

Annual Report

2018/2019



INDEPENDENT HEALTHCARE SECTOR
COMPLAINTS ADJUDICATION SERVICE

03

About ISCAS

04

Reports from the Chair and Director

06

Patients and Partners

08

Subscribers and Providers

10

Stakeholders and Engagement

12

Facts and Figures

16

ISCAS Subscribers

17

The ISCAS Team

About ISCAS

The Independent Sector Complaints Adjudication Service (ISCAS) provides the recognised complaints management framework for the independent healthcare sector.

The ISCAS Complaints Code of Practice sets out the standards for the three stages that ISCAS subscribers are required to meet when handling complaints from patients about their service. The Adjudication Service is the third stage of the complaints process.

ISCAS was established to ensure that there is an independent dispute resolution process for private patients because the Parliamentary Health Services Ombudsman (PHSO - and similar Ombudsman in other home countries) is not permitted to investigate any private patient complaints, whether those patients have been treated in the independent sector or in NHS Private Patients Units (PPUs). The PHSO, as the system regulator, recognise ISCAS and signpost private patients to the industry-wide scheme.

The majority of all independent healthcare providers across the UK subscribe to this voluntary scheme. ISCAS is a not-for-profit company, independent from the industry and hosted within the Centre for Effective Dispute Resolution (CEDR).

Our vision, mission and values frame our drive for continual improvement in complaint handling

Our vision

To create the environment in which all patients have access to a high quality complaints system.

Our mission

To provide access to independent adjudication and promote compliance to the ISCAS Code of Practice as the recognised industry standard for complaints handling, wherever patients are treated in independent healthcare and in NHS PPU's.

Our values

Compassionate - we are empathetic, understanding and attentive to people's concerns. We resolve concerns appropriately.

Fair - we treat people, both patients and subscribers, fairly, proportionately and according to the evidence.

Responsive - we ensure that patient concerns are addressed swiftly according to the ISCAS Code of Practice and resolution is found.

Improving - we use feedback and lessons learned from complaints in training and updating resources to continually improve people's experience of the complaints process in the independent healthcare sector.

More information can be found at About Us on the ISCAS website: <https://iscas.cedr.com>

REPORTS



Baroness Fiona Hodgson CBE,
Independent Chair of the ISCAS
Governance Advisory Board

The ISCAS Governance Advisory Board met three times during 2018/19 and received advice and feedback from subscribers, Independent Adjudicators, and patient case studies presented by the Patients Association.

For 2019/20 the plan is to hold focused sessions for our Governance Advisory Board members in preparation for revision of the ISCAS Code of Practice for Complainants.

ISCAS has welcomed the opportunity to work more closely with the Patients Association. An agreement was signed with the Patients Association early in 2018/19 to help ISCAS improve complaint handling in the independent sector through the lens of the patient. ISCAS is pleased to be a supporter of the Patients Association and this relationship has been beneficial for both patients and providers.

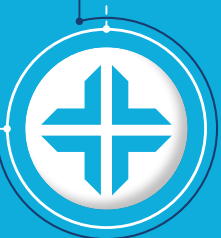


Sally Taber,
ISCAS Director

It has been another busy year for ISCAS with the independent sector continuing to innovate and diversify, whilst at the same time coming under greater scrutiny regarding Transparency of Information.

The ISCAS Directors and the ISCAS team within CEDR have worked extremely hard in 2018/19 to ensure the ongoing sustainability of the ISCAS scheme for the benefit of patients.

The panel of Independent Adjudicators, who have a variety of backgrounds, health professional standards, complaint handling, regulation and the law, continue to provide timely, high quality adjudications. In addition to adjudicating on specific complainants and identifying learning for individual providers, the Independent Adjudicators feedback on themes to support subscribers learn lessons and for ISCAS to continually improve the scheme.



Executive summary of ISCAS activity in 2018/19

These points are expanded in the relevant sections of this annual report.

