



Local Involvement Networks (LINKs) Annual Reports 2009-10

Commissioning, Analysis & Intelligence Team

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LINKs Annual Reports 2009-10

Commissioning, Analysis & Intelligence Team

Contents

Contents	4
Executive Summary	5
Introduction	7
Data quality	8
LINKs Finances	9
Funding.....	9
Proportion of spend by LINK	10
Number of LINKs per Host	11
Membership	11
What is a member?	12
A member of the public can register with a LINK as an individual member or a group.	12
Total Membership.....	12
Average number of members	12
LINKs Activity	14
Types of Activity	14
Outcomes	15
Reports and recommendations and OSC referrals	15
Benefit from LINK activity	16
Relationships	17
Benchmark Figures	20
Appendix	22

Executive Summary

This report brings together information on resources, activity and outcomes from the Local Involvement Networks (LINKs) annual reports of 2009-10. As this was LINKs' second year, comparisons have been made with the previous year's (2008-09) data. This report includes case studies highlighting activity of some LINKs during 2009-10 and a quantification of the value of LINKs. Figures based on 146 LINK annual reports were published on 29th December 2010. Since then three more LINKs sent data. This report reflects the updated statistics.

Data Quality

- This analysis is based upon annual reports from all 150 LINKs.
- Many LINKs were not able to provide details of their finances, membership, activities or their effects. However, the level of reporting was significantly better than in 2008-09.

Finances

- An estimated¹ £24.4 million was received from Local Authorities in 2009-10, £2.6 million more than last year. For this small increase in funding, LINKs have delivered a significant amount of benefit seen in the activity and outcomes.
- Over half of the LINKs that supplied this data reported that over 95% of LA funding was passed onto their hosts. And 70% of LINKs reported over 90% of funding passed onto hosts.
- There is a wide variation on the proportion of allocated money being spent by the LINKs, as opposed to the host organisations.

Membership and engagement

- There was an estimated¹ total of 69,600 members of LINKs in England in 2009-10, more than three times the number of members in 2008-09. The average number of members within a LINK for 2009-10 is 483, made up of individuals or groups.
- There is some indication that LINKs engaged with diverse groups but the lack of consistency in the data makes this hard to quantify. LINKs engaged with an estimated 192,000 people in 2009-10.

¹ Calculations for estimating a 100% England coverage is shown in Appendix 2.

Activity

- Activity has significantly increased this year. There were 3,900 requests for information estimated in 2009-10, over seven times the requests of last year.
- There were an estimated 1,300 reports and recommendations made this year, more than 16 times the number of reports in 2008-09.

Outcomes

- LINKs activity has led to an estimated 426 service changes and 493 service reviews in 2009-10.
- 39% of reports and recommendations made to commissioners led to a service review, 30% led to service change.
- A third of referrals to the Overview and Scrutiny Committee led to service change.
- There was quite a variation in the activity and outcomes achieved by LINKs, with 41% of LINKs supplying data reporting they had not inspired service review or change.
- Despite this, case studies have shown LINKs activity to be cost effective. Using four of the case studies, a gross annual benefit of £116 million can be estimated, a return of £3.70 for every £1 spent.

Hosts and multiple LINKs

- There is not a strong link between how many LINKs a host looks after and the spend, allocation or achievement of a LINK.

Introduction

Local Involvement Networks (LINKs) aim to empower people of the community who want to have a say or influence local health and social care services. The role of LINKs will be strengthened through inclusion in local HealthWatch. The analysis in this report backs up the proposal to maintain the underlying model for LINKs in HealthWatch.

This report brings together information on the analysis of the LINKs annual reports 2009-10. This is the second year of LINKs reporting information and a comparison has been made between the two years, where possible. Annual reports are put together by the LINK using guidance published by the Department of Health.

The report includes information on:

