

# Annual Report

2019/2020



# ISCAS

INDEPENDENT SECTOR  
COMPLAINTS ADJUDICATION SERVICE

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## About ISCAS

ISCAS is the appropriate body for the escalation of complaints about private healthcare and is recognised as such by regulators, including the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW) and other appropriate bodies, for example the Parliamentary and Health Services Ombudsman (PHSO).

ISCAS is a not-for-profit organisation, which is independent of private healthcare providers and is hosted by the Centre for Effective Dispute Resolution (CEDR).

ISCAS publishes how subscribers should manage complaints in a Code of Practice. Information Sharing Agreements permit sharing of concerns with regulators about providers who do not comply with the ISCAS Code or do not provide private patients with access to a recognised independent review stage.

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.

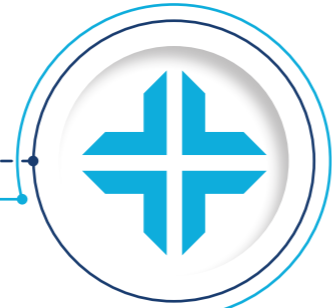
**Fair** - we treat people, both patients and subscribers, fairly, proportionately and according to the evidence.

**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>

## Summary



Baroness Fiona Hodgson CBE,  
Chair of the ISCAS  
Advisory Board

It has been heartening to see that the number of subscribers to ISCAS continues to increase year on year, including a small number of NHS Private Patient Units (NHSPPU) during 2019/20. Greater numbers of private patients now have the assurance of access to an independent review of their complaint by an appropriate body. However, it is disappointing that there remain a large proportion of NHSPPU that do not provide access to an appropriate scheme for escalating complaints. During 2020/2021 ISCAS will redouble efforts to engage NHSPPU.

Throughout 2019/20 ISCAS has increased the focus of information for patients in the form of Frequently Asked Questions (FAQs), including for COVID-19. During 2020/21 ISCAS will redouble efforts to engage NHSPPU and will publish a position statement to clarify ISCAS' approach and aid consistency of communication on the matter.

Sally Taber,  
ISCAS Director



2019/20 has been a very busy year and, as with many organisations, the challenges of COVID-19 have required ISCAS to accelerate changes and adapt to new ways of working. I was delighted to welcome Des Shiels to the Board of Directors at the end of 2019. ISCAS is already benefiting from his extensive experience in independent healthcare including refining the subscription model based on private patient turnover. Des takes the lead on ISCAS financial matters, working with Graham Massie the ISCAS Company Secretary.

The Paterson Inquiry Report was published in February 2020. Although the Government's response has been delayed due to the COVID-19 pandemic, ISCAS has already begun to implement relevant recommendations from the Inquiry Report. Having been an adviser to the inquiry, Karen Harrowing will lead on how ISCAS can improve patient engagement, working with the Patients Association, as well as continuing work on regulation and governance.



Karen Harrowing,  
ISCAS Director



Des Shiels,  
ISCAS Director

## Headlines

The body of the Annual Report 2019/2020 is expanded under the headlines below.

### Patients and Partners

Patients find that the service ISCAS provides does address their concerns and they are overwhelmingly satisfied with the adjudication service. The hosting arrangement with the Centre of Effective Dispute Resolution (CEDR) who allocate adjudications continues to provide the necessary independence to the service. However, some patients are still not signposted to ISCAS. Ensuring that private patients have good information on how to escalate complaints is an area ISCAS continues to work on with the Patients Association.

### Subscribers and Providers

The variety and number of subscribers to ISCAS continues to expand. Although the numbers of NHS subscribers have increased, the majority of private patients treated in the NHS do not have access to ISCAS. Communications and support to subscribers to help them provide good complaints handling services for patients continues to expand and lessons learned are fed back through training, newsletters and other correspondence.

### Stakeholders and Engagement

The relevant complaint recommendations from the Paterson Inquiry Report have been taken forward, including with the system regulators through Information Sharing Agreements. ISCAS is pleased to be a partner organisation of the Parliamentary and Health Service Ombudsman (PHSO) and part of the group working on the Complaint Standards Framework (CSF). ISCAS was delighted to see that our feedback to the Independent Healthcare Providers Network (IHPN) was included in the Medical Practitioners Assurance Framework (MPAF). ISCAS continues to work with the Private Healthcare Information Network (PHIN) to improve information for patients.

### Facts and Figures

The total number of complaints adjudicated in 2019/20 was 111, which is an increase on the 2018/19 total of 107. 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 by providers continues to be one of the most frequent concerns raised by patients, in 77% of cases. Complaints about Consultant care continue to rise year on year with 60% of complaints including this element in 2019/20.

