reported that they had not been informed by the primary care service provider that they could make their complaint to either the primary care service provider or the ICB, but not both and/or had no right of appeal to the ICB.</p>	<p>18 hours). In this case the ICB has determined that it would take 5 minutes to review each case of which there are 751, which would take a minimum of 60 hours.</p>
<p>5. When the ICB rejects complaints on the grounds that the complaints have already been investigate by the primary care service provider, is it the ICB's practice to ask patients whether the primary care service provider informed patients of their right to make their complaint to the ICB?</p>	<p>No, this is not something the ICB routinely asks.</p>
<p>6. In overseeing that primary care service providers have robust processes in place to manage complaints and concerns does the ICB</p> <ul style="list-style-type: none"> • check the websites of primary care service providers for information about the complaints procedures • examine the complaints procedure documents of primary care service providers • ensure that there are complaints leaflets in the waiting rooms of primary care service providers • ensure that there are posters on the walls of waiting rooms of primary care service providers informing them of their right to complaint and how to do this • take any other steps to oversee service providers management of complaints. If so please state what they are. • give any advice to primary care service providers as to what they have to do to ensure that their 	<p>The Customer Services team, met with GP practices within BNSSG in 2025 to provide training on the NHS Complaints process, what information is available to patients on their websites and within the practice. The ICB works with One Care to ensure robust procedures are in place to manage complaints and concerns. One Care provides policies and templates to GP Practices and Primary Care Networks (PCNs) to support these processes.</p> <p>Please find enclosed a copy of the training PowerPoint presentation, as well as some further information that was provided to the practices.</p> <p>During complaint reviews, the ICB Primary Care Contracting Team checks whether practices are meeting their GMS (General Medical Services)/PMS (Personal Medical Services)/APMS (Alternative</p>

<p>management of complaints is robust. Please provide a copy of one such document or communication.</p>	<p>Provider Medical Services) contractual obligations. They may review practice websites to ensure complaints information is available.</p> <p>The team does not routinely:</p> <ul style="list-style-type: none"> • Examine leaflets or posters • Review complaints procedures documents unless concerns have been raised <p>The team does offer advice to practices on how their responses could be improved e.g. structured chronologically, ensuring all points in the complaint have been addressed, appropriate use of language and acronyms.</p> <p>Data from the national K041b complaints data collection is discussed, alongside local ICB complaints data to inform contract management discussions/actions.</p>
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The information provided in this response is accurate as of 16 February 2026 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.



Managing Complaints In BNSSG

[Redacted] Customer Service Support Manager

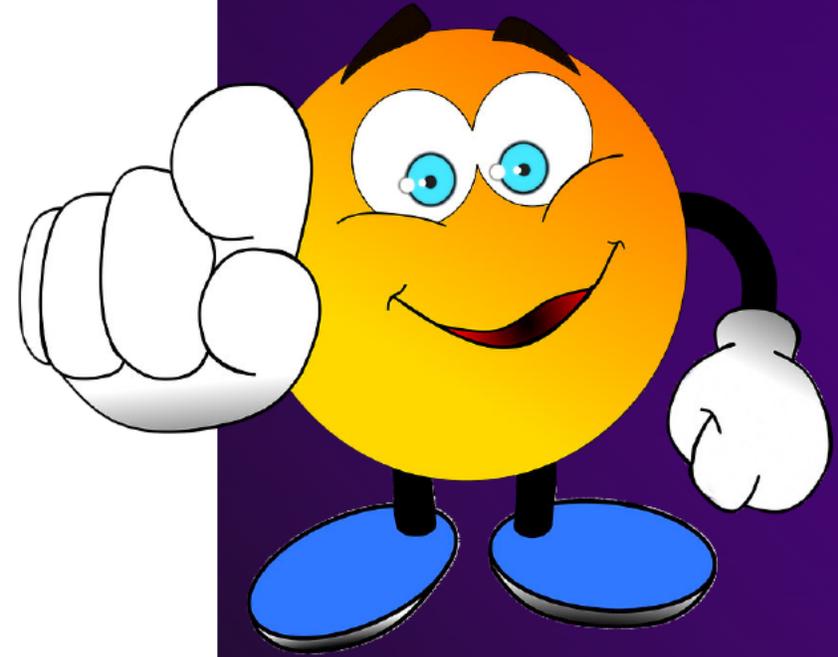
Introductions – about us

- Customer Service Team
- Who are we?
- How we can support you
- How you can contact us:
 - Bnssg.customerservice@nhs.net
 - 0117 9002655



Introductions – about you

- Who are you?
- What is your role?
- Do you have any experience dealing with complaints?
- What would you like to get from this training session?



Purpose of this session

We hope that this session will give you a greater understanding of..

- The role of the Practice when handling complaints
- The role of the ICB
- The role of the Southwest Regional HUB
- The role of the Parliamentary and Health Service Ombudsman
- Information that should be available to patients/members of the public within the practice
- The NHS Complaints Procedure (2009)

Role of the ICB

- To work collaboratively with Practices to ensure that patients/members of the public receive the best possible service.
- Enables key stakeholders to contribute to a complaint investigation
- Share learning from complaints to improve services within BNSSG for our population



Our 1 million population is served by...

