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**Meeting:** Central Bedfordshire Shadow Health & Well Being Board  
**Date:** 29 May 2012  
**Subject:** Bedfordshire LINK (covering Central Bedfordshire) report  
**Report of:** Max Coleman, Chair of Bedfordshire LINK  
**Summary:** The purpose of the report is to update the Board on key work items of the LINK in Central Bedfordshire, for consideration and note as required.

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**Advising Officer:** Max Coleman, Chair of Bedfordshire LINK  
**Contact Officer:** Charlotte Bonser, Operations Manager, LINK  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

- Supporting and caring for an ageing population
- Educating, protecting and providing opportunities for children and young people
- Promoting healthier lifestyles

### **Financial:**

1. Not Applicable.

### **Legal:**

2. Not Applicable.

### **Risk Management:**

3. Not Applicable.

### **Staffing (including Trades Unions):**

4. Not Applicable.

### **Equalities/Human Rights:**

5. Not Applicable.

### **Public Health**

6. The findings of the LINK will be shared with the commissioners and providers of services and contribute to intelligence gathered to help improve the public health of the communities in Central Bedfordshire.

**Community Safety:**

7. Not Applicable.

**Sustainability:**

8. Not Applicable.

**Procurement:**

9. Not Applicable

**RECOMMENDATION(S):**

**The Board is asked to note the report.**

**Background Information**

10. The LINK is working towards completing its agreed work plan and as a Healthwatch Pathfinder area working with the Council to ensure the smooth transition from LINK to Healthwatch Central Bedfordshire. In view of this, the LINK has been focussing on three main areas of work, namely:
1. Nursing care and hospital discharge,
  2. Mental health care pathways and
  3. Care in nursing and care homes in the area.

This report deals with the first of these areas listed and hopes to address some of the concerns raised at the last Shadow Board meeting about why issues have not always been taken directly to the providers or commissioners of services.

11. This report also gives feedback from our recent survey asking GP Practices in Central Bedfordshire if they had set up Patient Participation Groups (PPGs) and how effective they are finding these groups.

**Working to improve Care and Dignity issues in secondary care**

12. The LINK has focused on two key issues in this category, which have also been presented at Overview and Scrutiny:

**Standard of Care** - the LINK has logged six issues concerning standard of care. These are largely related to older patients, i.e. showing a good level of nursing care or patients being treated with due regard to their dignity. These incidents relate to Lister Hospital, L&D and Bedford Hospitals.

The problems we face as a LINK in challenging and improving the situation is that many patients do not wish to formalise their complaints, for example take their complaint through the hospital or NHS PALs process or through independent complaints advocacy.

13. In view of the reluctance of patients to make formal complaints to the acute Trusts, in order for the LINK to provide more than anecdotal information of what the issues are, and to also highlight where care is of a good/high standard, LINK members have agreed to conduct visits to the Bedford and Luton & Dunstable Hospitals during April/May 2012 to specifically observe nursing care and, if possible and appropriate, to talk to patients and staff.

The LINK has statutory rights under the Local Government and Public Involvement Act of 2007 to conduct enter and view visits to health and social care premises, and will be writing to both Hospitals asking to visit randomly selected elderly care wards.

Two of the incidents logged relate to the Lister Hospital and this may require a joint visit with Hertfordshire LINK. All visit reports and recommendations will be shared with the Hospitals and Commissioners concerned.

14. **Discharge from hospital** - the LINK has been logging issues on discharge from hospitals used by Central Bedfordshire residents. Responses to a survey conducted by the LINK in 2011, highlighted some issues such as failure to ask patients prior to discharge if they were able to cope after discharge, poor communication between hospital and GP practice, leading to a lack of follow up for the patient such as support from a district nurse and long waits for medication.

The LINK would like to work with the Commissioners to help scope this area further and interview patients willing to talk about their experience of discharge from hospital.

### **Encouraging the creation of Patient Participation Groups within Central Bedfordshire GP surgeries.**

15. It has been a long-term aim of the LINK to work closely with Patient Participation Groups in Central Bedfordshire, as these groups are able to pick up local intelligence to help the LINK find out where trends are appearing and need further investigation.
16. The LINK regularly updates the practices about its work and for help with surveys and so on, and is keeping practices up-to-date with progress towards Healthwatch in Central Bedfordshire. In February 2012, the LINK circulated a survey to ascertain if practices in the area have:
  - a) set up patient groups, including virtual patient groups
  - b) how successful the groups are
  - c) why practices had chosen not to set up such groups.

17. The results are encouraging; out of the 40 practices contacted 16 responded indicating they had set up patient groups, both groups that meet face-to-face and virtual groups. Approximately sixty-three percent of these groups were chaired or led by a patient representative supported by Practice staff. Practices indicated that patient involvement was good with around 44% of patients giving regular feedback to the practices. In terms of the best way to communicate with practice patients, face-to-face involvement was considered the most effective method of communication with patients (81.25%) and e-mail communication second with 62.5%, some practices indicating that both face-to-face and virtual groups (by e-mail) were equally as effective. Post and texting were less effective methods.
18. Some of the achievements of PPGs recorded to date are:
- re-developing the reception area to be more open and welcoming area,
  - developing more user friendly marketing material for patients,
  - improving services to carers,
  - implementation of suggestion/prescription box,
  - new website and implementation of new telephone system.
- Groups were also seen as a useful form of two-way communication for discussing and listening to patients as well as informing them of developments in the wider NHS.
19. The full report will be available shortly.

### **Conclusion and Next Steps**

20. For Items 10 – 14 need further work with the Commissioners to improve patient experience for both nursing care and discharge from hospital. This issue has also been raised at the Central Bedfordshire Adult Social Care, Health and Housing Overview and Scrutiny Committee.

### **Appendices:**

None