Facts and Figures

The total number of complaints adjudicated in 2018/19 was 107, which is an increase on the 2017/18 total of 101. The split of those areas of complaints upheld and partially upheld, against those not upheld continues to be broadly similar year on year at approximately 65:35. How complaints are handled continues to be one of the most frequent concerns raised by patients, although this has decreased since 2017/18. Complaints about Consultant care continue to rise year on year with 59% of complaints including this element in 2018/19.

Patients and Partners

ISCAS continues to provide private patients with an independent complaints system as they are unable to access the Parliamentary and Health Service Ombudsman (PHSO). The hosting arrangement that ISCAS has with the Centre for Effective Dispute Resolution (CEDR) has continued to flourish and a second three-year term began in April 2019.

Subscribers and Providers

Whilst maintaining subscriptions from the independent hospital providers, ISCAS has increased the number and range of subscribers including those providing innovative digital healthcare platforms. ISCAS is also aware of private patients who still do not have access to independent adjudication. In these circumstances ISCAS continues to signpost patients and to inform providers of the necessity of an independent stage to complaint management.

Stakeholders and Engagement

ISCAS has renewed Information Sharing Agreements with the system regulators, including the Care Quality Commission (CQC). ISCAS has provided evidence on various matters, including to the Independent Inquiry into the issues raised by Ian Paterson's conduct. This inquiry verbally identified the inconsistent awareness of the role of ISCAS and the need for repeated and wider engagement. ISCAS sees that those choosing private healthcare continue to seek greater transparency on fees and other matters and we continue to liaise with the Private Healthcare Information Network (PHIN) and the Independent Healthcare Providers Network (IHPN).



Karen Harrowing,
ISCAS Director

Karen brings experience of healthcare regulation, governance and quality systems to ISCAS.



Geoff Green,
ISCAS Director

Geoff has responsibility for overseeing the financial management.

Patients and Partners

Providing a compassionate, fair and responsive service to patients is core to what ISCAS does.

ISCAS is an independent body and separate from any trade body representing private healthcare. This independence ensures that ISCAS can put patients at the centre of the complaint process.

ISCAS routinely seeks feedback from patients following independent adjudication. Because this response rate is very low, ISCAS is aware that this is an area to be focussed on in 2019/20. However, it was reassuring to receive the following comment from a patient this year:

"I would like to take the opportunity of thanking you and the staff at ISCAS very much for your prompt and diligent approach to my complaint. I would also like to express my thanks to [name of Independent Adjudicator] for the thoroughly professional and timely approach to dealing with it. I would certainly recommend your services to anyone facing a similar situation."

Unfortunately, we also hear from some private patients who have not been able to access any form of independent review. This occurs where the provider is not a subscriber to ISCAS, or where the NHS private patient unit (NHS PPU) does not realise that the PHSO is unable to help private patients, even when treated in the NHS. The PHSO does signpost patients to ISCAS, for example a wife whose husband was treated in an NHS PPU was sent the following by the PHSO, which has been anonymised:

"Your complaint about [NHS Trust]"

Thank you for your complaint about the [NHS Trust]. Unfortunately we cannot look at your complaint, which means we will not be taking any further action.

Why are you unable to look at my complaint?

Following our review of your complaint we have contacted the complaints team at the [NHS Trust] who explained that [patient name] was a private patient at the hospital. Whilst we are able to consider complaints about [NHS Trust], we are unable to consider complaints about private healthcare. We are therefore unable to further consider your complaint.

What can I do next?

You should contact the Independent Sector Complaints Adjudication Service (ISCAS) which represents some independent healthcare providers and may be able to assist you further. Their contact details are [telephone, email and address]. I am sorry that we could not help you this time. If you have any questions about our decision, then please contact us using the details given in this letter."



The Patients Association

The Patients Association recognises that good practice in complaints handling is vitally important to enable patients and family/carers to have confidence in their care and treatment. Private patients can access the Patients Association helpline when they have issues in escalating complaints. ISCAS signed an agreement with the Patients Association for 2018/19 to help forge links and to ensure that the patient's voice is incorporated into the ISCAS Governance Advisory Board through patient stories.

The Patients Association has also worked with ISCAS to develop on-line training to ensure lessons learned from complaint handling can be accessed widely in subscribing organisations. It is planned to continue the organisational membership for 2019/20 with a focus on updating the Patients' Guide and improving information for patients about private healthcare.