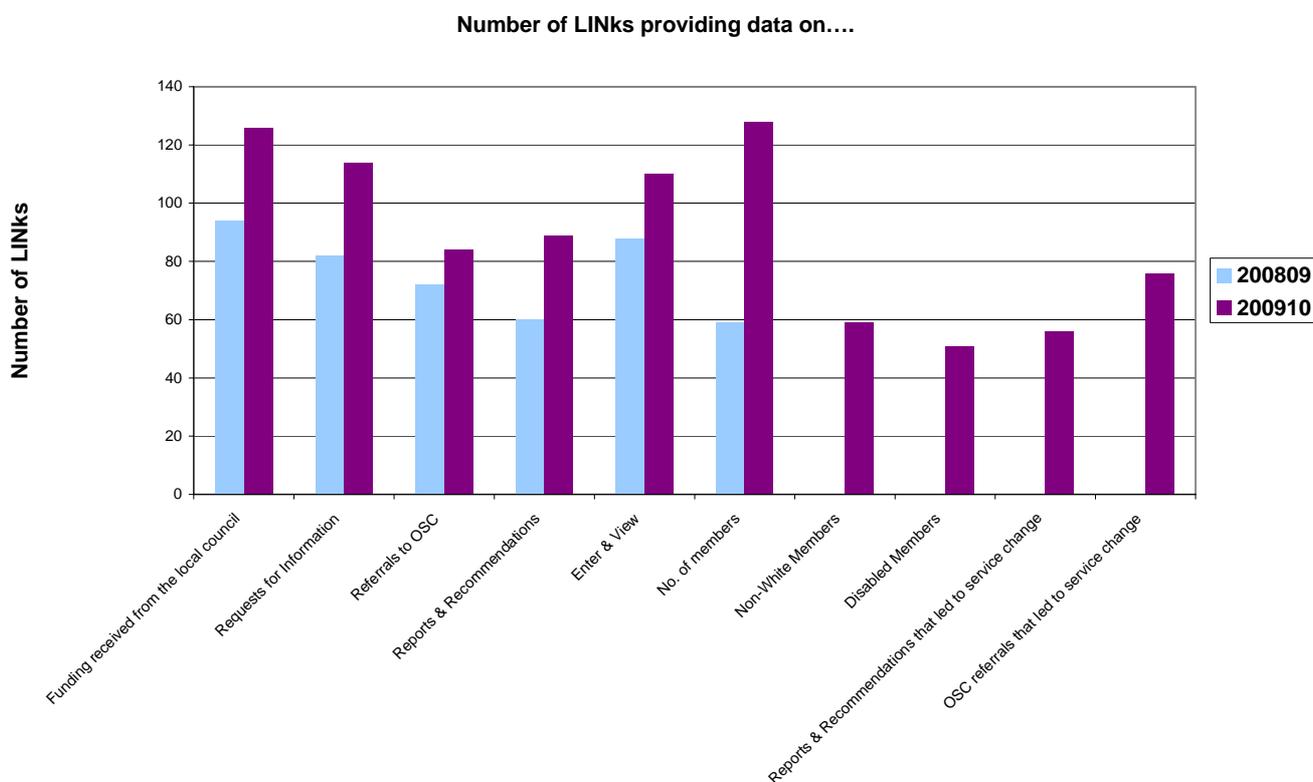
- data quality
- finances
- membership
- activity
- outcomes and benefits
- case studies
- relationships between variables
- benchmarking figures

Estimates for 100% England coverage are used in this report. This was worked out by taking the data that we had found in the reports, calculating the percentage of the population where data had not been received and adding this percentage on to the total number. A worked example of this can be found in the Appendix (2).

Data quality

There was an excellent return rate on the LINKs reports as all 150 LINKs returned their reports. Membership numbers and financial information were the best reported items this year with around 85% of LINKs reporting on these. Figure 1a compares return rates on different data items with last year's data. It is clear that there has been an improvement in data, but more is still to be done. Data was not collected on diversity and outcomes information in 2008-09.

Figure 1a.



LINKs Finances

Funding

The Department of Health distributed £27.0 million to local authorities (LAs) to fund LINKs, though this spend was not ring fenced specifically for LINKs activity.

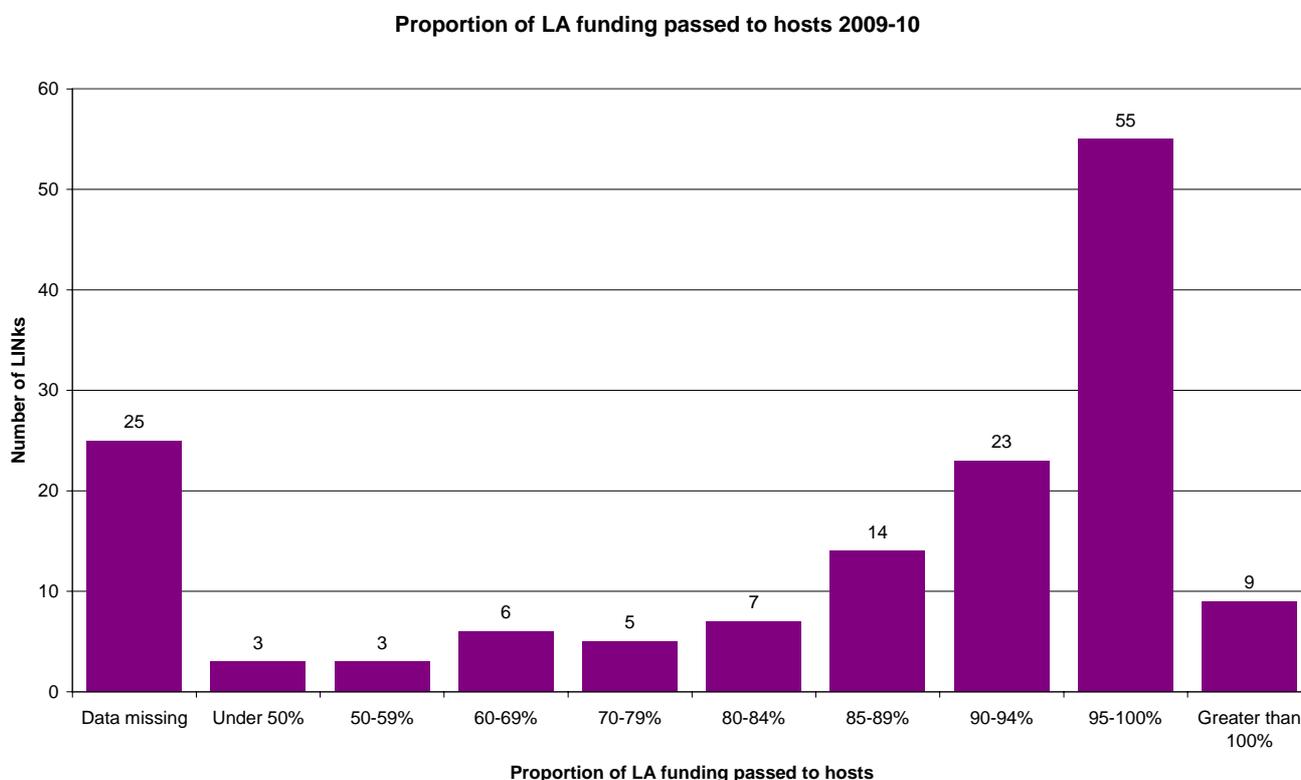
126 LINKs submitted reports that included information on how much funding was received by the host from the LA. The guidance states that the LINK must provide this information.

