

BEDFORDSHIRE LOCAL INVOLVEMENT NETWORK

SUMMARY OF RESPONSE



Problems with Previous Patient & Public Involvement Organisations

- 1) The primary discussions held by Bedfordshire LINK concerned what could be, with what would be learned from the difficulties experienced by previous patient and public involvement organisations. The most important being such organisations were not given sufficient time to establish themselves and learning governance, written ethos and vague rules.
- 2) For Healthwatch to carry out its duties as suggested in the white paper, the problems of agencies who deal with the collection of patients complaints such as PALS and ICAS, which in Bedfordshire LINK experience, were not prepared to share data with LINK, must be overcome. It seems pointless to set up a duplicate set of procedures when the evidence required is readily available from a reputable source. This is considered a very important point as far as Bedfordshire LINK is concerned, of Healthwatch as proposed, it to meet objectives.
- 3) The present LINK organisations should have close contact with the local Care Quality Commission. At present within Bedfordshire this is not apparent, we have contacted CQC via our host organisation to no effect. Prior to Healthwatch coming into effect it is still imperative Bedfordshire LINK does have contact with CQC on matters that concern both of the organisations and the public they represent.
- 4) A clear terms of reference for local HealthWatch should be drawn up together with an indication of its level of power to influence change and recommend actions, otherwise it will be seen as a “toothless tiger” by the public.

The future of LINK organisation between 2011/2012

- 1) What does the government intend to do about LINK organisations between March 2011 and April 2012? In our opinion it will be most important to retain the status-quo regarding supporting LINK Host organisations, so that there is continuity of retaining the present volunteer LINK members and continuous recruitment of others that will be required to support Healthwatch expanded duties.

Proposals on Healthwatch White Paper

- 1) Bedfordshire is a Unitary Authority. It is divided into 3 Boroughs, Luton, Bedford, and Central Bedfordshire Council.; 3 Local authorities and 3 LINK organisations. Our proposal is that there should not be 3 Healthwatch organisations only one central unit. This will ensure there is no triplication of work carried out, which would be a waste of volunteers' time and energy. There is no apparent working together of these LINK organisations and their Hosts within Bedfordshire. We would like to see one central Healthwatch for the whole of Bedfordshire.
- 2) If a central hub for Healthwatch is agreed, then one central office is needed with office and meeting facilities. If three local Healthwatch organisations are decided upon then one of them will be a central hub or central organisation co-ordinating all work to ensure partnership working and sharing of information.
- 3) An example where local Healthwatch organisation need to work together is hospital discharges. There are problems with discharges from Luton and Bedford hospitals, particularly if you do not live in the hospital borough. Central Bedfordshire does not have a hospital, discharges in this area are sometimes haphazard on discharge patients getting medical and social support. This is not acceptable.
- 4) Healthwatch will be autonomous, but it will still need guidance and support. Each Healthwatch should have a Executive Administrator who funnels information from Healthwatch England to the local organisations. Training is also vital in specific areas of work and this training should be regularly carried out and consistent throughout the country.
- 5) It was considered that Healthwatch volunteers should not take on the duty of advocates or technical advisors, this is best left to knowledgeable people in these fields of work, many of whom are volunteers in charitable institutions, who should be incorporated in a Healthwatch organisation whilst still having members of the organisation from where they came. In other words Healthwatch would become a consortia of experts in their own particular field.
- 6) Bedfordshire LINK would propose a consortia of patients in the voluntary sector covering the range of area's dealing with health and social care issues who local Healthwatch could commission to deal with complaints and advocacy/guidance issues. We would also propose dialogue with GP consortia's as and when required for special cases and regular meetings to discuss pertinent items.

**BEDFORDSHIRE LINK Task Group, HealthWatch
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