Centre for Effective Dispute Resolution

The Centre for Effective Dispute Resolution (CEDR), which hosts ISCAS, brings experience of operating a variety of alternative dispute resolution schemes. The combined healthcare experience of ISCAS Directors, patient representatives and the consumer experience of CEDR, ensures that the ISCAS scheme remains relevant and addresses the needs of patients in the independent sector. CEDR has also supported ISCAS teams with information governance training to ensure good management practice with individuals' personal information as part of the preparation for the introduction of the General Data Protection Regulations (GDPR), introduced in May 2018.

ISCAS is pleased to announce that it is entering a second term of the hosting agreement with CEDR and is keen to explore how mediation can be used in complaint handling. CEDR has already proved the concept of mediation as an effective way of resolving disputes between patients and the NHS through the work it has undertaken with NHS Resolution.



Subscribers and Providers

The breadth of independent sector organisations that subscribe to the ISCAS scheme can be seen in the list at the end of this report.

Compliance with the ISCAS Code of Practice for Complaint Management maximises healthcare providers' ownership of complaints using local resolution procedures. During 2018/19 the ISCAS website was upgraded as part of the hosting arrangement with CEDR. In addition to improving the website information and access for patients, other content was developed specifically for subscriber only access.

Training

ISCAS incorporates learning from complaints handling into an annual face-to-face training seminar, which is discounted for subscribers. The event in 2018 was well attended and feedback was very good. Subscribers also identified the need for a more fundamental orientation to the ISCAS Code. As part of the website upgrade an online training module was produced with, and endorsed by, the Patients Association. Release is scheduled for first quarter 2019/20 and it is planned to follow-up this initial online training with a module on the Seven Steps to Complaint Handling.

Improvement

Subscribers continue to apply the ISCAS Code of Practice for Complaint Management and agree to undertake self-assessment against the standards in the Code. Following consultation with the ISCAS Governance Advisory Board, ISCAS issued all subscribing organisations with a new self-assessment framework tool. There has been a mixed response to the MS Excel workbook format of the tool, with some subscribers finding it very helpful and others finding it too detailed. We plan to review the self-assessment tool with large, small and cosmetic providers as part of the Governance Advisory Board agenda for 2019/20.

It is reassuring that ISCAS also receives other qualitative feedback from subscribers on how they implement learning from adjudications. This summary from a subscriber includes reference to show how important it is to ensure the Medical Advisory Committee (MAC) is engaged with the complaints process:

"Firstly, your document was anonymised and shared with members of our Quality Governance Committee who provide Board-level oversight on the delivery of safe services to patients. The document was discussed at a recent meeting where our complaints process was acknowledged to be robust and fit for purpose.

In addition, we shared the broad content of your adjudication with our Medical Advisory Committee and have offered to give them access to this anonymised document. This was to provide an opportunity for them to gain a fuller understanding of the position and the complaints process, and their role in supporting it. We also used it as an opportunity to remind them of the need to continue to follow the single (consolidated) channel communication approach to complaints.

Finally, it was also discussed at our Hospital Management Team, which comprises of the senior management team of the organisation. In conclusion, we do want to demonstrate how we have shared the content of your adjudication to provoke learning and a drive towards ongoing quality improvement."

As emphasised in the section focusing on patients, there is a lack of clarity in NHS Private Patient Units regarding complaint escalation. ISCAS was featured in the Patients Association Weekly News to raise awareness about the fact that the PHSO is not accessible to private patients. This exclusion to PHSO services extends to private healthcare delivered in the NHS, whether in a ward or a dedicated Private Patient Unit (PPU) - by law the PHSO is unable to investigate these complaints. ISCAS continues to follow-up with NHS PPUs - currently a minority of units subscribe to the scheme leaving the majority of NHS PPU patients without recourse to an independent review stage to their complaint. The plan for 2019/20 is to increase the number of NHS PPU subscribers through a range of engagement processes including face-to-face meetings and articles targeted at NHS publications.