£24.4 million was received from local authorities in 2009-10, an increase of £2.6 million on last year. The total amount spent by hosts this year was £18.7 million, and the total spend by LINKs was £5.8 million. This breakdown of spend was not collected last year.

Figure 2a shows the proportion of funding that was passed on to hosts. Over half of the LINKs that reported on this data reported that over 95% of LA funding was passed on to their hosts. And 70% reported over 90% of funding passed on to hosts.

The graph includes LINKs (9 in total) who reported a host allocation that was over the amount allocated to them from the Department of Health. Some LINKs had added their carry over from last year's money. This is giving a proportion of over 100%.

Figure 2a.



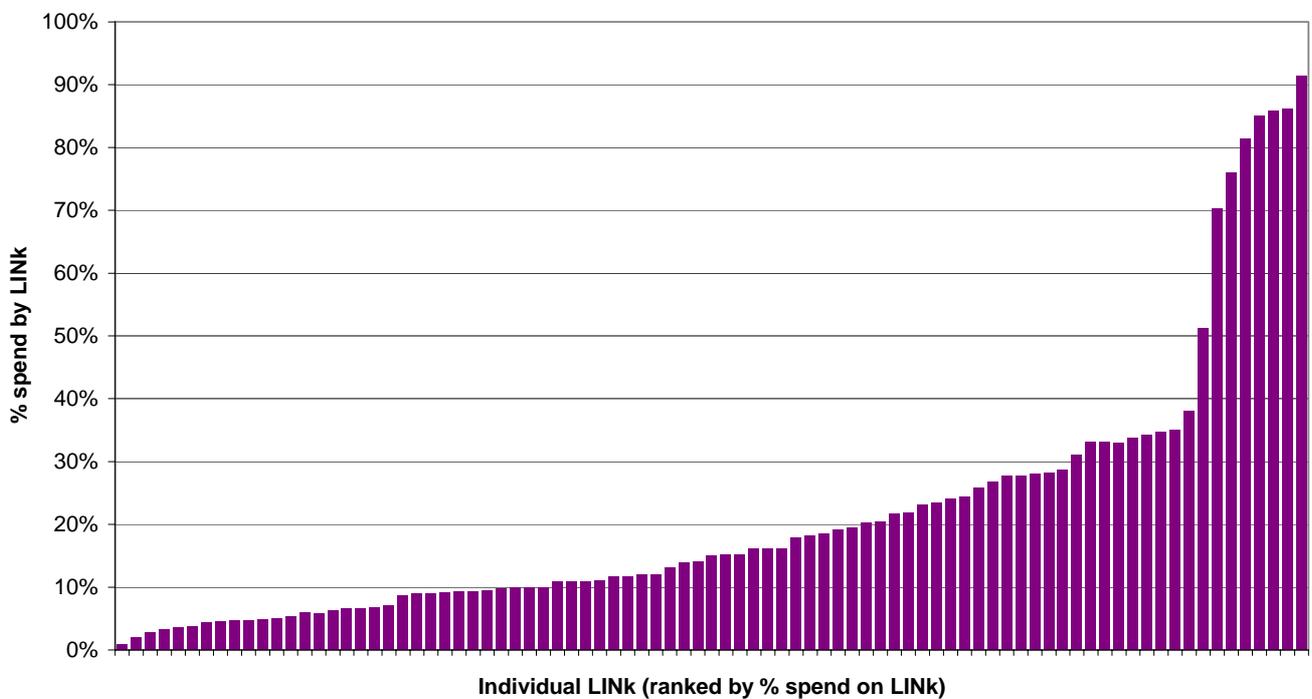
Proportion of spend by LINK

Figure 2b shows the proportion of spend by the LINK of the total amount allocated to the host. There is a wide variation in how much a LINK is spending of the total budget. This could be down to a difference across the country in the way the distinction is made between Host and LINK spend.