BNSSG health and care system by numbers			
	Around 50,000 health and care staff		3 local authorities
	76 GP surgeries, 1 GP Federation and 1 GP Collaborative		64 dental practices and 1 dental committee
	1 community provider		171 pharmacies and 1 pharmacy committee
	101 opticians and 1 optometry committee		1000s of voluntary, community and social enterprise organisations
	278 care homes		1 mental health trust
	2 acute hospitals (across 14 sites)		20 primary care networks
	1 integrated care board		1 ambulance trust
	1 academic health science centre		1 Healthwatch
	6 locality partnerships		56 children's centres

ICB AIMS

Integrated Care Systems are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

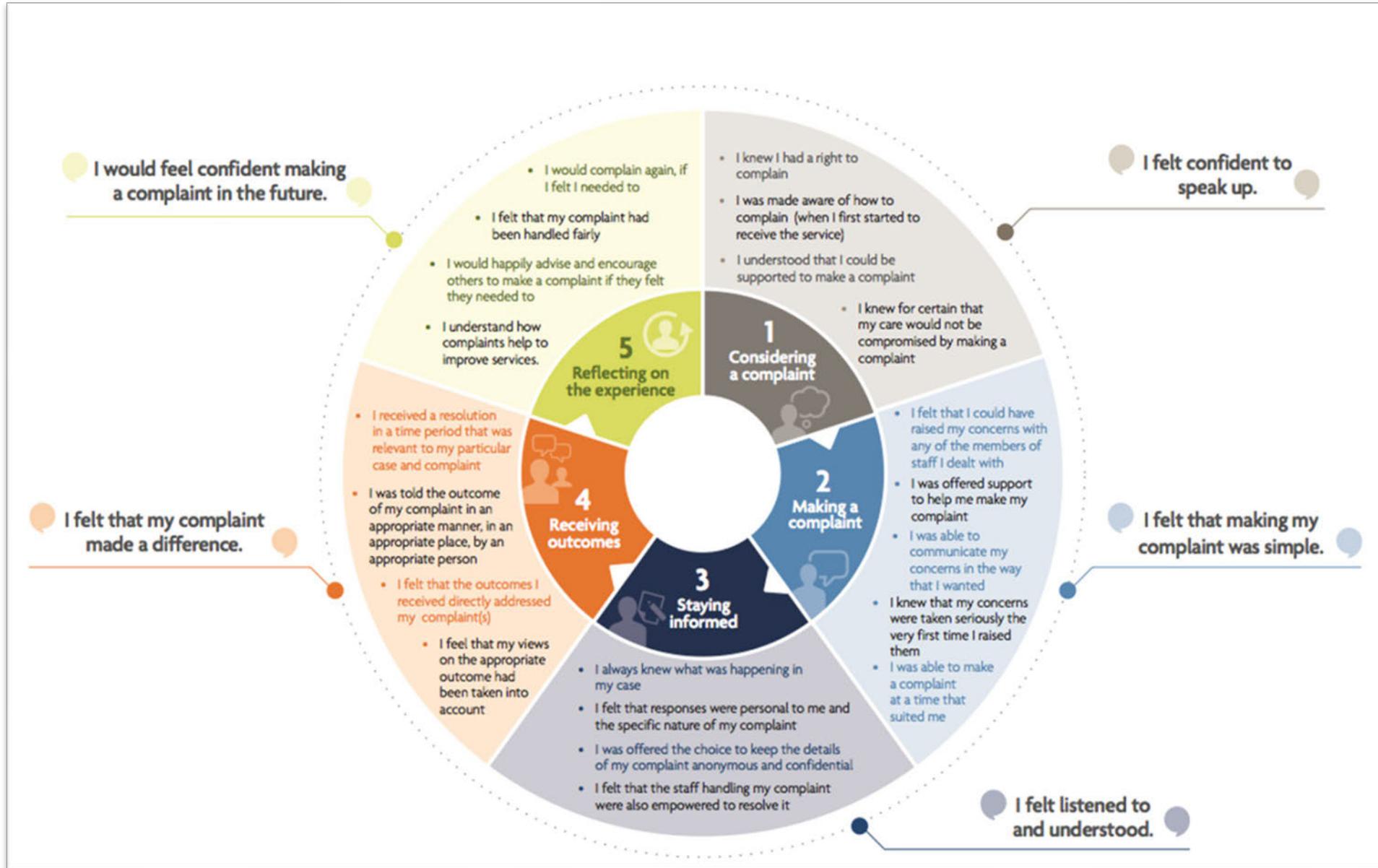


Tell us how you manage complaints

- Face to Face
- Over the telephone
- In writing – via email/letter



A user-led vision for raising concerns and complaints



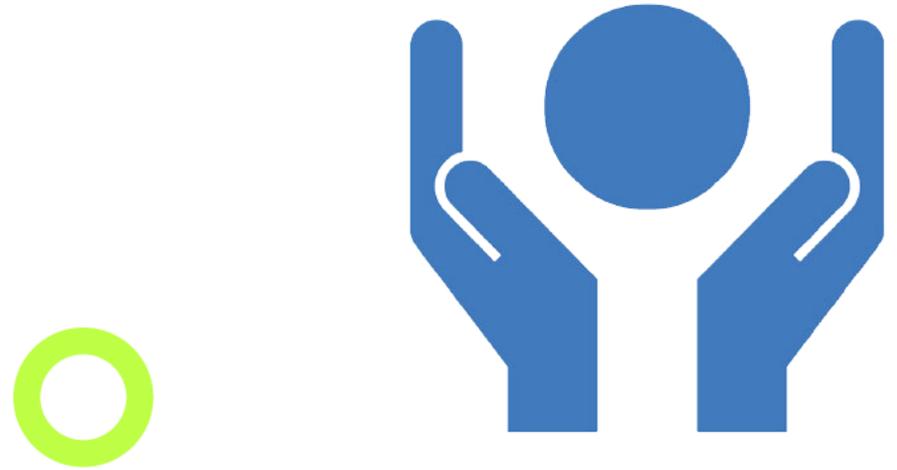
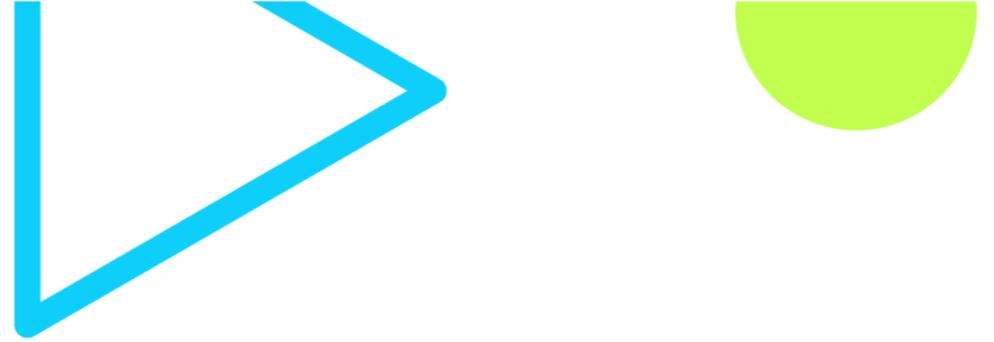


Handling Complaints

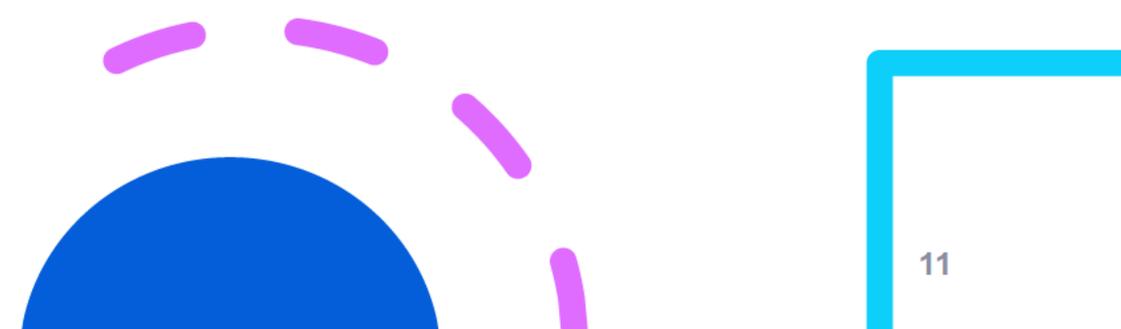
- * Where possible, try and resolve complaints when they arise informally
- Have a clear complaints process easily available for patients/members of the public, which should include:
 - Online and paper complaints/feedback form
 - Details of advocacy services available to support patients
 - Obtaining consent – reasons why this is required, forms should be available to complete
 - Timescales involved
 - Dissatisfied process
 - Role of the Parliamentary and Health Service Ombudsman
 - Keeping an accurate separate record of informal and formal complaints – complaints received/respond to should not be stored on a patient's medical records.

Handling Complaints cont..

- Things to consider..
- Do you need to raise an incident or safeguarding referral?
- Do not make promises that you cannot keep
- Keep the complainant informed during the investigation
- Who needs to provide input into the investigation
- Do you need support during the investigation – do not be afraid to ask for help



SAFEGUARDING





Exercise



Break into groups:



Review the complaint,



What questions does the complainant have?