Private Ambulance Companies

COG signpost ambulance companies to ISCAS in the context of necessary and proportionate investigations and actions taken in response to complaints and complaints' escalation. In an article in the Independent Practitioner, ISCAS proposed a simple checklist to support organisations in undertaking a risk assessment of independent ambulance providers they engage. ISCAS will be developing the checklist further for publication in 2019/20.

Stakeholders and Engagement

Throughout 2018/19 ISCAS has continued to engage with the various system regulators and ombudsmen as set out below.

In addition, ISCAS has provided evidence to various reviews and inquiries and liaises closely with key organisations in the independent sector.

Paterson Inquiry

ISCAS has given oral and written evidence to the Independent Inquiry into the issues raised by Ian Paterson, the convicted surgeon. The terms of reference of the Inquiry include how information is shared between the NHS, independent sector, and others, including concerns raised about performance and patient safety. ISCAS was provided verbally with feedback from the inquiry that the awareness of ISCAS is highly variable. Therefore, we will be taking every opportunity to outline the current arrangements within ISCAS, and to raise for further discussion those points, which ISCAS believes would be helpful to subscribers in providing quality private healthcare.

Independent Healthcare Providers Network (IHPN)

The IHPN is the representative body for independent sector healthcare providers. ISCAS considers all relevant IHPN members should subscribe to the ISCAS Code to fulfil their obligation to provide an independent complaints' system and we liaise with IHPN to maintain this quality standard. IHPN are working on a framework, which forms part of their members' response to the Paterson Inquiry. The former NHS England National Medical Director, Professor Sir Bruce Keogh, is leading on the creation of the new framework on how medical practitioners are overseen in independent hospitals. The development of the framework is being undertaken in close consultation with hospital providers, consultant representatives, regulators, Royal Colleges, the NHS and ISCAS. The framework will apply to consultants engaged on both practising privileges (PP) and employed arrangements. In 2019/20 ISCAS will update its position statement regarding PPs, taking the framework into account but ensuring that the message of a single point of contact for complainants is reinforced. The Independent Adjudicators continue to see situations where patients do not receive a joined-up approach between the provider and the consultant.

Private Healthcare Information Network (PHIN)

The Private Healthcare Information Network (PHIN) is the independent, government-mandated source of information about private healthcare. The PHIN website section 'useful information sources' has been updated to signpost to ISCAS. PHIN and ISCAS continue to look for simple ways that patients can distinguish on the PHIN website, those providers who have an independent adjudication process from those who do not. PHIN has been increasing the transparency of information about private healthcare, including on consultant fees and ISCAS will be reviewing its position statement on fees to take into account the new infographic and video for patients. ISCAS and PHIN are having joint discussions with the Patients Association on engaging patients to understand their information needs in order for them to make better-informed choices of care provider.

System Regulators

ISCAS continues to meet regularly with Care Quality Commission (CQC) to discuss matters relevant to Regulation 16 of the Fundamental Standards regarding receiving and acting on complaints. As part of our Information Sharing Agreement with the CQC, ISCAS has completed a pilot to improve the CQC inspection team's focus on the outcomes from ISCAS independent adjudications. ISCAS has shared redacted independent adjudication reports with CQC for a number of years, but there were concerns that the length of the reports made it difficult for the CQC inspectors to use this intelligence effectively. The pilot reviewed the content of the letter sent to the provider that accompanies the report to ascertain whether the actions identified by the independent adjudicator in the letter were clear and succinct, thereby improving the ease for CQC inspectors to review ahead of inspections. ISCAS is confident that this more streamlined approach will be helpful to CQC and, through continually improving the letter content, to the Chief Executives in subscribing organisations. ISCAS also meets with the system regulators of the devolved Parliaments and Assemblies and is currently updating information sharing agreements with both Healthcare Improvement Scotland and Healthcare Inspectorate Wales and is now actively having discussions with the Regulation and Quality Improvement Authority in Northern Ireland. In 2019/20 ISCAS will also be writing to the Professional Regulators with regards Information Sharing and the Emerging Concerns protocol.

