

Commons Select Committee

Complaints and raising concerns

March 2014

Memorandum from



Independent Sector Complaints Adjudication Service
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1. Executive Summary

2. The Independent Sector Complaints Adjudication Service (ISCAS) has operated the well-established Complaints Code of Practice across the independent healthcare sector for over 12 years.
3. The three-stage complaints process has been running effectively throughout the 12 years. This was reviewed at the time the NHS changed to a 2 stage process however; ISCAS retained the three stages which reinforce local resolution and reviewed again in 2013. The stages are: Stage 1, *Local* Resolution; Stage 2, organisational/corporate *level* Resolution; Stage 3, Independent External Adjudication. ISCAS manages Stage 3.
4. External adjudication has a high success rate in resolving the more difficult or intractable complaints.
5. The main aim of adjudication is to leave all the parties with a better understanding and insight into the issues that have been raised, which leads to a greater focus on the lessons learnt.
6. The outcomes include a wide range of remedies for example, a sincere apology, a good will payment and recommendations being made to the ISCAS member. Goodwill payments (with a maximum set at £5000) can be awarded by the Adjudicator and can help reduce litigation, and in fact becomes a viable alternative - especially for service complaints.
7. Medical Defence Organisations acknowledge the benefits that this system has brought.
8. Private Patients treated within the NHS have no ability to complain to any external body about their treatment. The Parliamentary and Health Service Ombudsman has no jurisdiction, and NHS Private Patient Units (PPU) are not members of ISCAS despite ISCAS some engagement with NHS PPU's. With the removal of the cap on private income, this will be a developing problem.
9. The recent proposals from the Keogh Review for Cosmetic Interventions suggesting that the Parliamentary and Health Service Ombudsman covers all independent/private healthcare complaints, is likely to have a detrimental impact in terms of delivering a timely outcome and ensuring all complainants can access independent review and offer less of a service than ISCAS does to complainants using a member's services.

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10. Introduction

11. ISCAS acknowledges that this review is focussed on progress with NHS complaints and concerns in light of recent public enquiries. The ISCAS Complaints Code sets out clear standards for member healthcare organisations to abide by and improve the experience of complainants ensuring that all unresolved complaints have access to independent adjudication. In view of recommendation to steer all complaints in the future to the Ombudsman the committee is asked to consider the experience and service of ISCAS.
12. Recently Dr Dan Poulter, MP set up a working group considering the role of the PHSO in respect to all private healthcare complaints following two recommendations 34 and 35 from the Keogh Review into Cosmetic Interventions. It is important that this is taken into account by the committee as any move in this direction would have such a potential adverse impact on the delivery of service for complainants from the Ombudsman. ISCAS aims to deliver adjudication within 20 days and does not exclude complainants accessing independent review in the same way that the Ombudsman has declined to investigate complaints; during the year 2012/13, less than 3% of complaints which came to the Ombudsman were fully investigated. Additionally it is questionable that public funds should be used for the private/independent healthcare sector when there is the voluntary ISCAS Complaints Code (Code) in operation with costs met by the independent sector that could be more widely adopted.

13. Background of ISCAS

14. For over 12 years, patients using the services of the independent sector have had the benefit of an effective complaints resolution procedure from organisations signed up to the ISCAS Code and the independent adjudication service.
15. The Code was established following the work of the Health Select Committee in 1999 and has been revised a number of times and most recently revised in May 2013, following external consultation which resulted in the Code incorporating improvements to escalation timescales as well as managing complaints and clinical negligence allegations. Overall the Code has a clear customer focus. It is largely supported by the Medical Defence Organisations.

16. How ISCAS works

17. ISCAS is a not for profit company limited by guarantee, set up as a member-owned co-operative with a Governance Board and Secretariat. ISCAS operates the Code including the third stage of the complaints resolution:

- Stage 1 - local resolution (hospital/clinic level)**
- Stage 2 - Internal review (CEO/Board of Trustees)**
- Stage 3 - Independent External Adjudication**

18. **ISCAS membership**¹ comprises of corporate members across the healthcare industry in all four countries of the UK. ISCAS members share knowledge, experience and understanding on the effective management of complaints. The Code means complainants can raise a complaint about any aspect of service provided within the healthcare facilities of an ISCAS member which also includes the Independent Doctors

¹ Membership listings can be found at www.iscas.org.uk following links to the membership directory

Federation (IDF); this means IDF members sign up to the 3 stage process of the ISCAS Code, with the IDF providing the stage 2 review.