# Patients and Partners

## Patient focus

ISCAS is an independent body that ensures that patients are placed at the centre of the complaint process. The Facts and Figures section of this report provides more detail on the way in which the 111 stage 3 complaints were managed in 2019/20. ISCAS continues to investigate how more quantitative feedback can be obtained from patients to support the qualitative feedback received, such as:

*"I would also like to say thank you to you. Your communication with me throughout the stage 3 process has been exceptional - thank you."*

The feedback received from patients demonstrates the important role that ISCAS has in ensuring that patients are listened to, for example:

*"Many thanks for your email and for sending me the adjudicator's report as well as the medical report prepared by [named expert]. They made interesting reading and I finally felt that my difficulties and complaints had been thoroughly listened to and addressed. I would be very grateful if you could pass my thanks on to [named adjudicator] and to [named expert]."*

However, ISCAS also recognises that more needs to be done to ensure that patients are aware of the services of ISCAS. The publication of the Paterson Inquiry Report in February 2020 recommended:

*"We recommend that information about the means to escalate a complaint to an independent body is communicated more effectively in both the NHS and independent sector."*

ISCAS is working on improving information and listening directly to patients experiences of complaining about private healthcare in both the independent sector and the NHS, for example through the development of a patient focus group.

## The Patients Association

During 2019/20 ISCAS renewed its arrangement with the Patients Association, which facilitates engagement with patient groups to help inform how ISCAS publications and processes can be continually improved. Unfortunately, due to COVID-19, the planned patient focus event to review ISCAS patient information about escalating complaints, was postponed. Given the ongoing requirements with social distancing the Patients Association are planning a remote focus group for summer 2020. ISCAS will review the outputs of the focus group, including listening to feedback on access to ISCAS and information for patients in the form of Frequently Asked Questions (FAQs).

The Patients Association worked with ISCAS to improve the consent form for patients to improve information governance and help patients understand what is within scope for ISCAS, and the areas that are not covered by the Code. At the end of 2019/20 the Patients Association supported ISCAS with COVID-19 FAQs to support the Patients Guide. This included informing patients about how to contact ISCAS, as well as providing information about contacting regulators and ombudsmen during the pandemic. With the independent sector and NHS working more closely together, particularly in England, the FAQs also highlighted that NHS patients being treated in the independent sector were entitled to escalate complaints to the Parliamentary and Health Service Ombudsman (PHSO).

 **the patients association**

## Centre for Effective Dispute Resolution

The Centre for Effective Dispute Resolution (CEDR) continues to host ISCAS and brings a great deal experience of operating a variety of alternative dispute resolution schemes, including mediation work with NHS Resolution.

The Senior Case Manager provides the key link between CEDR and ISCAS and ensures that communication between the person complaining, the provider and the independent adjudicator are managed effectively. During 2019/20 the Senior Case Manager has been pivotal to a number of areas of continuous improvement, including redesign of the consent process for those complaining and moving to the paperless adjudication processes to support COVID-19 adaptations to the service.

## Independent Adjudicators

ISCAS has worked with five independent adjudicators during 2019/20. The adjudicators work independently of ISCAS and have a variety of backgrounds, including health policy, health professional standards, complaint handling, consumer policy, regulation and the law. The Facts and Figures section of this report provides the details of the issues that continue to arise at stage 3, including providers not following their own complaints procedures and the ISCAS Code.

The inconsistent implementation of procedures in healthcare is not unique to complaints handling. It is linked to issues about learning and the need to move to evidence-based processes and away from 'custom and practice'. The independent adjudicators continue to capture learning from stage 3 adjudications and address relevant matters to the providers' Chief Executive.

At the end of 2019/20 the independent adjudicators adapted to a wholly paperless system of reviewing complaints precipitated by the COVID-19 pandemic. Whilst this provides a more sustainable approach, ISCAS is aware that online ways of working does not meet all patients' accessibility needs. ISCAS will review the lessons learned from the enforced change in approach as part of our learning from the pandemic. ISCAS was delighted that, even through a pandemic, all the adjudicators were able to continue with the important work of independent review of complaints.

  
**CEDR**  
CENTRE for EFFECTIVE  
DISPUTE RESOLUTION

# Subscribers and Providers

## Subscribers to ISCAS

Organisations that subscribe to ISCAS fall into the broad categories of Acute General Hospital, Mental Health Hospital, NHS Private Patient Unit, Cosmetic Provider, 'Other' specialist clinic and the Independent Doctors Federation (IDF).