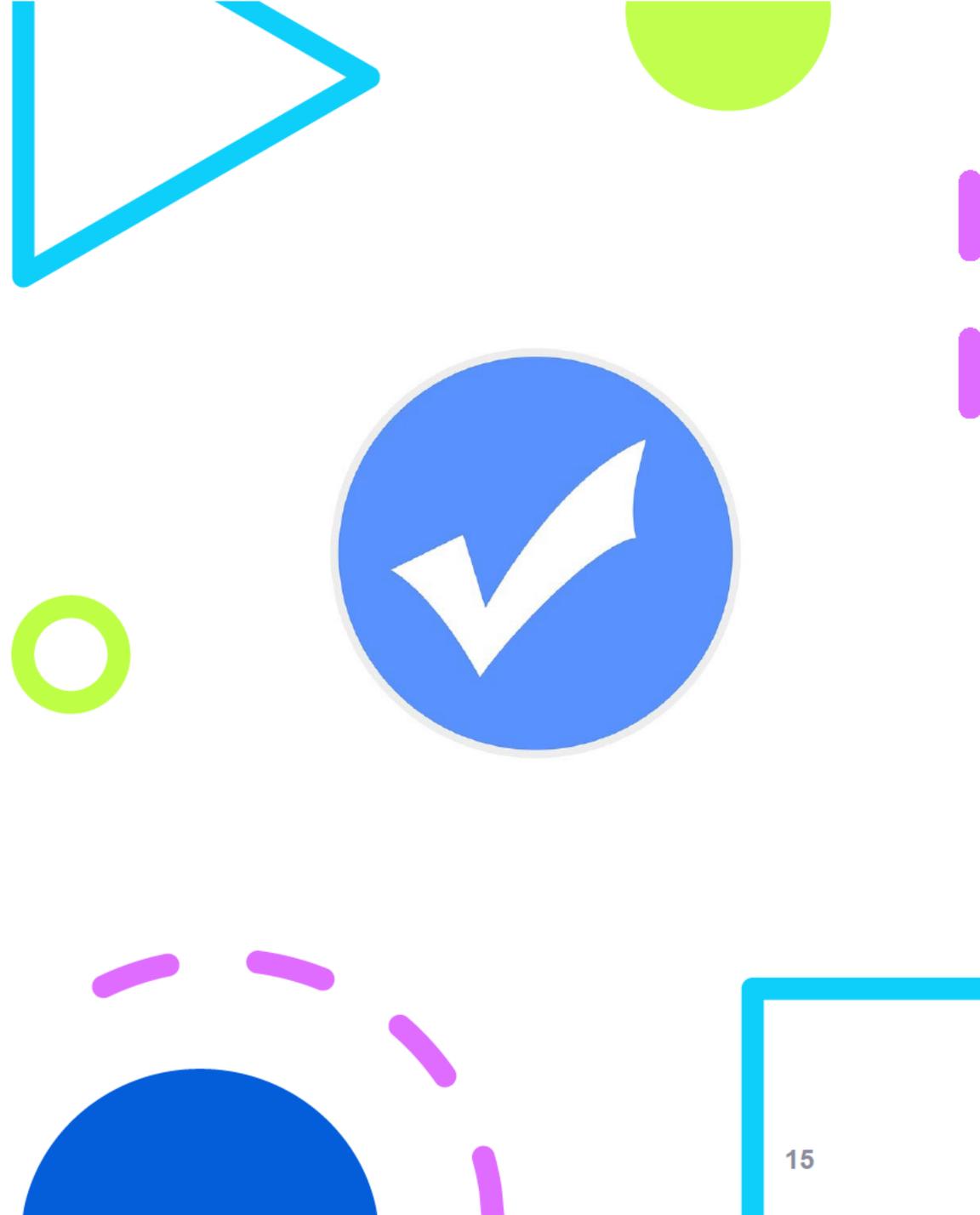
What does the complainant want as an outcome?

Writing a formal response letter

- Read the complaint carefully, think about what the complainant wants as an outcome of their complaint
- Who are you writing to? Mr, Mrs etc ..
- Think about the tone, have you been clear, open, honest, ensured that all jargon/abbreviations are explained, when explaining the outcome of your investigation
- Have you checked spelling and grammar
- Have you apologised appropriately
- Have you identified any learning from the complaint
- If the complainant remains unhappy, have you explained the next steps

Writing a formal response letter cont...

- When responding to a complaint, we should always remember the C.H.E.C.K. principles:
- **Compassion:** feeling sympathy and wishing to help them
- **Humility:** being aware of our faults and not being proud
- **Empathy:** sharing their feelings and experience
- **Contribution:** showing you are sorry for any errors
- **Kindness:** caring about them, being generous and helpful



Exercise



Break into Groups



Review the response sent to the complaint you reviewed earlier



Has this response, addressed the concerns raised



Has any learning been identified



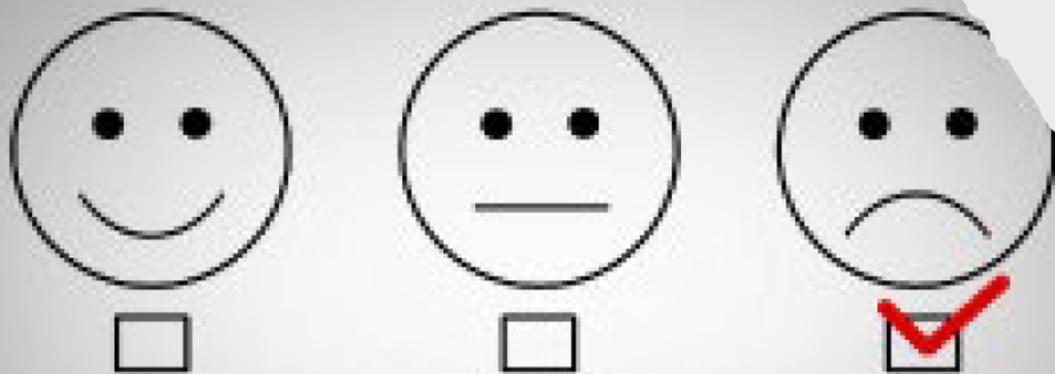
What do you think of the quality of the response – does it meet the C.H.E.C.K principles

Learning from Complaints

- Points to consider:
- Has any learning been identified?
- How will the learning be implemented to demonstrate a change in practice?
- What evidence will be provided to support implementation?
- Who is responsible?



Dissatisfied Complaints



It is not always possible to satisfy all complainants and following a response to a complaint, a complainant may have more questions/disagree with your findings

Dissatisfied complaints should be reviewed carefully, along with the initial complaint and your response. Things to consider..