19. The three stages are essential in managing complaints and achieving resolution for the vast majority without accessing the final adjudication stage. The second stage allows an organisation to review a complaint outcome at senior level and is one step removed from day to day management to make sure all options have been exhausted to resolve the complaint.
20. Below are examples from 2 different members about the number of local complaints and the number escalating to stage 3:

21. Corporate cosmetic surgery provider

Total complaints for year 2012/2013

Number of complaints at Stage 1	1288
Number of complaints at stage 2	45
Number of complaints escalated and to stage 3	4

Organisation information; turnover of £37.5m (Jul 11)

22. 2 large corporate providers of acute hospitals:

Total complaints for year 2012/2013

	Provider A	Provider B
Number of complaints at stage 1	1943	1604
Number of complaints at stage 2	111	35
Number of complaints escalated to stage 3	9	3

Organisation information:

Provider A - Turnover of £821.5m (Sept 12) with 2,761 beds

Provider B - Turnover of £739m (Dec 12) with 1857 beds

23. **Over the 2012/13 year 329 people contacted ISCAS** about their complaint, and 127 of these were in relation to non-members. These contacts may be one off calls/emails or result in a series of involved communications about the complaint, the process and next steps. There is a particular significant concern about private patients using services within an NHS Trust such as Private Patient Units. In these services there is no access to an independent review because the Ombudsman does not include these complainants and **NHS run PPU's do not subscribe to ISCAS**. This has been escalated a number of times to the Department of Health and more recently to Jeremy Hunt, MP and Secretary of State for Health, by Baroness Fiona Hodgson, CBE, Chair of the ISCAS Governance Board. Dr Dan Poulter, MP has replied on behalf of Jeremy Hunt and ISCAS is continuing to raise the issue of the **NHS run Private Patients Units not offering any independent review stage for complainants** because there has been no change in this position to afford a better experience for those complainants.

24. Further information about ISCAS can be found in the Annual Report at www.iscas.org.uk

25. Adjudication

26. The purpose and outcome of adjudication is principally to offer answers and then, if possible, to put things right in the most appropriate way.
27. The complainant benefits by not only being offered a deeper insight into the issues raised but may also receive a financial award in recognition of any failings. The Adjudicator reviews the case by reference to the documentary evidence of all correspondence and clinical records. The Adjudicator produces a comprehensive report of the case in the decision letter to the complainant. The adjudicator also writes personally to the CEO of the ISCAS member highlighting any recommendations to practice and to require a report back to ISCAS to monitor compliance with the Code.
28. The number of cases coming to adjudication has increased, with the number of cases requiring the advice of a clinical expert also increasing which supports the increasing complexity of complaints coming to adjudication.

	2008	2009	2010	2011	2012
Adjudications	18	27	22	28	38
Total heads of complaints	132	145	150	140	178

29. The service has a high success rate in resolving more difficult and complex complaints. ISCAS shares learning and best practice with organisations through the monthly update briefing paper issued widely to all subscribers.
30. The Adjudicators are independent and not employed directly by ISCAS. Their short biographies can be found www.iscas.org.uk and link to “who’s who at ISCAS”.

31. Governance and Independence

32. The ISCAS Governance Board was created over 2 years ago with the overall aim of ensuring the effective implementation of the Code of Practice. The Board has an independent Chair Baroness Fiona Hodgson, CBE as well as representation from the Patients Association, a patient representative and ISCAS member representation. Outcomes and themes of adjudication are reported, as well as ISCAS activity and member compliance.

33. Working with system regulators

34. ISCAS has an Operating Protocol with Health Inspectorate Wales and the Care Quality Commission. From April 2014 ISCAS will be sharing outcomes of adjudication with CQC in the same way the Ombudsman shares its information. It is working with the Regulation and Quality Improvement Authority in Northern Ireland and Healthcare Improvement Scotland on a similar approach. The protocol means that complainants are signposted to ISCAS as well as an agreement for sharing information between organisations.