The list of subscribers is presented at the end of the report and shows that in 2019/20 the number and variety continued to increase. The increasing variety of subscribers reflects the innovation in the independent sector and ISCAS is working with CEDR on looking at criteria for a mediation service. A mediation model may be more appropriate for non-acute service provision.

There were 38 new subscribers of which 4 were NHS private patient units (NHSPUs). Whilst it is good to see more NHSPUs subscribing to ISCAS, the pace of subscription is slow and ISCAS continues to receive complaints from private patients treated in the NHS who have no access to an appropriate body for complaint escalation.

Some subscribers to ISCAS are not members of a representative body and this can result in less consistency in their governance frameworks. This is particularly relevant to Cosmetic Providers, where those engaged in complaint handling often do not fully understand the requirements for 'practising privileges'. Namely, that the regulators require that the medical practitioner must be working in accordance with the hospital's policies, including the complaints procedure. Issues with practising privileges have not only been identified by ISCAS - the recommendations in the Paterson Inquiry Report include:

*"We recommend that the differences between how the care of patients in the independent sector is organised and the care of patients in the NHS is organised, is explained clearly to patients who choose to be treated privately ... This should include clarification of how consultants are engaged at the private hospital, including the use of practising privileges ..."*

In October 2019 ISCAS reminded subscribers that professional guidance did not recommend the procedure called buttock fat grafting (also known as Brazilian Buttock Lift or BBL). It was disappointing that ISCAS had to follow-up with certain Cosmetic Providers who continued to advertise the procedure on their websites. ISCAS reiterated that we would be unable to facilitate independent adjudications from complainants that have undergone the procedure and that we would raise concerns under our information sharing agreements.



## ISCAS support to Subscribers

ISCAS has reviewed the findings and recommendations from the Paterson Inquiry, along with themes from stage 3 complaints regarding practising privileges. With input from the Patients Association, ISCAS has drafted a set of Frequently Asked Questions (FAQs) on practising privileges and complaint handling. The aim is to improve the understanding of this unique aspect of private practice for both patients and staff. The wider consultation on the ISCAS draft FAQs on practising privileges, and launch, was delayed due to the COVID-19 pandemic and will now be launched in late summer 2020.

To facilitate more targeted feedback from subscribers, ISCAS hosted three separate meetings in 2019 for the large providers, small providers and cosmetic providers. Following feedback from subscribers ISCAS had already been investigating ways to improve the website and communications, and thereby reduce the reliance on large advisory group meetings. Towards the end of the 2019/20 reporting period the move to newsletters and remote meetings for subscribers was accelerated due to the pandemic.

The first of the new style newsletters for ISCAS subscribers was launched in mid March 2020 and, given the increased need for communication during the pandemic, these were initially being sent weekly. The plan is to revert to monthly newsletters during 2020/21 and to gain feedback from subscribers on content of the newsletters.

Training in complaints handling and compliance with the ISCAS Code was delivered online and face-to-face during 2019/20. Given the on-going requirements for social distancing through the pandemic, the plan will be to hold remote training sessions through 2020/21 until face-to-face training events can be fully supported by subscriber representatives, speakers and sponsors.

## Learning and improvement

The ISCAS annual training event for subscribers was well supported in 2019. There were excellent presentations on lessons learned from ISCAS subscribers, Aspen Healthcare and One Healthcare. The day was extremely interactive and good feedback was received, including:

*"This annual event is such good value for money and I always come away with something to take back to help improve complaints management."*

The Patients Association highlighted the emotional impact on patients on raising a complaint and about the need for empathy. This theme, which coincided with #EmpathyDay2019, was also picked up by one of the Independent Adjudicators to ISCAS, who spoke about how to ensure the patient felt heard in response letters and the importance of a meaningful apology. A partner from DAC Beachcroft spoke at the event to emphasise the importance about good quality investigations into complaints and consistency in record keeping. Many key stakeholders in good complaint handling attended or spoke at the event, including the Care Quality Commission (CQC), the Parliamentary and Health Service Ombudsman (PHSO), the Independent Healthcare Providers Network (IHPN) and the Private Healthcare Information Network (PHIN).

# Stakeholders and Engagement

As with all organisations the context in which ISCAS operates results in engagement with a number of key stakeholders, including the healthcare system regulators and the ombudsman from each country within the UK, as well as organisations focused specifically on private healthcare. In addition to these groups, covered in more detail below, ISCAS has also maintained engagement with the Private Medical Insurers (PMI) and professional regulators such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).