Where annual reports have shown individual details, host costs typically include staff costs, staff travel, staff recruitment, premises and overheads. LINK costs include meetings and support, website and IT, outreach and LINK members expenses.

Figure 2b.

% spend by LINK (as opposed to the host organisation), 2009-10

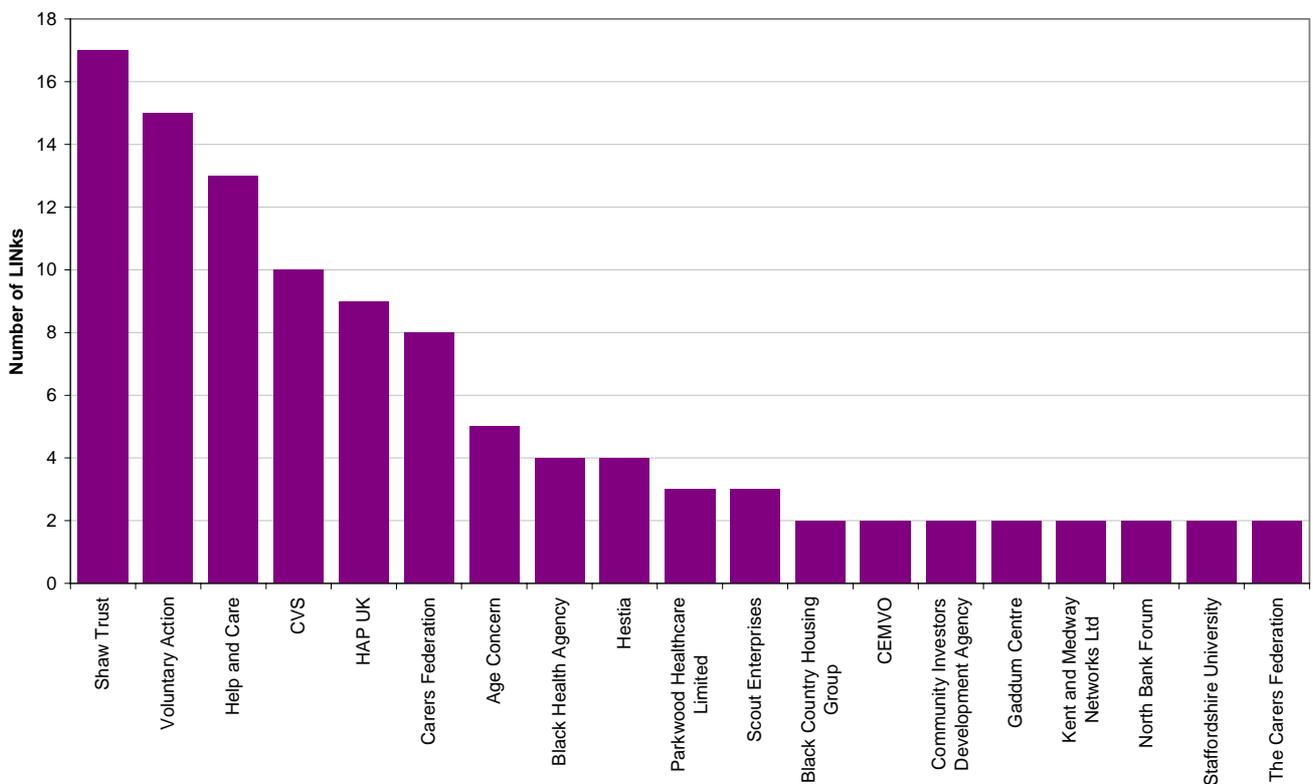


Number of LINKs per Host

There were 43 hosts who only supported a single LINK, but 107 LINKs who were supported by a host who helped more than one LINK.

Figure 2c shows hosts that provide support to more than one LINK. An analysis of the number of LINKs per host and the proportion of total spend made by the LINK has shown there to be no relationship between the two. A correlation graph can be found in the appendix (1). Hosts such as the Shaw Trust and Voluntary Action support the highest number of LINKs.

Figure 2c.



Membership

What is a member?

A member of the public can register with a LINK as an individual member or a group. The definition of a LINK member is as follows¹:-

A LINK member is a person or group that makes a commitment to take part on a regular basis in the development and implementation of the roles of the LINK, and to provide information to and collect information from a local community or a specific group within a community. LINKs will decide themselves how members will be chosen. For example, this may be through election from the wider LINK.

A LINK member is different from a participant¹:-

A LINK participant is a person, group or organisation that wants to influence the bigger picture through the roles of the LINK, even though they may not be in a position to participate on a regular basis. A participant may be interested in a single issue, may take an active role in specific pieces of work that relate to their areas of interest, or they may take a less active role by answering surveys or providing information or a view on behalf of an interest group. A participant may make use of the power to enter and view health and social care services.

Total Membership

There was an estimated total of 69,600 members of LINKs this year. This is more than treble the total number of members in 2008-09.

A third of membership was made up of groups this year.