35. ISCAS and adjudication costs

36. Importantly, for complainants, there is no cost to them through participation and, therefore, no risk involved. Additionally, the decision to engage in the adjudication process does not preclude the complainant from pursuing litigation at a later stage.
37. ISCAS members pay an annual subscription to cover the secretariat resource supplied by the Independent Healthcare Advisory Services (IHAS is a division of the Association of Independent Healthcare Organisations). This base cost is shared across all members on a sliding scale according to company size. Compliance with the ISCAS Code and the Independent External Adjudication scheme is the qualification of membership of ISCAS.
38. An ISCAS member meets the costs of the Adjudicator's case fee, any goodwill payment awarded and any associated expert witness costs.

	2008	2009	2010	2011	2012
Ex Gratia Awards	£7,540	£15,000	£12,150	£10,906	£11,500
Adjudication	£47,270	£59,485	£42,203	£36,950	£40,103
Clinical Expert					£6646

39. ISCAS membershipⁱ covers 98% of the acute hospital sector and other independent healthcare providers however there are organisations that have not yet subscribed to ISCAS in the independent sector. If the system regulator had the authority to require organisations to participate in an independent complaint review stage this would change the complaints experience for a complainant significantly and ensure all independent sector providers subscribed to ISCAS or an equivalent process.

Appendix I



Complaints Code of Practice

May 2013

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About this Code

Independent healthcare organisations (hospitals, clinics and doctors working privately) want to give all patients an excellent service. However, there may be times when they get it wrong. When this happens, they want to respond to complaints swiftly and, where they can, try to put things right.

This Code sets out the necessary standards that all independent healthcare organisations which are members of the Independent Sector Complaints Adjudication Service (ISCAS), have agreed to meet when handling complaints about their services.

This document describes the minimum standards for complaints handling. It also includes an explanation of adjudication arrangements, an independent way of resolving disputes with those independent hospitals and clinics that are members of ISCAS.² The costs associated with adjudication are met by the organisation and not by the complainant.

This Code applies to patients treated privately in an ISCAS member hospital or clinic, whether or not they paid for their care directly or through an insurance scheme. Complaints from NHS funded patients treated in an ISCAS member hospital or clinic should be handled according to the NHS Complaints Procedure. Sometimes this may mean ISCAS members handling complaints from NHS patients under this Code as part of the investigation under the NHS procedures (this does not include private patients in NHS Trusts).

The Code applies to complaints about doctors and other healthcare professionals working within member hospitals and clinics, even where they are not employed by the clinic and have practising privileges (this means they agree to provide certain services within the hospital or clinic as independent practitioners).

The Care Quality Commission (CQC) in England is the regulator for health and adult social care including independent healthcare services. It does not handle complaints³, nor does it provide an arbitration service. However, it collects information about how independent healthcare services meet the regulations and standards it sets, and will take action where any offences have been committed. The

² A full list of healthcare organisations that are members of ISCAS is available at www.iscas.org.uk

³ The only exceptions to this are complaints from people whose rights are restricted under the Mental Health Act, or their representatives, about the way staff have used their powers under the Act.

Healthcare Inspectorate Wales (HIW), Health Improvement Scotland (HIS) and the Regulation and Quality Improvement Authority (RQIA) (Northern Ireland) regulate independent healthcare services in their respective countries. The regulators of each country recognise and signpost complainants to ISCAS.

Learning from complaints

Underpinning this Code is a commitment to value complaints for the feedback they provide about independent healthcare services, and to bring about quality improvements. In addition to acknowledging mistakes and apologising where it is appropriate, ISCAS members will inform a complainant about how the complaint was investigated, the lessons learned from their complaint and the actions they have taken as a result. This might include changing guidance to staff, or a policy, or it might mean providing new or different services.