## Inquiry/Review/Regulation

During 2019/20 the Paterson Inquiry Report was published and recommended that all private patients should have the right to mandatory independent resolution of their complaint. The Government has had to prioritise directing legal resource and Parliamentary time to preparations for EU Exit and more recently to responding to the COVID-19 pandemic. It is therefore unclear if the regulation of healthcare complaints will be addressed imminently. In the interim ISCAS has been working with patient groups, ombudsmen and regulators to ensure that patients can be assured of an independent adjudication process by increasing subscription and compliance with the ISCAS Code.

The publication of the Independent Medicines and Medical Devices Safety Review (IMMDSR) chaired by Baroness Cumberlege was delayed due to COVID-19. The Government's response to both reports is likely to be published later in 2020/21. There has been limited progress on the Health Service Safety Investigations Bill (HSSIB) and the independent sector has not been added to the drafting. In January 2020 ISCAS restated:

*"ISCAS considers that the HSSIB will only command the confidence of patients and their families and healthcare professionals if it has a remit across healthcare, whether this is the NHS or in the independent sector. Indeed the foreword by the Secretary of State refers to 'whole-system' change. The stated function of the HSSIB is for addressing risks to the safety of patients by facilitating the improvement of systems and practice".*

## Ombudsmen

ISCAS maintains good engagement with the ombudsmen responsible for the independent review of NHS complaints across the UK. During 2019/20 this has included ensuring the signposting on the ombudsmen website is clear where they are unable to intervene in private healthcare complaints and the information about ISCAS is up-to-date.

Towards the end of 2019/20, ISCAS became one of a group of organisations across the healthcare sector in England working in partnership with the Parliamentary and Health Services Ombudsman (PHSO) to build a new Complaint Standards Framework (CSF).

The Framework sets out a single set of standards for staff to follow when they handle complaints. It also sets out how organisations can best capture and act on the learning from complaints. PHSO and ISCAS are both listed in the guidance on 'appropriate bodies' by the Care Quality Commission. Given the need, identified in the Paterson Inquiry Report, for greater consistency in complaint handling for NHS and private patients, ISCAS is keen to support the development of the Framework and work on improved alignment as the new ISCAS Code is developed.

During recent feedback to the PHSO group, ISCAS has been emphasising the need to refer to patient flows by funding stream when referring to complaint escalation. In this way it will be clear that, in England, the complaint escalation process is via PHSO for NHS patients, whether treated in the NHS or the independent sector, and via ISCAS for private patients, whether treated in the independent sector or the NHS/NHS private patient units. The Framework consultation was delayed due to COVID-19 and so the new Complaint Standards Framework will be launched later in 2020/21.



## System Regulators

The system regulators across the UK recognise ISCAS as the appropriate body for private patient complaint escalation. During 2019/20 ISCAS has maintained Information Sharing Agreements with the Care Quality Commission (CQC - England), Health Inspectorate Wales (HIW) and Health Improvement Scotland (HIS) and these are published on the ISCAS website. There are on-going discussions with the Regulatory and Quality Improvement Authority (RQIA - Northern Ireland), which should be completed in Autumn 2020.

This year ISCAS has shared on-going lessons learned and information with the regulators through anonymised adjudication letters to the subscribers. Concerns about providers who do not provide an independent adjudication process have also been shared. These agreements support recommendations in the Paterson Inquiry Report regarding improvements in information sharing, although the Paterson Inquiry scope was limited to England.

At the end of 2019/20 ISCAS has been focusing on specific proposals with the English regulator (CQC) that we consider will help private patients obtain better access the appropriate body for escalating complaints. ISCAS has proposed to CQC that providers that do not establish an independent review stage should be identified through the CQC Key Lines of Enquiry (KLOE) framework and the prompts in the CQC Inspection Frameworks should be more consistent.

## Independent Healthcare Providers Network (IHPN)

ISCAS engages regularly with the Independent Healthcare Providers Network (IHPN) and we were delighted to see that our feedback was included in the Medical Practitioners Assurance Framework (MPAF) prior to the launch by Professor Sir Bruce Keogh in October 2019 and the associated patient facing animation published in January 2020. Key points from the animation and the framework regarding complaints handling include:

- **Medical practitioners** must record and report complaints - working in line with the healthcare provider's complaint handling policy and taking an active part in investigations and sharing of learning.
- **Complaints policy** needs to include the internal procedures to comply with fundamental standards, and also explain when, and how, complaints should be escalated to external bodies, for example, such as ISCAS.

