

## Appendix

As Chair of Bedfordshire LINK I have recently carried out a review of the LINK activities and in particular attempted to summarise some of the challenges in order to deliver a quality service to our population in Central Bedfordshire. These are seen as part of the LINK legacy in the move to Central Bedfordshire Healthwatch.

1 **Integration**, not only between health and social care providers but also within each domain (inter as well as intra). The key to this is cross-border, as well as cross-function, commissioning. There is also a tension between commissioning and patient choice (mantra "No decision without me"). Competition, as introduced is understood as 'who can avoid the responsibility for that particular patient/client'. This is particularly evident in mental health conditions, including learning disabilities, where there is a reluctance to diagnose early and ease the transition from childhood to adulthood in such cases.

2 **Quality**<sup>1</sup> of service that is consistent and sustainable. There is clear evidence that driving quality results in better value: reduction in rates of re-admission to hospital; avoidance of frequent hospital spells; reduction in 999 calls that are seen as the 'default' position by many establishments.

3 **Consistency** not just to get it right every time but the retention of functional staff who are seen to change roles frequently. This also applies to staff changes who visit those in care - relationships are very important to the older person.

4 **Government** initiatives are: too frequent; introduced without evidence of improvement over time; frustrating to volunteers who

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<sup>1</sup> The NHS is organising itself around a single definition of quality: care that is effective, safe and provides as positive an experience as possible. Quality in the new health system- Maintaining and improving quality from April 2013 (A draft report from the National Quality Board)

are just about becoming effective with the previous initiative; and the use of 'catch' phrases with initiatives that are just old ideas redressed. This 'tinkering' is justified and rationalised by repeated statements that the principles of the NHS of 1948 must be retained and are still relevant today - 64+ years of advancement in medicine, population growth and ageing, dramatic increase in metabolic syndrome (obesity and diabetes) show this to be hard to defend.

**5 Resources** within the volunteer membership of LINK. There is a chronic shortage of members who are willing to attend meetings and report on those meetings. It is acknowledged that it takes time to become effective at representing the patients and public at meetings. This shortage has been compounded by the increasing demands on the LINK to make contributions to service delivery, design and maintain pace with the changes.