Sometimes finding a remedy for a complaint requires more than this. ISCAS members will consider a range of remedies, which may include a goodwill payment in recognition of any shortfall in complaint handling, inconvenience, distress, or any combination of these. This Code also provides for the Independent Adjudicator (the final stage of the complaints handling process) to review a goodwill payment to the complainant.

The Independent Adjudicator (the final stage of the complaints handling process) can review or award a goodwill payment of up to £5,000. This is not designed to be compensation. If a complaint potentially appears to have arisen as a result of clinical negligence and compensation is sought, and/or might be awarded if a clinical negligence claim is successfully pursued, it may be appropriate to seek legal advice.

Principles

This Code reflects the *Principles of Good Complaint Handling* identified by The Parliamentary and Health Service Ombudsman. Good complaint handling means:

- 1. Getting it right**
Quickly acknowledging and putting right cases of maladministration or poor service that led to injustice or hardship. Considering all the factors when deciding the remedy with fairness for the complainant and where appropriate others who also suffered
- 2. Being customer focused**
Apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that take into account individual circumstances
- 3. Being open and accountable**
Clear about how decisions are made, proper accountability, delegation and keeping clear records

- 4. Acting fairly and proportionately**
Fair and proportionate remedies, without bias and discrimination
- 5. Putting things right**
Consider all forms of remedy such as apology, explanation, remedial action or financial offer
- 6. Seeking continuous improvement**
Using lessons learned to avoid repeating poor service and recording outcomes to improve services.

ISCAS members are not public bodies, and ISCAS does not provide a public service⁴. However, these principles can be reasonably applied to independent healthcare hospitals and clinics. Therefore, ISCAS members are expected to have complaints handling procedures that are proportionate and reflect these principles.

Further details of these principles can be found at www.iscas.org.uk

The standards

The Code sets out a three stage process for handling complaints. All complaints should be raised directly with the hospital or clinic in the first instance (stage 1). Complaints should normally be made as soon as possible and within 6 months of the date of the event complained about, or as soon as the matter first came to the attention of the complainant. The time limit can sometimes be extended (so long as it is still possible to investigate the complaint). An extension might be possible, such as in situations where it would have been difficult to have complained earlier, for example, when someone was grieving or undergoing trauma.

In the event that the complainant is unhappy with the response to their complaint, they can escalate their complaint by asking the hospital or clinic to conduct a review of its handling (stage 2). Finally, if the complainant remains dissatisfied they can request independent external adjudication of their complaint (stage 3).

Stage 1: Local Resolution

ISCAS members will:

1. Have a written procedure on the handling of complaints. This should be concise, easy to understand and only contain relevant information about complaints handling. The procedure should be kept up-to-date and as a minimum include information about:
 - The process for handling complaints, including clinical governance arrangements within the hospital or clinic for investigating

⁴ The Court of Administration confirmed that ISCAS provides a private service and not a public service, as a result of an application for a Judicial Review of ISCAS in 2011.

complaints, including where a clinical negligence matter may have arisen

- The steps the ISCAS member will take to investigate the complaint which are thorough yet proportionate⁵
- The timeframes the ISCAS member will work to in trying to resolve the complaint (see standards 9 and 10)
- How complaints can be made, including how complaints submitted by email or text or using other media will be handled.

2. Ensure that the procedure on complaints handling is well-publicised and easily available to complainants. For example, ISCAS member websites should include information on 'how to complain' and confirm their membership of ISCAS. Complainants should be provided with a copy of the complaints procedure when they first raise concerns about any aspect of the service they have received.
3. Ensure that the ways in which complaints are accepted does not deter or disadvantage patients or their relatives from making complaints⁶. Reasonable assistance should be available to anyone needing help to make a complaint (for example, whose first language is not English or who may have a disability).
4. Offer complainants a face to face meeting to talk through their concerns and try to resolve the complaint early on.
5. Remind complainants of their right to seek independent or legal advice where any aspect of their complaint might give rise to a clinical negligence claim. Even if independent advice is being sought about possible clinical negligence the ISCAS Code recommends that the complaints procedure and ultimately stage 3 adjudication is continued.
6. Agree with clinicians who hold practising privileges that co-operation with the complaints procedure is a condition of working within the hospital or clinic, described in the Independent Healthcare Advisory Services (IHAS) Practising Privileges Model Policy.
7. Keep confidential all details relating to the complaint and its investigation, and seek appropriate consent from the complainant (or someone acting as their proxy) in circumstances where the investigation of their complaint requires the release of their medical records or sharing their information with other relevant parties.
8. Respond in writing to written complaints, whether made by letter, email or text. Any face to face or telephone discussions with a patient about concerns with the