- **Healthcare Providers** need to monitor patient safety, clinical quality and encourage continuous improvement. Analysis of complaints about all staff, including self employed practitioners with practising privileges, and lessons learned should be used to continually improve performance. Providers must be open and transparent with people who use services.

ISCAS accepts that it is for the regulators to ensure that registered providers must demonstrate that service users have access to an appropriate body for escalating complaints. However, we would also like to see that this is supported by the Independent Healthcare Providers Network (IHPN) through ensuring its membership provides access to patients through subscription to ISCAS.



## Private Healthcare Information Network (PHIN)

ISCAS has continued to engage with the Private Healthcare Information Network (PHIN). Whilst the mandate from the Competition and Markets Authority (CMA) does not specify that PHIN should publish information on complaints data, the 11 performance measures do include one relating to patient feedback. Complaints are an important measure of patient feedback and this was emphasised in the Paterson Inquiry Report:

*"Complaints from patients about their care offers hospitals the opportunity to examine the adequacy of the treatment and care their patients receive, to apologise when it has been found wanting and to prevent recurrence."*

ISCAS considers information on complaints should be included as a measure of patient feedback and that there should be a plan to align the information with NHS datasets.

Due to COVID-19 further engagement between PHIN and ISCAS on complaints information was postponed at the end of 2019/20. At that time PHIN was focusing on moving to a single source of healthcare data through the Acute Data Alignment Programme (ADAPT) with NHS Digital.

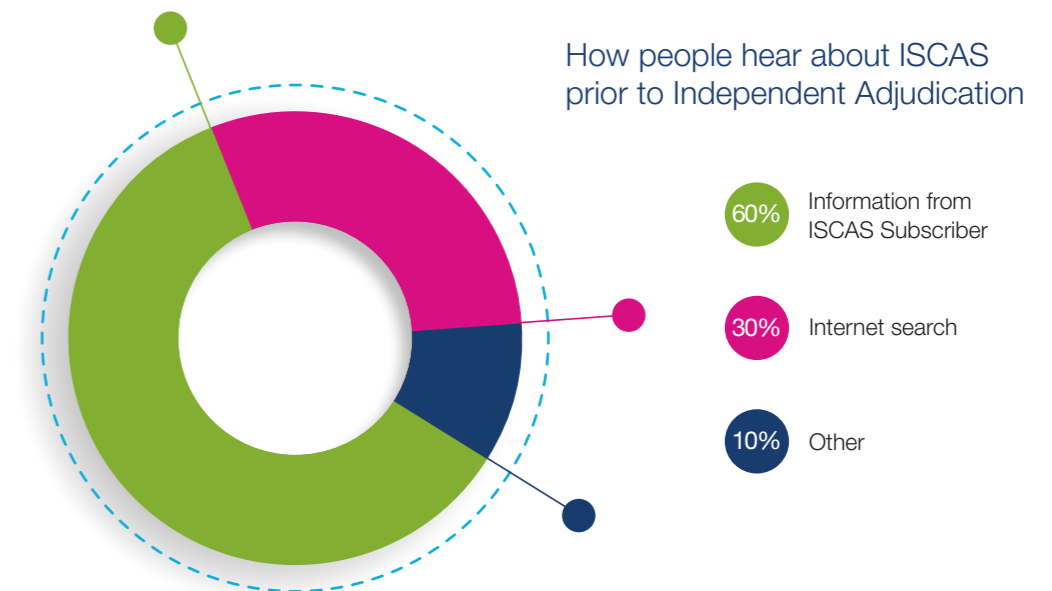
As the work with the PHSO's Complaint Standards Framework on monitoring, reporting and sharing information develops through 2020/21, ISCAS plans to look at how datasets on complaint handling can be aligned and then utilised with other information to support patient choice.



## Facts and Figures

### Referrals to ISCAS

At the Independent Adjudication stage, more than half of those escalating complaints are referred to ISCAS by ISCAS subscribers, while a sizeable number of people making complaints hear about ISCAS by carrying out their own enquiries via the internet. The figure below shows how people were signposted to ISCAS before their complaint reached independent adjudication.



Over 80% of the complaints are escalated by people treated at the Acute General providers and 10% from specific Cosmetic providers. The other 10% of complaints is made up of complaints from NHS Private Patient Units, Mental Health providers and other Diagnostic or Single Specialty providers.