- Did you miss something or misunderstand the complainant during your initial investigation?
- Is the complainant raising new questions or repeating concerns that have already been addressed?
- Would offering to meet with the complainant help resolve the concerns raised?
- Do you need to direct the complainant to the Parliamentary and Health Service Ombudsman?

Challenging/Vexatious Complainants

Unfortunately, in a minority of cases, individuals pursue their complaints in a way which can impede the investigation of their complaint, can have significant resource issues and can have a significant impact on the wellbeing of staff.

The following Complainant behaviours are never acceptable:

- Harassing or being personally abusive or aggressive, either verbally or in writing, towards staff dealing with their complaint.
- Threatening or using actual physical violence or intimidating behaviours towards staff at any time.
- Being abusive or showing any kind of discrimination.
- Using unacceptable language in a manner which is clearly excessive and/or aggressive (whilst considering that some people do use swear words as part of their everyday conversation).

NEVER
SATISFIED.

Challenging/Vexatious Complainants (cont.)

The following Complainant behaviours may also be deemed unreasonable:

- Repeatedly not identifying the precise issues to be investigated, despite reasonable efforts of staff and, where appropriate, advocacy services.
- Changing the substance of a complaint or continually raising new issues or seeking to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the investigation is taking place.
- Raising the same or similar issues repeatedly, despite having received a full response to all the issues that have been raised, when the complaints process has been properly implemented and exhausted.
- Repeatedly insisting on the complaint being dealt with in ways which are incompatible with this policy and NHS Complaints Regulations.
- Repeatedly displaying unreasonable demands and failing to accept that these may be unreasonable, such as demanding staff.
- Having excessive contact with the practice; placing unreasonable demands on staff members.



NEVER
SATISFIED.

The Role of the Parliamentary & Health Service Ombudsman



Parliamentary
and Health Service
Ombudsman





Thank you

Independent Health Complaints Advocacy (IHCA)

Support in raising a complaint when NHS care and treatment hasn't been at the standard you expect

How we can help

Sometimes things don't go as well as we would expect when we receive care and treatment from the NHS.

When this happens, we have lots of questions: why did this happen? how can it be put right? will it happen to someone else?

The Advocacy People can support you to make a complaint and get answers to your questions. We offer different levels of support. Our self-help Factsheets can guide you through making your own complaint. Or one of our Independent Health Complaints Advocates can work with you from the beginning or at any stage.

For more information and to make a referral:

Call: 0330 440 9000

Web: www.theadvocacypeople.org.uk

Email: info@theadvocacypeople.org.uk

Write: PO Box 375, Hastings, East Sussex, TN34 9HU

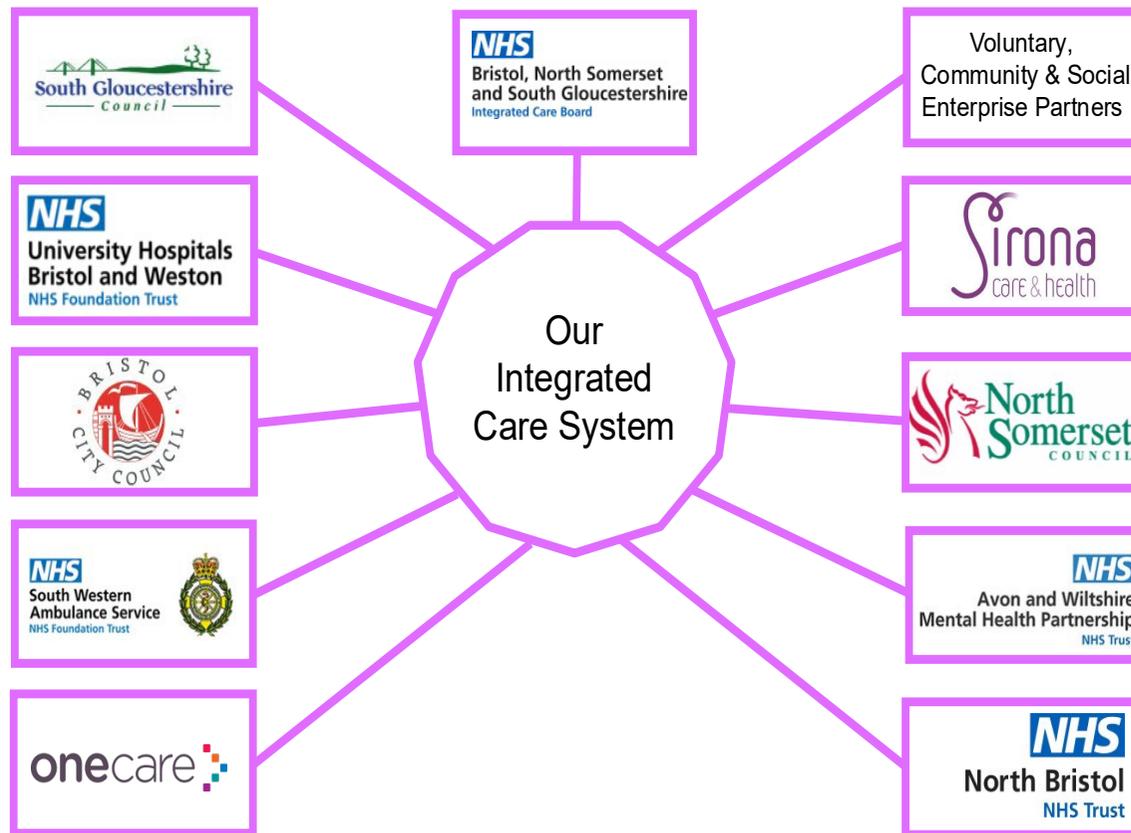
Text: 80800 start message with PEOPLE

Learning Action Identified	Name of person responsible for action	Date to be completed by/date completed