Ombudsmen

ISCAS maintains a good relationship with the Parliamentary & Health Service Ombudsman (PHSO) in England, and more recently has developed a link with the Dispute Resolution Design Manager at the PHSO. The PHSO strategy 2018-21 includes embedding early resolution and mediation into complaint handling. ISCAS is also looking at developing a mediation service with CEDR for ISCAS subscribers and it will be useful to see how learning can be shared. During 2018/19 ISCAS provided information ahead of the introduction of the Public Services Ombudsman (Wales) Act 2019, which is due to be brought into force in summer 2019. The new powers will mean that the Ombudsman in Wales can consider complainants about private healthcare where there is an element of NHS treatment. Guidance from the Ombudsman in Wales for other private patients remains to pursue concerns through ISCAS. In February 2019 ISCAS responded to the Healthcare Improvement Scotland (HIS) consultation on Independent Healthcare Regulation Complaints Procedure. The updated HIS procedure continues to signpost patients to ISCAS. What is different from the situation in England and Wales is that HIS will investigate complainants about a private provider where they are not a subscriber to ISCAS.

The Independent Medicines and Medical Devices Safety Review (IMMDSRF)

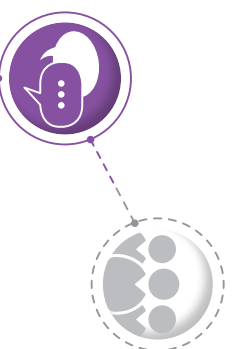
The IMMDSRF has recently published evidence submitted to the Review, following its oral hearings. ISCAS provided written evidence to emphasise the important role played by independent adjudication in affording private patients an escalation pathway for unresolved complainants about subscribing organisations. Our evidence included an overview of what is covered by the ISCAS Code, background on the regulatory context including with reference to practising privileges, the key elements of the Information Sharing Agreement with the Care Quality Commission and how lessons learned are incorporated into ISCAS training events. The issue regarding the lack of access to the Parliamentary and Health Services Ombudsman (PHSO) for private patients treated in the majority of NHS Private Patient Units (PPUs) was also outlined.

Joint Committee on Health Service Safety Investigations Bill (HSSIB)

ISCAS had submitted a written response on the draft HSSIB and raised concerns about the inclusion of accreditation. ISCAS is pleased to note that the Government response has agreed to remove the accreditation provisions that would extend 'safe space' investigations to local NHS Trusts. In addition, ISCAS agrees with the Joint Committee's recommendation that the draft Bill should be amended to extend the remit to the provision of all healthcare in England, however funded. ISCAS will be writing to the Minister of State for Care regarding the Government's plans to consult with stakeholders on extending the remit of the new body to investigate independently funded health care in England.

Private Medical Insurers (PMI)

As part of the process of raising the profile of ISCAS, the Insurer Medical Directors were sent an updated copy of the ISCAS Information Sharing Agreement with the Care Quality Commission. They were reminded that private patients do not have the same access as NHS patients to the Parliamentary and Health Service Ombudsman. ISCAS considers it would be helpful for the relevant insurer to maintain visibility of those organisations that are subscribers to ISCAS - namely those providing patients with access to a third stage.

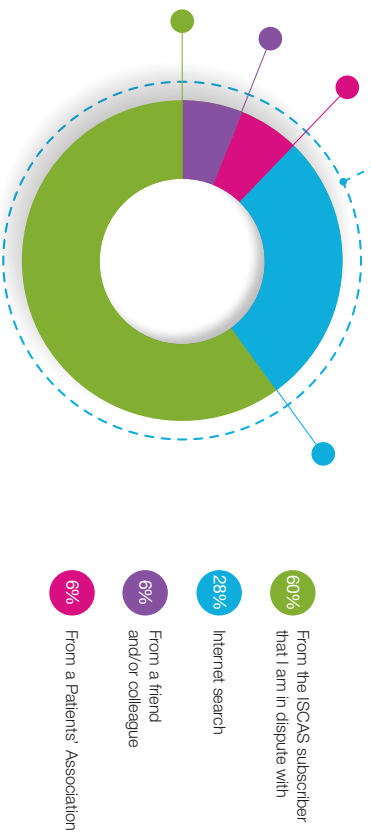


Facts and Figures

Referrals to ISCAS

At the Independent Adjudication stage, more than half of complainants are referred to ISCAS by ISCAS subscribers, while a sizeable number of complainants hear about ISCAS by carrying out their own enquiries on the internet. Table 1 shows how people were signposted to ISCAS before their complaint reached independent adjudication.