### Complaints managed by ISCAS

During this reporting period, a total of 509 people contacted ISCAS via telephone, email or letter with a complaint. This is a significant increase in the number of contacts received by ISCAS from the previous reporting period (314). Of the 509 contacts, 78% (397) related to ISCAS subscribers, which was a slight decrease in the percentage of contacts relating to ISCAS subscribers in the previous reporting period. The remaining 22% of people whose complaints related to non-ISCAS subscribers were signposted to other organisations, where possible.

Of the 397 contacts related to ISCAS subscribing organisations, not all were within scope of the ISCAS Code. The ISCAS Management Team has an important role in managing expectations. Some people who wish to escalate their complaint are not familiar with the possible outcomes of adjudication, for example they may be seeking a refund, revision surgery and/or financial compensation, which are not within scope. These contacts were signposted to more appropriate forums, for example the Financial Ombudsman Service. 147 of applications received were within scope.

## Adjudication volumes, themes and outcomes

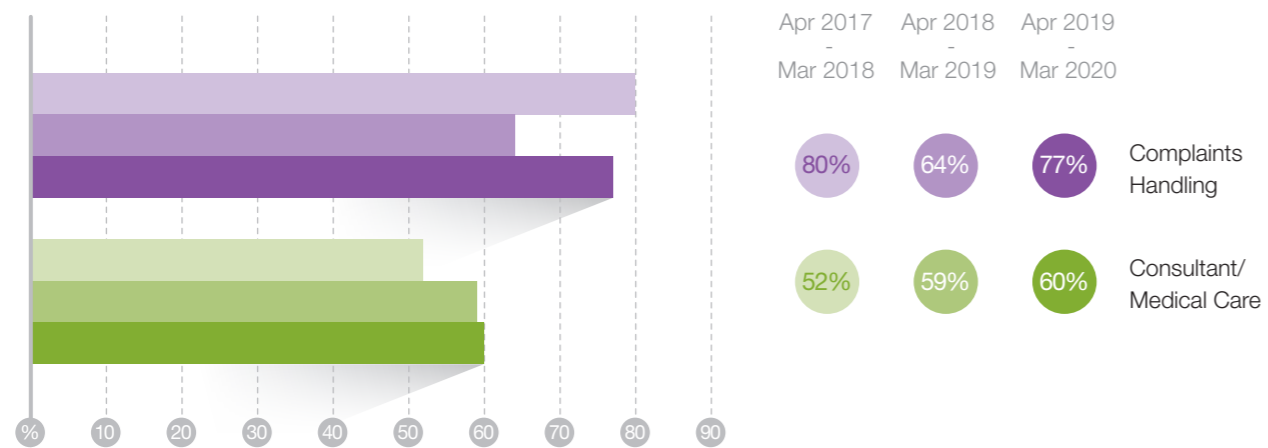
In this reporting period, 111 complainants' have received a final decision from an Independent Adjudicator (36 applications continued as 'work in progress' at the year end). The average duration of completed cases (from the point at which the medical records are received) across the year 2018/19 was 71 days. However, the average duration of completion was significantly increased where an expert was engaged as part of the adjudication process, rising to 111.5 days.

Of the 111 complaints that have been adjudicated on, adjudicators identified 348 Heads of Complaint (these are the individual elements of the complaint on which the adjudication is made). The numbers are shown in the table below and the average Heads of Complaint have increased from 2.6 to 3.1 per application from the previous year.

	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	Apr 2019 - Mar 2020
Total number of complaints adjudicated	101	107	111
Total heads of complaints	279	275	348

As with previous years the most frequently recurring Heads of Complaint are about Complaints Handling and Consultant/ Medical Care.

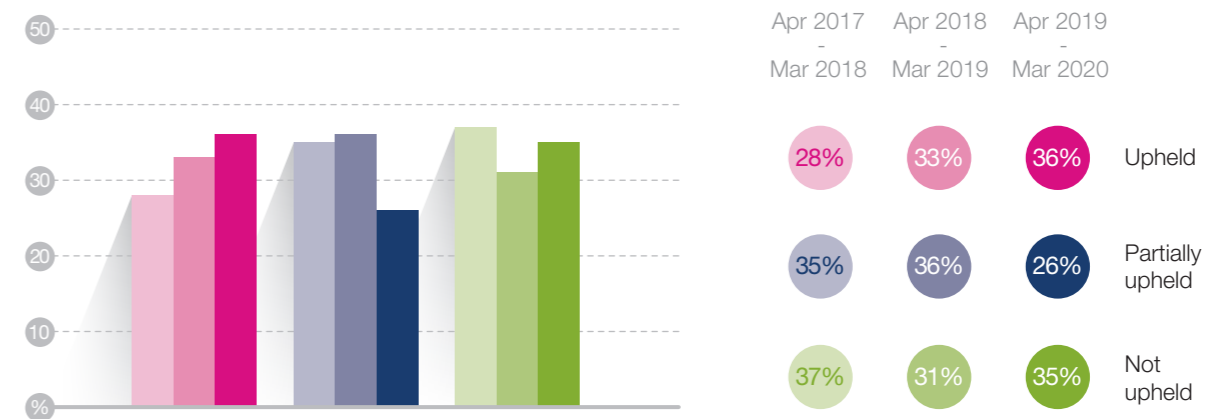
### Most frequent Heads of Complaint at Independent Adjudication