Here are a few wellbeing resources:

- Growing occupational health and wellbeing together strategy [NHS England » Growing occupational health and wellbeing together strategy](#)
- Health and wellbeing framework [NHS England » NHS health and wellbeing framework](#)
- Wellbeing guardians [NHS England » Health and wellbeing guardians](#)
- health and wellbeing champions [NHS England » Health and wellbeing champions](#)
- looking after your team's health and wellbeing guide [NHS England » Looking after your team's health and wellbeing guide](#)
- wellbeing conversations [NHS England » Wellbeing conversations](#)
- civility and respect [NHS England » Civility and respect](#)
- violence prevention and safety [NHS England » Violence prevention and reduction](#)
- enhanced health and wellbeing pilots [NHS England » Enhanced health and wellbeing pilots](#)

Our ICS



Integrated Care System:
The collective name for all the health and care services working together in BNSSG. Known locally as 'Healthier Together'



Contact us

To find out if we can help:

Visit www.ombudsman.org.uk

Call us on 0345 015 4033

Text 'call back' with your name and mobile number to 07624 813 005 and we will get back to you

For other languages or formats please contact us: publications@ombudsman.org.uk

Follow us on:



We will always do our best to help, so if we can't look at your complaint then we will point you in the right direction.

January 2019

Complaining can
make things better.



Parliamentary and Health
Service Ombudsman

How we can
help you



We are an independent and free complaint handling service

We make final decisions on complaints that have not been resolved by the NHS in England and UK government departments and some UK public organisations.

We do this fairly, without taking sides. We are not part of the NHS or the Government, and we are not a regulator.

We were set up by Parliament to provide an independent complaint handling service. Our service is free for everyone.

We deal with complaints about lots of different organisations

We can investigate complaints about NHS organisations in England including hospitals, GP surgeries and dental practices. We can also investigate complaints about many other public organisations like the DVLA, Jobcentre Plus and the Passport Office.

Complain to the organisation you're not happy with first

If you're not happy with the service you've received from the NHS or a UK government department, let the organisation know, so that it has a chance to put things right.

If you need to make a formal complaint to the organisation, and after this you still don't feel the matter has been resolved, then get in touch with us as soon as you can.

We investigate complaints thoroughly and impartially

We assess complaints to decide if we should investigate. For example, we might see that an organisation has made mistakes, but it has already done what it could to resolve the complaint. If it looks like there is a problem that still needs looking into, we can investigate.

We collect the facts to establish what has happened, we weigh up the evidence, and we make a final decision on the complaint.

We can get things put right

If we find that an organisation has got things wrong, then we can ask the organisation to take action to put things right. This can include giving you an explanation or an apology.

We can also ask the organisation to take action to try to stop the same mistakes happening again. If we decide there were no failings, or that there were but the organisation has done the right thing to resolve the complaint, we will explain why.



STANDARDS FOR LETTER WRITING

Introduction

The purpose of this guide is to outline the quality standards to which all patient letters should comply. Responsibility is with all of us to ensure our letters are adjusted/new letters written in line with these standards.

Font

- Use Arial font;
- Use a minimum size 12pt font (except where the recipient has requested that a larger font be used);
- Avoid the use of upper case letters, italics and underlining;
- Use lower case letters where possible, as they are easier to read (although upper case is always required for the first letters of names and sentences);
- Align text to the left (not 'justified') so words are not distorted;
- Large bold font is very useful for highlighting and emphasising text.

Headers and Footers

Headers and footers should be those that appear on the standard templates.

Readability

- Use small blocks of text where possible – long paragraphs of text can look daunting on the page;
- Use headings and paragraph breaks to divide information up;
- Bulleted or numbered points will help to break down complicated information and will help patients to digest it;
- Use numbers as words from one to nine. Numbers are easier to read if they are written as words. From 10 onwards, they should be represented as numbers.
- Make sure your letter is easily readable and clear in purpose. The reader should not have to guess why you are writing the letter;
- Use plain, everyday language to make the information easier to understand. Remember, as many as seven million people (roughly one in five adults) in England have difficulties with basic literacy and numeracy;
- Avoid abbreviations and acronyms where possible but see Appendix 1 for when these are necessary;
- Use short sentences – in general no more than 15 to 20 words long.

Salutations

- The envelope window should display the recipient's full name (title, forename or initial and surname) and address, including postcode;



Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

- The patient should be addressed 'Dear Mr/Mrs/Ms Surname' (no first names in the salutation line);
- Date your letter (day, month and year) as 30 June 2016.