⁵ [CQC: Essential standards of quality and safety, outcome 17](#)

⁶ A communication constitutes a complaint when the issue requires investigation and a formal response.

service they have received should be recorded in writing and normally be followed up in writing to the complainant.

9. Provide a written acknowledgement to complainants within 2 working days of receipt of their complaint (unless a full reply can be sent within 5 days).
10. Provide a full response to the complaint within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.
11. Consider a wide range of appropriate and proportionate responses, including:
 - Acknowledging when things have gone wrong
 - Giving the complainant an apology, where appropriate
 - Taking action to put things right
 - Sharing details of how the organisation has investigated and has learnt from the complaint including any changes made as a result
 - Making a gesture of goodwill offer, where appropriate.
12. Signpost complainants to the next stage of the complaints procedure, in the event that they are dissatisfied with the response to their complaint. This means an explanation to the complainant of the option to proceed to the stage 2 review of their complaint and what that entails. Complainants should also be informed that, should they wish to escalate their complaint to stage 2, they must do so in writing, within 6 months of the final response to their complaint at stage 1.

Stage 2: Complaint Review

ISCAS members will

13. Have arrangements in place by which to conduct a review of the complaint. Normally this will mean that a senior member of staff within the organisation, who has not been involved in handling the complaint at Stage 1 and is removed from the hospital or clinic that the complaint is about, will review all of the documentation and may interview staff involved, to form an independent view on the handling of the complaint.
14. In the case of smaller organisations there is a need to demonstrate processes that allow for an objective assessment of the complaint at stage 2.
15. Provide a written acknowledgement to complainants within 2 working days of receipt of their complaint at stage 2 (unless a full reply can be sent within 5 working days).
16. Provide a full response on the outcome of the review within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.

17. Signpost complainants to the next stage of the complaints procedure, which means explaining their right to an independent external adjudication of their complaint, and the timescales for doing this. Requests for independent external adjudication should be made to ISCAS, in writing, within 6 months of receipt of the stage 2 decision letter. Requests for independent external adjudication will be allowed outside this timeframe only in exceptional circumstances.

Stage 3: Independent External Adjudication

ISCAS will

18. Have a written document that explains the Independent External Adjudication Process. This should be concise, easy to understand, and kept up-to-date. This document should be available on the ISCAS website and a hard copy sent to complainants on request.
19. Provide a written acknowledgement to complainants of their request for independent external adjudication within 2 working days of receipt of the request.
20. Check with the ISCAS member hospital or clinic that the processes for local resolution and stage 2 review have already been exhausted and obtain a response within 2 working days.
21. Refer complainants to the ISCAS member that their complaint is about, where the complaint has not been through local resolution stages 1 and 2.
22. Ask complainants to clarify in writing which aspects of their complaint they wish to refer for adjudication and consent to the ISCAS process and release of relevant case records from the ISCAS member.
23. Assign an Independent Adjudicator to consider the complaint. The adjudicator will be entirely independent of the ISCAS member organisation, and will have the necessary skills and experience to perform this role.
24. Ensure that complainants understand the binding nature of the independent external adjudication. In order for a complaint to proceed to Independent External Adjudication, the complainant must accept:
- The finality of the decision by the Independent External Adjudicator;
 - That any decision and/or goodwill payment awarded by the Independent External Adjudicator brings the complaint process to a close;
 - That the Independent Adjudicator's decision is binding on the ISCAS member. However, for the avoidance of any doubt (subject to paragraph 24 below), any award of a goodwill payment recommended by the adjudicator does not preclude a complainant from seeking any additional legal remedy; monetary or otherwise.