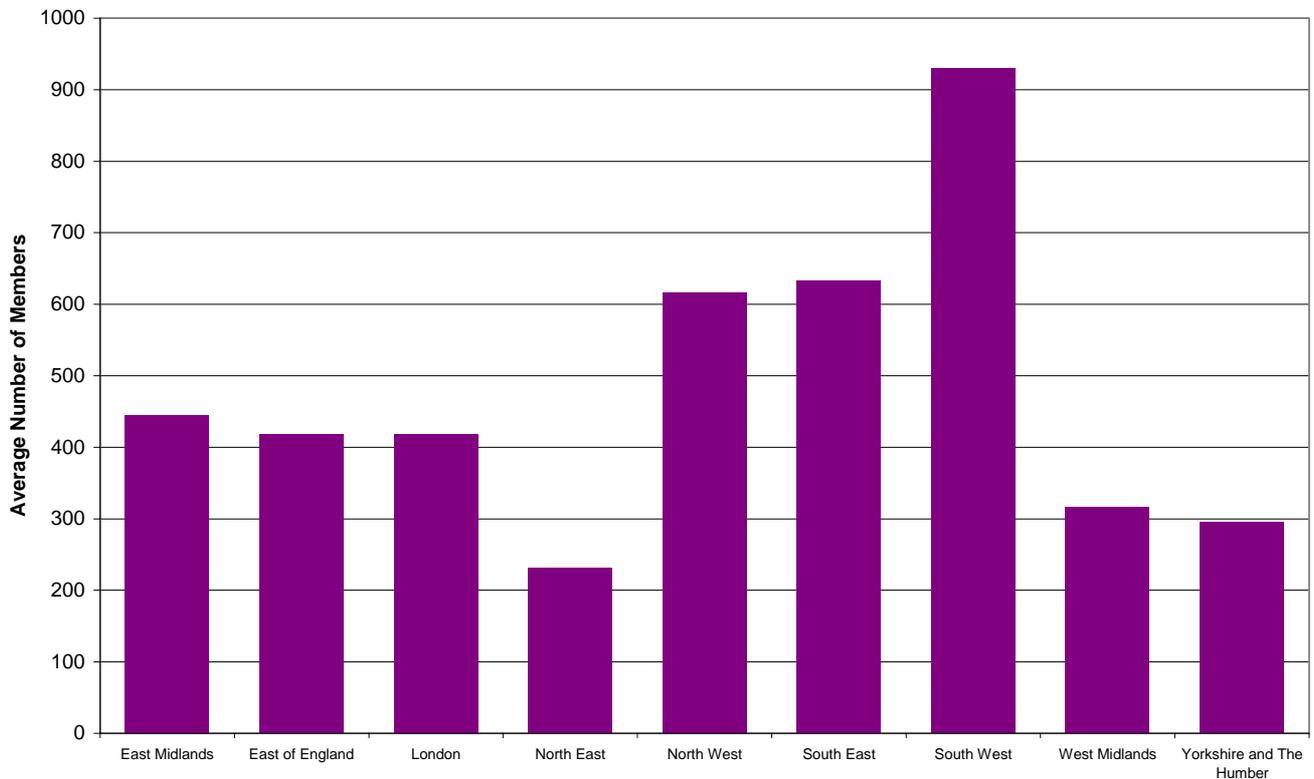
Average number of members

The average link has 483 members (individuals and groups). The average number of members within each region is shown in Figure 3a. The highest number is in the South West region with an average of 930 members.

The membership of a LINK can be an indicator of how successful a LINK is. One of the aims of LINKs is to involve and get interest from as many people in the community as possible, especially from seldom heard groups.

¹Definition taken from "Getting ready for LINKs", DH, Aug 2007

Figure 3a: Average number of members of a LINK, 2009-10



Diversity

There is an indication from the data that LINKs engaged with seldom heard groups, but it is difficult to assess the level at which this happened. There was a lack of consistency in the data and many LINKs gave no data on diversity of membership.

LINKs Engagement

LINKs have engaged with an estimated total of 192,000 people this year, with 42% of engaged people relating to social care. The LINKs guidance states that the number of people engaged are people who the LINK sought and received views from. The interpretation of this guidance may not have been clear as the data was quite inconsistent in this area and many reported no data on engagement.