How people hear about ISCAS prior to Independent Adjudication



Complaints managed by ISCAS

During this reporting period, a total of 314 complainants contacted ISCAS via telephone, email or letter with a concern. Of the 314 contacts, 82% (258) related to ISCAS subscribers, which was an increase from the 72% of contacts relating to ISCAS subscribers in the previous reporting period. The remaining 18% of complainants whose complaints related to non-ISCAS subscribers were signposted to other organisations where possible.

Of the 258 contacts received in relation to current subscribers, 98 complainants were forwarded to an Independent Adjudicator. There was one additional complainant who began the Independent Adjudication process but resolved their case with the subscriber instead of progressing through the third stage of the ISCAS process.

The ISCAS Management Team has an important role in managing complainant expectations, particularly when they are considering progressing to Independent Adjudication. Some complainants enquiring about ISCAS are seeking resolutions not achievable under the scope of scheme. Examples are set out in the Patient Guide of what can and cannot be achieved through the scheme. These complainants (56 in this reporting period) are signposted to other forms of redress.

Other enquiries may not proceed to adjudication as a satisfactory resolution is achieved with the subscriber prior to the complainant becoming eligible to apply to the scheme and submitting the completed application.

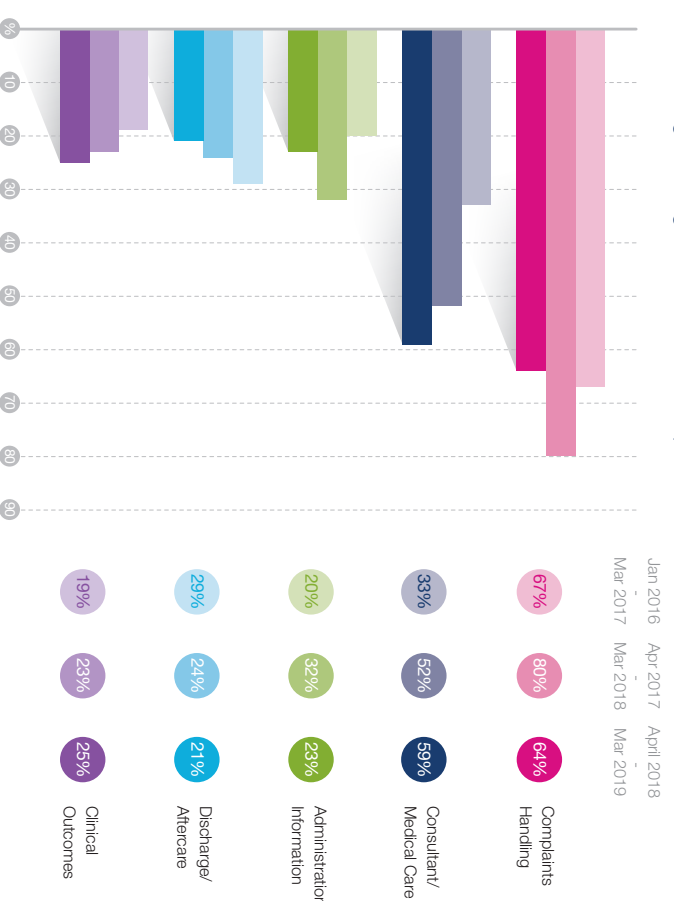
Adjudication facts and figures

In this reporting period, 107 final decisions were issued by Independent Adjudicators (note: these decisions include some complainants received at the end of the previous reporting period). Of the 107 complainants that have been adjudicated on, adjudicators identified 275 Heads of Complaint (these are the individual elements of the complaint on which the adjudication is made).