The next most frequently raised issues in complaints vary year-on-year, although Nursing and Discharge are recurring themes. A change seen in this year has been a large increase in the frequency that 'Accommodation' was an element of the complaint. 29% of complaints referred to Accommodation including highlighting disappointment with the quality and hygiene of private rooms and ensuite facilities, as well as problems with lack of air conditioning during hot weather.

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 (62%) of complaint heads are either 'upheld' or 'partially upheld' by adjudicators, which is a decrease reported on in the previous year (69%) but similar to the year 2017/18 (63%).

### Outcome of the Independent Adjudication



## Adjudication costs and clinical advice

Individual ISCAS subscribers bear the cost of adjudications. The average cost of an adjudication case in this reporting period was £2,105, which shows a decrease in average costs on the previous two years (2018/19 at £2,209 and 2017/18 at £2,294).

	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	Apr 2019 - Mar 2020
Adjudicator costs	£215,577	£215,790	£212,563
Clinical expert costs (and percentage of cases requiring expert clinical advice)	£16,095 12%	£20,662 11%	£21,094 14%

Independent Adjudicators may require the use of expert clinical advice to support the adjudication process. The adjudicators will use their discretion on a case-by-case basis and only use an expert if appropriate. Clinical reports are made available to people who complain and providers when the adjudicator issues their decision.

14% of cases required expert clinical advice in this reporting period, a slight increase from the previous period. The total costs associated with expert clinical advice in this reporting period came to £21,094 (or an average of £1,357 per case), which is a decrease from last year. The Expert Policy has been further reviewed to ensure consistency and value for money when instructing an expert on a case.



## Goodwill Payments

Individual ISCAS subscribers also are required to make any goodwill payments to people escalating complaints. Goodwill payments were made in around 92% of completed cases in this reporting period, which is an increase of around 10% of cases where goodwill payments were made in the previous year. However, the average size of goodwill payment decreased to £605, from an average of £758 last year.

	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	Apr 2019 - Mar 2020
Cases in which payments made	81	88	102
% of cases attracting a payment	80%	82%	92%
Total costs	£65,815	£66,728	£61,683
Average award	£813	£758	£605

## Complaints about ISCAS

With the launch of the new ISCAS website during 2019, a new independent complaints process was introduced. Following the implementation of CEDR's 3 stage Complaints Procedure, CEDR received four complaints about ISCAS during the financial year. Three complaints related solely to an adjudicator's decision. This aspect is out of scope as decisions are final and not subject to review. This is made clear in all ISCAS information including the Patients' Guide to the ISCAS Code. One case was upheld in part due to the overall time it took to resolve the matter owing to the delay in sourcing an appropriate expert.

## 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 2020, ISCAS total revenue was £456k of which 38% arose from subscriptions and the remainder from adjudication case fees. The surplus for the year was just under £35k and our accumulated reserves are around £86k

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.



## The ISCAS Team



### Jordan Yates, ISCAS Senior Case Manager

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



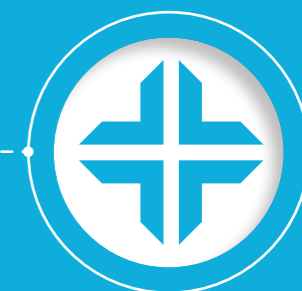
### John-Paul Azzi, ISCAS Manager

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.