LINKs Activity

Types of Activity

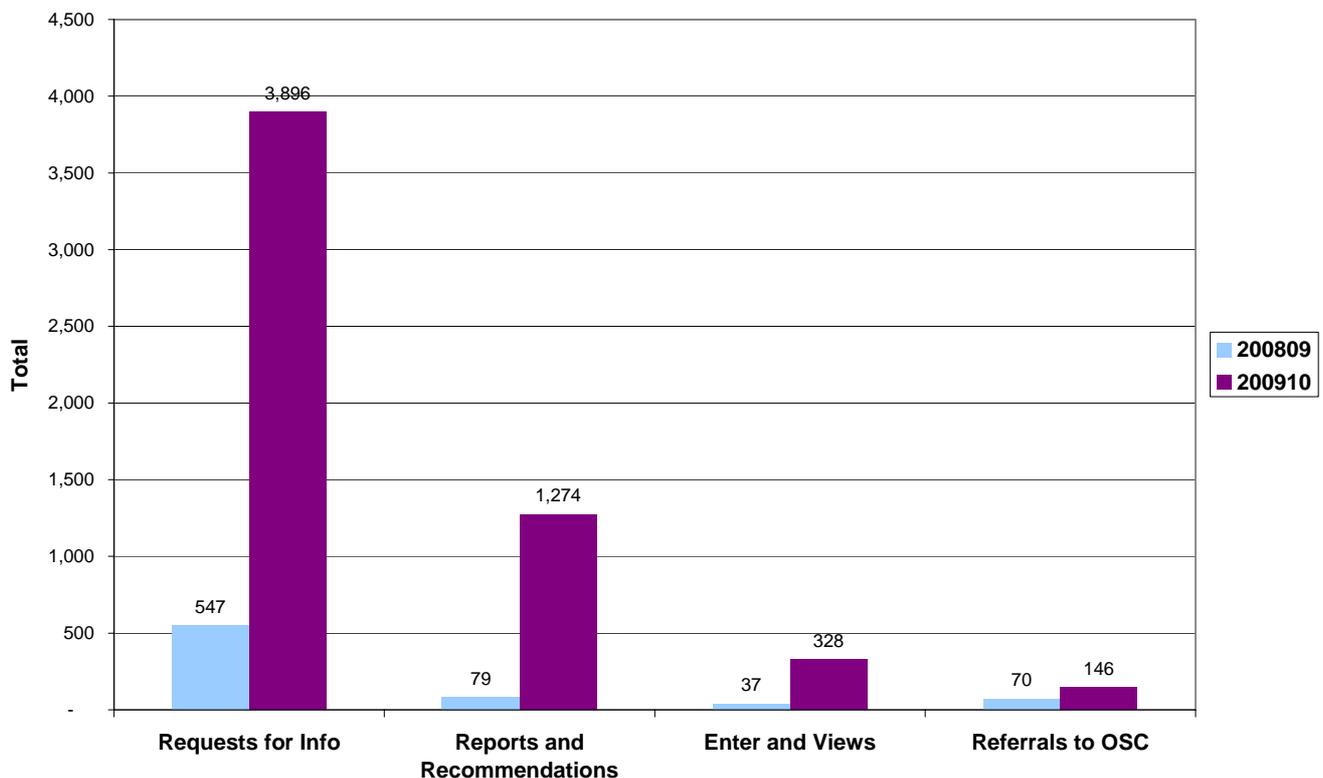
The various activities of LINKs can be defined as the following:-

- Requests for Information
 - Request information from health and social care commissioners about their services and expect a response.
- Reports and Recommendations
 - Issue reports or make recommendations about a service and expect a response from commissioners.
- Enter and View
 - Visit certain services and view the care provided
- Referrals to the Overview and Scrutiny Committee (OSC)
 - Refer matters to the local council's health overview and scrutiny committee.

The activity of LINKs has significantly increased this year (see figure 4a). There were seven times the number of requests for information compared to last year and 16 times the number of reports and recommendations.

Half of the requests for information were answered within 20 days. Out of the 328 Enter and Views of 2009-10, 20% were related to social care and 6% were unannounced.

Figure 4a. Estimated LINK activity across England 2008-09 and 2009-10



Outcomes

Reports and recommendations and OSC referrals

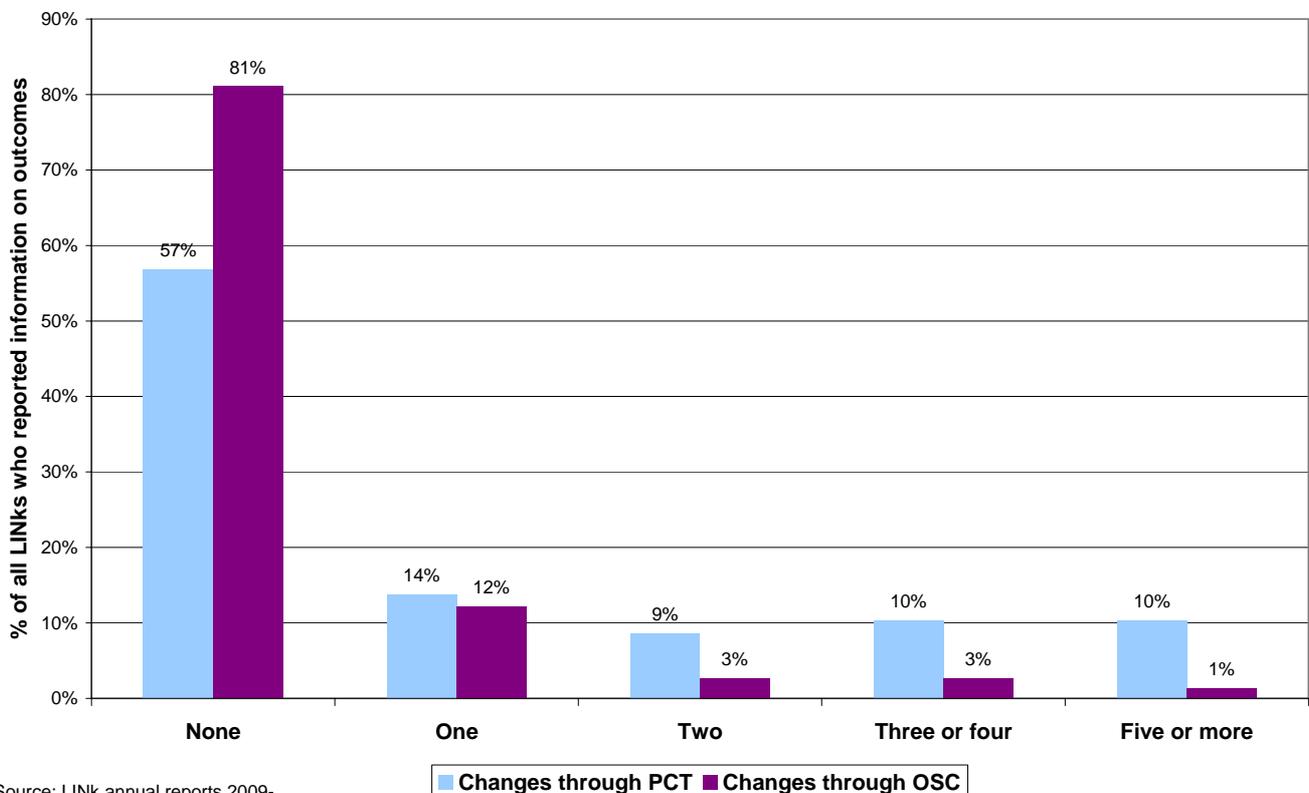
There was an estimated total of 1,270 reports and recommendations made in 2009-10. Of these, 39% led to service review and 30% led to service change.