Total number of adjudicated complaints and heads of complaint

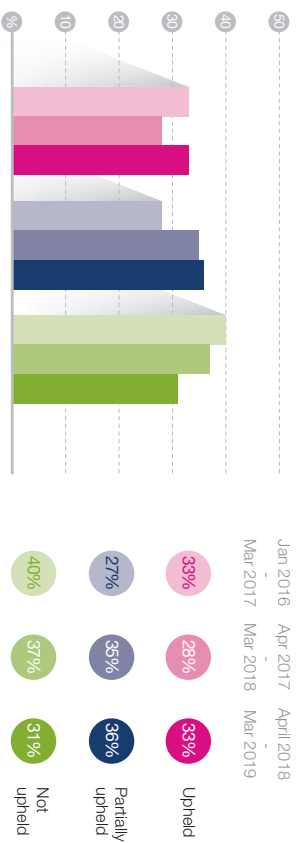
	Jan 2016 - Mar 2017	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019
Total number of complaints adjudicated	78	101	107
Total heads of complaints	240	279	275

The five largest categories of heads of complaint



In each decision report, adjudicators either: 'uphold', 'partially uphold' or 'do not uphold' a particular head of complaint. The following table illustrates that the majority (69%) of complaint heads are either 'upheld' or 'partially upheld' by adjudicators, which is an increase on the 63% of 'upheld' or 'partially upheld' complaint heads reported on in the previous year.

Heads of complaint upheld at the Independent Adjudication stage



Adjudication costs

Individual ISCAS subscribers bear the cost of adjudications. The average cost of an adjudication case in this reporting period was £2833, a decrease from the £2945 average cost last year.

	Jan 2016 - Mar 2017	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019
Adjudicator costs	£142,733	£215,577	£215,790
Goodwill payment costs	£42,840	£65,815	£66,728
Clinical expert costs	£29,843	£16,095	£20,662

Goodwill payments were made in 82% of cases in this reporting period, which is an increase from the 80% of cases where goodwill payments were made in the previous year. However, the average size of goodwill payment decreased to £758, from an average of £813 last year.

	Jan 2016 - Mar 2017	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019
Cases in which goodwill payments made	68	81	88
% of cases attracting a goodwill payment	87%	80%	82%
Total costs	£42,840	£65,815	£66,728
Average award	£630	£813	£758

Expert clinical advice

Independent Adjudicators may require the use of expert clinical advice to support the adjudication process. Clinical reports are made available to complainants and providers when the adjudicator issues their decision. 11% of cases required expert clinical advice in this reporting period, a decrease from 12% in the previous period. The total costs associated with expert clinical advice in this reporting period came to £20,662 (or an average of £1,721 per case).

	Jan 2016 - Mar 2017	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019
% of cases requiring expert clinical advice	19%	12%	11%
Total costs of experts	£7,450	£16,095	£20,662
Average cost of expert	£1,863	£2,012	£1,721

ISCAS's Expert Policy and Procedure has been reviewed taking note of the PHSO Clinical Advice Review, which utilised the experience of a previous NHS Medical Director, Sir Liam Donaldson.

Complaints about ISCAS and learning

During this reporting period any complaints about the service were resolved following investigation in line with the ISCAS Code. In 2019/20 complaints about ISCAS will be managed through the CEDR complaints procedure, following a formalised three-stage process.

Financial position

The Board of Directors manage the finances of ISCAS on the basis that it is a not-for-profit organisation, and therefore they seek to achieve only a very small surplus so as to ensure that there are sufficient reserves to cover unforeseen circumstances. For the year ended 31 March 2019, ISCAS total revenue was £423,000 of which 35% arose from subscriptions and the remainder from adjudication case fees. The surplus for the year was just under £3,000 and our accumulated reserves are around £52,000.

Historically, ISCAS operating costs have been covered by subscription income whilst adjudication fees funded our Independent Adjudicators. The directors are, however, gradually shifting the balance so that a higher proportion of costs are covered by case fees.