### 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'.



# Subscribers to ISCAS

Aesthetic Beauty Centre

## **Aesthetic Plastic Surgery**

Alliance Medical

Ascot Rehabilitation Centre

Aspen Healthcare

Babylon Healthcare Services Ltd

Bella Vou

Benenden Hospital

BMI Healthcare

## **Brigstock Skin & Laser Centre**

Bupa Cromwell Hospital

## **Bupa Health Clinics**

Care Oncology Clinic

Care UK

Castle Craig Hospital

## **Cavendish Clinic**

CC Kat Aesthetics

Centre for Reproductive Immunology and Pregnancy  
(Miscarriage Clinic)

Centre for Sight

## **Chase Lodge Hospital**

Circle Health

## **Clatterbridge Private Clinic**

Clinical Partners

Cobalt Health

Cosmetic Surgery Partners

## **Coyne Medical**

Custom Vision Clinic

## **Dilemma Consultancy**

Elanic

## **ENT Referrals Limited**

Epsomedical

Fairfield Independent Hospital

## **Fleet Street Clinic**

Fortius Clinic

Genesis Cancer Care UK Ltd

## **Guy's and St Thomas' Private Healthcare**

Harley Street ENT Clinic

HCA Healthcare

## **Health Bridge Limited T/A Zava**

Hearts First Ambulance Service

Heathrow Medical Services LLP

Horder Healthcare

## **IESO Digital Health**

Imperial Private Healthcare

Independent Doctors Federation

InHealth

Japan Green Medical Centre Ltd

KIMS Hospital Limited

King Edward VII Hospital Sister Agnes

## **Kinvara Private Hospital**

## **Knightsbridge Doctors**

## **KSL Clinic**

## **LANCuk**

Linia Cosmetic Surgery aka Harley Health Village

London Claremont Clinic

London Doctors Clinic

London Medical

London Welbeck Hospital

Manchester Private Hospital

Marie Stopes International

## **Mayfair Medicum**

## **Mayo Clinic Healthcare**

Medical Equipment Solutions Ltd

## **Medical Imaging Partnership**

## **Medical Solutions UK**

## **Medneo Diagnostics UK Limited**

MET Medical Ltd

Moorgate Andrology

My Aesthetics

MYA Cosmetic Surgery

## **Nash Private Healthcare - Basildon and Thurrock**

## **University Hospitals NHS Foundation Trust**

**(Brook Suite), Mid Essex Hospital Services**

**NHS Trust (Broomfield), and Southend**

**University Hospital NHS Foundation Trust**

## **National Migraine Centre**

Nature Consultancy Ltd (Emotions Clinic)

NES Healthcare

New Medica

New Victoria Hospital

Nightingale Hospital

North West Independent Hospital

Nuffield Health

One Healthcare

Operose Health

Optegra

OSD Healthcare

## **Pearl Aesthetics T/A Hunar Clinic**

## **Private GP Clinic**

## **Private Psychiatry**

Ramsay Health Care

Randex Health

Regent's Park Heart Clinics Ltd

## **Rootcare Ltd (Bliss Pharmacy)**

Royal Free PPU

Rushcliffe Care Group

## **Rutherford Cancer Care Limited**

Sancta Maria Hospital

Schoen Clinic UK

Sk:n Clinics Ltd

## **SmartTMS**

Spencer Private Hospitals

Spire Healthcare Ltd

St Hugh's Hospital

St Joseph's Independent Hospital

TAC Healthcare Group Ltd

The Evewell

The French Cosmetic Medical Company

The GP Surgery Ltd

The Harley Medical Group

The Harley Street Hospital

The Hospital of St John and St Elizabeth

The London Clinic

The Manchester Clinic

## **The Medical Cannabis Clinic**

## **The Mews Practice**

The Mole Clinic

The New Foscote Hospital Limited

## **The Plastic Surgery Group**

The Priory Group Ltd

The Private Clinic

The Raphael Medical Centre

## **The Royal Buckinghamshire Hospital**

The Sefton Suite

The Standing CT Company

## **The Surrey Park Clinic**

## **The Wells Suite**

**(Maidstone & Tunbridge Wells NHS Trust)**

Transform Hospital Group

UK Birth Centres T/A Private Midwives

Ulster Independent Clinic

UME Diagnostics

## **Welbeck Health Partners (One Welbeck)**

Weymouth Street Hospital

Wimbledon Neuro-Care

## **Yabb Consultants T/A Moor Eye Care**

ZoomDoc Ltd

## Terminated

British Hair Clinic

ME Clinic

One Health Medical Group

Secure Care UK



# ISCAS

INDEPENDENT SECTOR  
COMPLAINTS ADJUDICATION SERVICE

70 Fleet Street, London EC4Y 1EU  
T: 020 7536 6091 E: [info@iscas.org.uk](mailto:info@iscas.org.uk)

[www.iscas.org.uk](http://www.iscas.org.uk)

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