54 LINKs reported information about the service review or change their activity had led to. Of these, 59% of LINKs reported their activity led to at least one service review or change, with 10% of LINKs reporting achieving five or more – see figure 5 below.

There were an estimated 146 referrals to the OSC in 2009-10. 33% of these led to a service change, meaning the majority of LINKs didn't achieve service change through OSCs in 2009-10.

These figures have been estimated to be a 100% England coverage from the data that was reported. 47 of the LINKs reported on all three data items (reports and recommendations that led to service review, reports and recommendations that led to service change and OSC referrals that led to service change).

Fig 5a: Number of service changes inspired by LINKs, 2009-10



Source: LINK annual reports 2009-

Benefit from LINK activity

Case studies can give a good indication of the benefits of a LINK. This paper looks at the quantified benefits for 3 case studies that were sent in Spring 2010. The benefits include an improvement to health and wellbeing and a reduction of costs, both to LAs and the NHS. The average benefit worked out for each service change is £270k. There were 426 LINKs inspired service changes in 2009-10. This is an estimated £116 million gross annual benefit from LINKs which equates to a return of £3.70 for every £1 spent.

Scale of benefit achieved by LINKs

There are many ways that LINKs can improve the health and care of people in their area. Some are indirect or difficult to establish direct causation between LINKs input and benefit achieved. Included in the LINKs annual reports or submitted to the Department separately are case studies of times LINKs have inspired local service change.

Given LINKs have been established for two years, there are a limited number of case studies where service change has been made and the effects of that change seen. To estimate the scale of benefit, we have quantified the gain from four case studies that have actually delivered.

Case study 1: Sefton LINK

Service user research identified problems with hospital discharge. The LINK led research with patients, carers and hospital Trust, set up & led working group, developed collaborative list of actions and publicised actions to service users.

This led to improved discharge procedures and reductions in delayed discharge. Days of delayed discharge for the Sefton area were 5,232 in 2008/09, dropping to 3,468 in 2009/10¹. This is a fall of 1,764. A parliamentary enquiry estimated the cost of a day of delayed discharge as £144 in 2001/02². Given an increase in health costs of approximately 3.5% per year since then, an estimated cost of delayed discharge in 2010/11 is £196. Using this information, the estimated saving from improved discharge in Sefton is £346,000 per year.

Case study 2: Wakefield LINK

A new hospital had lower bed capacity and there was little momentum in setting up intermediate care alternative. The LINK set up a public meeting to gather evidence, researched inspection reports and reported findings to the PCT. As a result of the LINK action, new intermediate capacity was set up.

This reduced length of stay at the main hospital, balancing the costs of setting up the intermediate care unit. In addition, there was a reduction in cancelled ops: There were 1,316 cancelled operations in 2008/09, but only 786 in 2009/10 (a reduction of 530)³. Given the cost of a cancelled operation in 2008/09 was £456 (Payment by results tariff S22), this suggests a saving of £242,000 per year.

¹ Source: Vital Signs Monitoring Return (VSMR) data, Department of Health

² <http://www.parliament.the-stationery-office.co.uk/pa/cm200102/cmselect/cmhealth/617/61704.htm#n22>

³ Quarterly Activity Statistics, Department of Health

There may also be reductions in delayed discharge or readmissions, though information wasn't available about these aspects to quantify the savings.