25. Remind complainants of their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim. Even if independent legal advice is being sought about clinical negligence or might be sought in the future pending the outcome of the adjudication process the ISCAS Code recommends that the complaint can be considered under the complaints procedure and ultimately stage 3 adjudication.

The Independent Adjudicator will

26. Accept complaints for adjudication, unless:

- It is reasonable to consider that the complaint has been resolved, or
- The ISCAS member has genuine and reasonable grounds for considering that the complaint can be resolved locally and takes active steps to achieve this, or
- The complaint is outside the remit of the Code for complaints handling, or
- It is reasonable to consider that the complaint is vexatious, or
- In exceptional circumstances a reasonable and acceptable request has been made by the ISCAS member hospital or clinic that the case should be deemed closed at stage 2 and not proceed to stage 3.

27. Provide a written acknowledgement to complainants within 2 working days of receiving from ISCAS, documentation relating to their complaint.

28. Provide a full adjudication decision within 20 working days or send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.

29. Consider a wide range of remedies, including asking the ISCAS member:

- to provide an explanation and apology, where appropriate
- to take action to put things right
- to share details of how the organisation has learnt from the complaint and any changes made as a result
- to offer a goodwill payment in recognition of shortfalls in the complaint handling, inconvenience, distress, or any combination of these, up to a limit of £5,000. Any goodwill payment awarded by the Independent External Adjudicator should take account of any claim that the ISCAS member has against the complainant (e.g. for unpaid hospital fees). Acceptance of the goodwill payment by the complainant will bring all matters that are subject to the complaint to a close.

30. Consider using appropriate resources to assist the adjudicator in his/her determination. Such resources may include the commissioning of clinical and

technical reports from external experts⁷, and or requests for further documentation or clarification from the complainant or the ISCAS member. In some cases, the Adjudicator may need to speak with the complainant or the ISCAS member, in order to decide how best to resolve the complaint.

Breaches of the Code

ISCAS members will

31. Undertake an annual self assessment of compliance against the standards set out in the Code. They are required to declare the outcome of this assessment to ISCAS, together with an action plan that sets out how they will meet standards with which they have not been compliant.
32. Cooperate with ISCAS to address areas of non-compliance.

ISCAS will

33. Publish an annual report on how ISCAS members are performing against the standards set out in the Code. This will be based on the self-assessments conducted by ISCAS members, themes arising from Independent External Adjudication and other ISCAS activity in the reporting year.
34. Undertake a performance assessment of ISCAS members that repeatedly fail to meet the Code's standards.
35. Take steps to remove the membership of any ISCAS member that persistently fails to meet the Code's standards and does not engage with ISCAS to improve its complaints handling.

Complaints about ISCAS or the Independent Adjudicator

Complaints about the way ISCAS has handled a complaint at stage 3, or about the Independent Adjudicator, should be made in writing to the Director, ISCAS. A complaint can only be made if the complainant believes that ISCAS and or the Adjudicator have failed to carry out the process of adjudication properly.

THE ISCAS DIRECTOR will

- I. Acknowledge receipt of the complaint within 2 working days.
- II. Invite the complainant to meet to help resolve the complaint, where this may be helpful.

⁷ ISCAS uses experts from a reputable and recognised source ensuring there is no conflict of interest

- III. Investigate and respond to the complaint in full within 20 working days.
- IV. Refer the complaint to the independent Chair of the ISCAS Governance Board if the complaint cannot be resolved after 20 days and notify the complainant accordingly. The Chair will consider the complaint about ISCAS and may hold a small panel to consider a case. A response will be made within 20 working days.
- V. Report all complaints about ISCAS to the Governance Board and publish information about feedback from those who use the service.

Dealing with abusive or vexatious complaints

ISCAS members should have a policy in place to handle situations where people pursue their complaint in a way that can impede its investigation, can cause significant resource issues for the organisation, or which involves unacceptable behaviour (such as leaving multiple voicemails or emails, or using abusive language). The policy should set out how the organisation will decide which complainants will be considered vexatious or unreasonably persistent, and how the organisation will respond in those circumstances.

ISCAS has its own policy for handling vexatious complaints and provides guidance to members on its application.

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