Content

- Use present and active tenses, for example, 'your appointment is on ...' not 'your appointment has been made for...'
- Use personal pronouns such as 'we' and 'you', as this will help to create a sense of inclusion and trust;
- Avoid using language that may cause alarm. Phrases such as 'electrodes may be put on your chest', for example, could frighten patients and defer them from pursuing further treatment. If you have to use medical terminology, such as 'nuclear medicine', explain clearly what these terms mean;
- Is the tone of your letter courteous or could the language appear offensive, defensive or demeaning?

Contact Details

If your letter has asked the patient to contact us, make sure it includes clear contact details, name of department, telephone number and, if appropriate, an email address and/or fax number.

Appendix 1

Abbreviations

Doctor should be shortened to Dr from the first mention, for example:

Dr Joe Bloggs has been asked to review your medical records.

When using initialisms, write the name of the organisation or building in full on first mention and include the initialism in subsequent mentions, for example:

The Bristol Royal Infirmary (BRI) is based in the centre of Bristol. Thousands of patients are treated at the BRI each year.

Universally accepted initialisms, such as the NHS, do not have to be written in full.

Avoid the use of e.g., instead use 'for example'. Say 'in other words' rather than using i.e.

Avoid using 'NB' – consider putting the information elsewhere, such as at the top of the paragraph or page, if it needs to be highlighted.

Active voice

Try to use the active voice rather than the passive. Active writing is more direct and makes your text briefer and more interesting.

Examples of active are:

- *The cat is killing the mouse*
- *I will send the document.*

The passive equivalents are:

- *The mouse is being killed by the cat*
- *The document will be sent by me.*

The passive version is generally longer and less direct. The active makes it clear who is doing the action.

Ampersands

Avoid using ampersands (&) instead of 'and'. The only time an ampersand should be used is when it is in an official title or an established name, for example Above & Beyond.

Apostrophes

Apostrophes tend to be overused with plurals. For example, it is GPs not GP's. Apostrophes should be used to indicate possession, for example:

It is in the GP's car.

To indicate possession for singular nouns ending in 's' there are two options. You can say *James' car* or *James's car*. However, the first option is recommended because it is shorter.

Plural nouns ending in 's' take the 's' apostrophe as follows:

The dogs' breakfast – belonging to many dogs.

Plural nouns that do not end in 's' use apostrophe 's' as follows:

The children's breakfast – belonging to many children.

Beware that *it's* means *it is*, while *its* the possessive of *it*, for example:

It's hot but its surface is cool.

You're means *you are* and *your* means belonging to you.

Bold

Bold should be used for headlines and headings. Within the main body text, use bold, italics and the underlining of text sparingly so that it is easy to read.

Bullet points

Bullet points should follow on from an introductory clause, which should end with a colon. See example below.

During the past eight months, there has been discussion about:

- *the consequences of more GPs using Trust services*
- *communication between consultants and nurses*
- *cost reductions around the Trust.*

The beginning of each bullet point should be lower case with a full stop only at the end of the list.

Bullet points should only be used in lists of up to five points ideally.

Bullet points should not be used as a substitute for paragraphs.

Capitals

Generally, capitals should be kept to a minimum so that copy is easy to read.

Job titles should be upper case, for example, Chief Executive, Press Officer, Head of Communications, Head of Nursing. Professor should be shortened to 'prof'. For example:

The director of the biomedical research unit is Prof John Smith.

Hospital names should be lower case when not used in full, for example, the children's hospital.

NHS departments, units, services and committees are upper case, for example, the Pharmacy Department, Emergency Department, Ambulatory Care Unit, Clinical Effectiveness Group.

Geographical references should be upper case, for example, South West England, in the South West.

Refer to the government (lower case 'g') but the Department of Health (capitals).

Capitals should be used for medication and drugs only when they are brand names such as GlaxoSmithKline's asthma drug Seritide or Efudix skin cancer cream (not for example paracetamol or beta blockers).

The names of diseases and illnesses should only be capitalised when they are named after an individual, for example, Bowen's disease and Alzheimer's (not for example malignant melanoma, osteoporosis or fever).

Bacterial infections such as syphilis should generally be lower case. However, Clostridium difficile should be with a capital 'C' in line with the editorial style of the NHS Choices website and media organisations such as BBC News.

Captions

Captions (for example, a chart or illustration with an explanation above it) should be written in italics and a full stop is not required at the end.

Dates and times

Dates should appear as follows: 17 November rather than November 17th or 17th November.

Times should appear as: 2.30pm, not in the 24 hour clock.

When describing a period of time, use 'to' between days, for example:

The clinic takes place Monday to Friday 9.45am to 5pm (not Monday - Friday).

Forward slash

Avoid using the forward slash in text. He/she should be written as 'he or she' or 'they' etc.

Full stops

Full stops should be used after email addresses and urls when they come at the end of the sentence. For example:

*For more information on the Trust visit <http://www.uhbristol.nhs.uk/>.
John Brown can be reached on john.brown@uhbristol.nhs.uk.*

Headline

The first word of the headline should begin with a capital letter, followed by lower case letters throughout. No full stop is needed, for example:

Top doctor wins honorary degree

Hyphens

There are few clearly defined rules on the subject of hyphens. Even dictionaries are in disagreement as to which words should be hyphenated. Minimal hyphenation is encouraged and should only be used to avoid ambiguity. For example, *re-cover* is to cover again and *recover* is to retrieve. Note the difference between:

- *a little-used car*
- *a little used-car*

Non-executive and non-clinical etc. should be used with hyphens.