Subscribers to ISCAS

Aesthetic Beauty Centre	MET Medical Ltd
Alliance Medical	Moorgate Andrology
Ascot Rehabilitation Centre	My Aesthetics
Aspen Healthcare	NVA Cosmetic Surgery
Bella You	NES Healthcare
Bendand Healthcare	New Victoria Hospital
BMI Healthcare	Nightingale Hospital
British Hair Clinic	North West Independent Hospital
Bupa Cromwell Hospital	Nutrifid Health
Care Oncology Clinic	One Health Medical Group
Castle Craig Hospital	One Healthcare
CC Kat Aesthetics	Optegra
Centre for Reproductive Immunology and Pregnancy (Miscarriage Clinic)	OSD Healthcare
Centre for Sight	Pamsay Health Care
Ciche Health	Randox Health
Clinical Partners	Regent's Park Heart Clinics Ltd
Cobalt Health	Rustcliffe Care Group
Cosmetic Surgery Partners	Sanda Maria Hospital
Custom Vision Clinic	Schoen Clinic UK
Elanic	Skin Clinics Ltd
Epsommedical	Spencer Private Hospitals
Fairfield Independent Hospital	Spire Healthcare Ltd
Fortus Clinic	St Hugh's Hospital
Genesis Cancer Care UK Ltd	St. Joseph's Private Hospital
Glenside Manor Healthcare	TAC Healthcare Group Ltd
Harley Street ENT Clinic	The Eveswell
HCA International	The French Cosmetic Medical Company
Hearts First Ambulance Service	The GP Surgery Ltd
Heathrow Medical Services LLP	The Harley Medical Group
Horder Healthcare	The Hospital of St John and St Elizabeth
Imperial Private Healthcare	The London Clinic
Independent Doctors Federation	The Manchester Clinic
InHealth	The Mole Clinic
Japan Green Medical Centre Ltd	The New Foscofe Hospital Limited
KIMS Hospital Limited	The Priory Group Ltd
King Edward VII Hospital Sister Agnes	The Private Clinic
Lina Cosmetic Surgery	The Raphael Medical Centre
aka Harley Health Village	The Royal Free PPU
London Clarent Clinic	The Saffron Suite
London Doctors Clinic	The Standing CT Company
London Medical	The Usher Independent Clinic
London Walbeck Hospital	Transform Hospital Group
Manchester Private Hospital	UK Birth Centres T/A Private Midwives
Marie Stopes International	UME Diagnostics
ME Clinic	Weymouth Street Hospital
Medical Equipment Solutions Ltd	Wimbledon Neuro-Care
	ZoomDoc Ltd

The ISCAS Team



Jordan Yates, ISCAS Senior Advisor

Jordan is the first point of contact for patients, independent adjudicators and providers. Jordan has previously worked in a patient facing role for the NHS. She has many years of experience as a case administrator at CEDR, providing advice and assistance to consumers across a range of dispute resolution services and schemes



John-Paul Azzi, ISCAS Manager

John-Paul provides the day-to-day oversight of the ISCAS scheme and administers the panel of independent adjudicators. He is Head of Consumer Services at CEDR and has over 10 years' experience working in alternative dispute resolution. John-Paul's background includes complaint handling, negotiation, conciliation, adjudication, management, quality assurance and complaints review. He is also a qualified solicitor from Australia.



John Nunton, ISCAS Manager

John supports in the on-going development of the ISCAS scheme within CEDR. John has been working in dispute resolution services for over 30 years and is able to use that experience to review the ISCAS scheme from a wider perspective. He is responsible for the operation of CEDR's contracted dispute resolution services which currently handle over 30,000 disputes every year in more than a dozen industries.



Graham Massie, ISCAS Company Secretary

Graham Massie is CEDR's Chief Operating Officer, Company Secretary and Chief Financial Officer, a role he also performs for ISCAS. A Chartered Accountant and professional mediator by background, Graham has over 20 years' experience in the conflict management field. His current project portfolio with CEDR includes working with a range of leading professional firms, corporate and public sector bodies to develop their in-house negotiation skills and conflict management systems, and he also leads CEDR's research project on 'Cutting the Cost of Conflict'.





INDEPENDENT HEALTHCARE SECTOR
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