Jargon and technical language

Try to avoid jargon such as 'improving patient flow' and instead write 'improving hospital efficiency'.

Technical terms such as urethral catheter, intravenous therapy and patent foramen ovale should be clearly explained unless your information is intended for readers who, from their previous contact with the NHS, already understand these terms.

Names

The person's full name and job title should be used on first mention. The person's first name should be used afterwards, for example:

Steve Brown, director of pharmacy, praised the new development. Steve said it will have a huge impact on the department.

For those with titles such as doctor and professor, use the title with the person's surname from the second mention onwards. For example:

Prof John Smith is director of the biomedical research unit. Prof Smith has 20 people in his team.

Numbers

One to nine should be written out in full. For 10 upwards use numerals.

Numerals should be used for wards and levels, for example ward A700 and level 5. Say patients aged 60 to 70 rather than 60 - 70.

Use 'per cent' rather than 'percent' or the % sign.

Abbreviate million to m.

The development is a £16m project.

Use a comma for 1,000, 150,000 etc.

Quotation marks

Use double quotes (“”) for quoted speech. Use single quotes (‘’) to distinguish a quote within a quote. For example:

The reporter told me: “When I interviewed the player, he claimed his ‘outstanding performance’ had led to the team’s victory.”

Use single quotes also to identify an unusual phrase someone has used or to quote their exact words. For example:

The manager said the news was an ‘abomination’.

A phrase introducing a quote should be followed by a colon. For example:

The scientist said: “This is excellent research.”

When the quotation forms a complete sentence, the full stop should be inside the quote marks. For example:

He said: “This is a very interesting book, which you should read.”

Semicolons

The semicolon can be used in lists containing several items, many of which themselves contain commas. For example:



Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

In the meeting today we have Prof John Wilson, University of Barnsley; Dr Paul Watson, University of Nailsea; Colonel John Custard, Metropolitan Police and Dr Maple Syrup, University of Otago, New Zealand.

The semicolon is also used to connect two closely related independent clauses. For example:

Terry always slept with the light on; he was afraid of the dark.

If you are going to use a semicolon to connect two clauses, it is important that the two clauses are both independent. That means that each clause has to be able to stand alone and make complete sense without the other. If either one cannot stand alone, a semicolon cannot be used.

Spacing

Use one space after a full stop.

Tone

Tone should be professional but not overly formal; neither should it be over familiar or chatty.

Appendix 2

Proofreading advice and writing tips

Proofreading

When proofreading check for:

- correct use of this style guide
- typographical errors
- spelling mistakes
- punctuation errors
- correct job titles.

Many people find that proofreading is more effective when reading from a hard copy.

Sense checking

When checking the meaning of a document, ask yourself the following questions:

- Is it easy to understand?
- Does the material flow in a logical order?
- Are technical terms explained?
- Are graphs and diagrams logical and properly introduced?
- Is any of the content contradictory?

Tips for writing effectively

Use plain English with short, sharp sentences and simple language to get your message across. Do not use clichés.

Think about who you are writing for, what they need to know and the best way of expressing it. Would someone who has never read about the subject before understand what you have written? Provide clear and useful information, remembering that a clinician is used to different language than a patient.



Who can ask us for an advocate?

- You, if you're the person needing support
- Anyone can refer on your behalf if you have given them permission.
- If you are not able to ask for an advocate or give permission, someone can ask on your behalf if they feel it would be in your best interests

What happens next?

We will contact you to arrange a meeting at your home, in hospital or another location suitable for you.

For information about our service

You can call us on:

0333 3447928

Monday to Friday during office hours

Email: somerset@swanadvocacy.org.uk

banes@swanadvocacy.org.uk

southglos@swanadvocacy.org.uk

Or visit our website:

www.swanadvocacy.org.uk



Postal Address:

**Swan Advocacy, Hi Point,
Thomas Street, Taunton,
Somerset, TA2 6HB**

Registered Charity Number: 1125679

Registered Company Number: 6599429

Registered Address:

Crown Chambers, Bridge Street, Salisbury, SP1 2LZ



'Life is so much easier for me now'

'Finally someone listened to what I wanted'

'Gave me the support I needed'



Our Values

Independence:

We are not tied to any other agency and work only for you.

Quality:

We strive to ensure that our services are delivered to the highest quality by fully trained advocates

Confidentiality :

We respect your confidentiality and will not talk to anyone else, unless you ask us too.

Accessibility:

We are open to all and provide services which are free at the point of delivery.

Accountability:

We are accountable to both our clients and those who commission our services

Empowerment:

We will support you to play as full a part as possible in decisions about your care, service provision and life-style choices.



Who are Swan Advocacy?

We are an independent advocacy charity working across Wiltshire, Somerset, Bath & North East Somerset and South Gloucestershire

We work with people from all walks of life and have already supported thousands of the most disadvantaged people in our communities, helping them to have their voices heard and their choices respected.



What is Advocacy?

“Advocacy is taking action to help people to say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

The Advocacy Charter, 2002

What do Advocates do?

Advocates can support you to resolve a particular issue by:

Helping you to communicate with health & welfare services and other agencies

Supporting you at meetings, reviews, appeals and appointments

Helping you to plan and write letters, make phone calls and prepare appeals