Case study 3: Blackburn with Darwen LINK

They picked up a problem with hospital signage leading to “did not attends” & potential health problems in emergencies. They arranged a public meeting, attended the Overview & Scrutiny Committee and conducted Further research inc. enter & view. They reported their concerns and made proposals for change to the hospital trust. The trust made changes to signs inside and outside the hospital.

This contributed to reductions in “did not attends”: In quarter 4 of 2008/09, there were 4,913 did not attends of the 45,841 people due to attend an outpatient appointment (10.7%). In quarter 4 of 2009/10, there were 5,240 did not attends of the 51,942 people due to attend an outpatient appointment (10.1%)⁴. Given that in 2009/10 there were 161,321 people due to attend an outpatient appointment, the reduction of 0.6% in the did not attend rate equates to a reduction of 1,148 did not attends. Given the average cost of this is £100, this represents a saving of £115,000 per year.

There may be other savings or improvements associated with this change that are not quantified.

Calculation of total benefit and return on investment

The average benefit across these examples is £271,000 per year. From the LINKs annual reports 2009-10, there were 426 LINK inspired service changes. Assuming these case studies were representative of all 426, the total benefit delivered through this part of LINKs activity is £116 million.

Given spend on LINKs was £24.4 million in 2009-10, this suggests a net benefit of £91 million, a return on investment of £3.70 for every pound spent on LINKs.

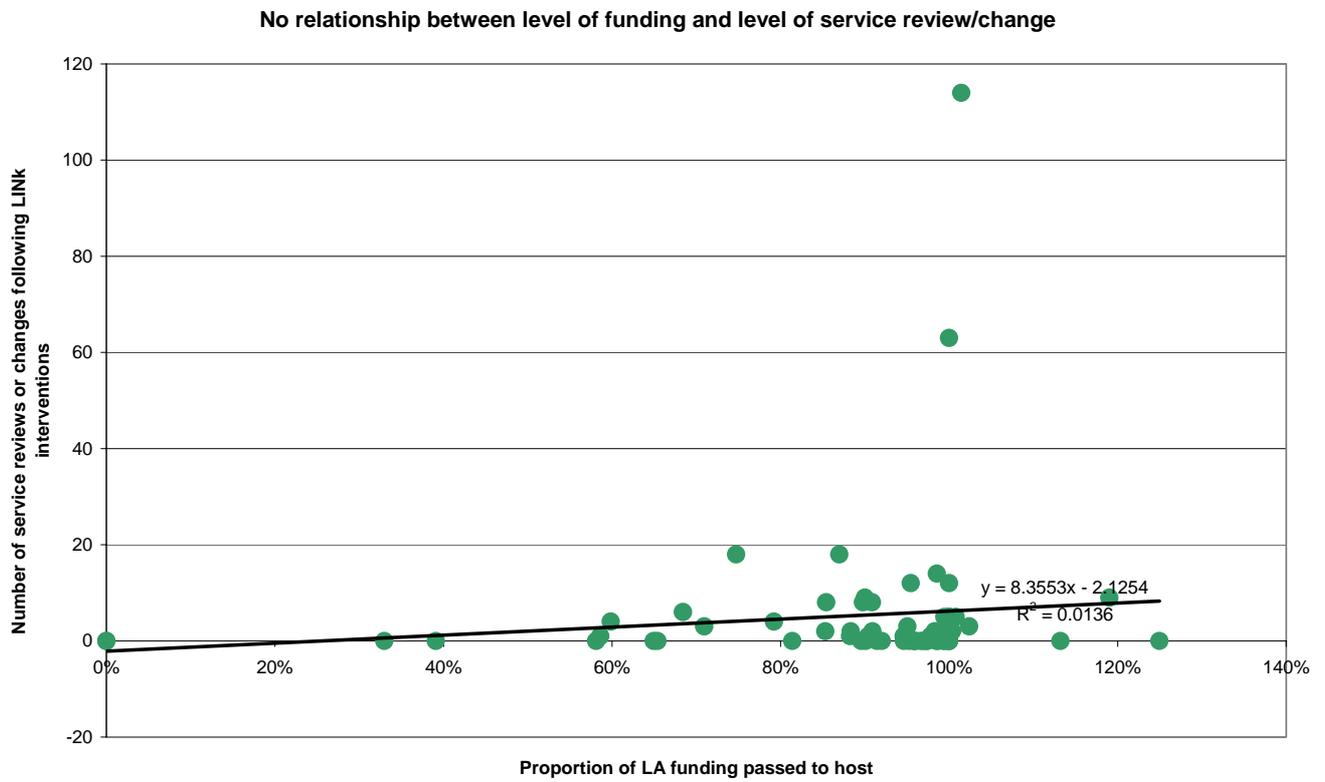
More details of these case studies can be found in the annex to this report.

Relationships

An analysis was carried out to look at whether a LINK's spending or receiving more money made a difference to a LINK's outcomes, membership or activity. LINKs given a higher amount of money also tended to be those who inspired more service changes, delivered more reports/recommendations, engaged and included more diverse groups and made more requests for information, although the relationships are quite weak. See example below in figure 6a that looks at the relationship between LINK funding and number of LINK's inspired service changes or reviews: each dot represents a LINK that provided information on both service review/change and funding.

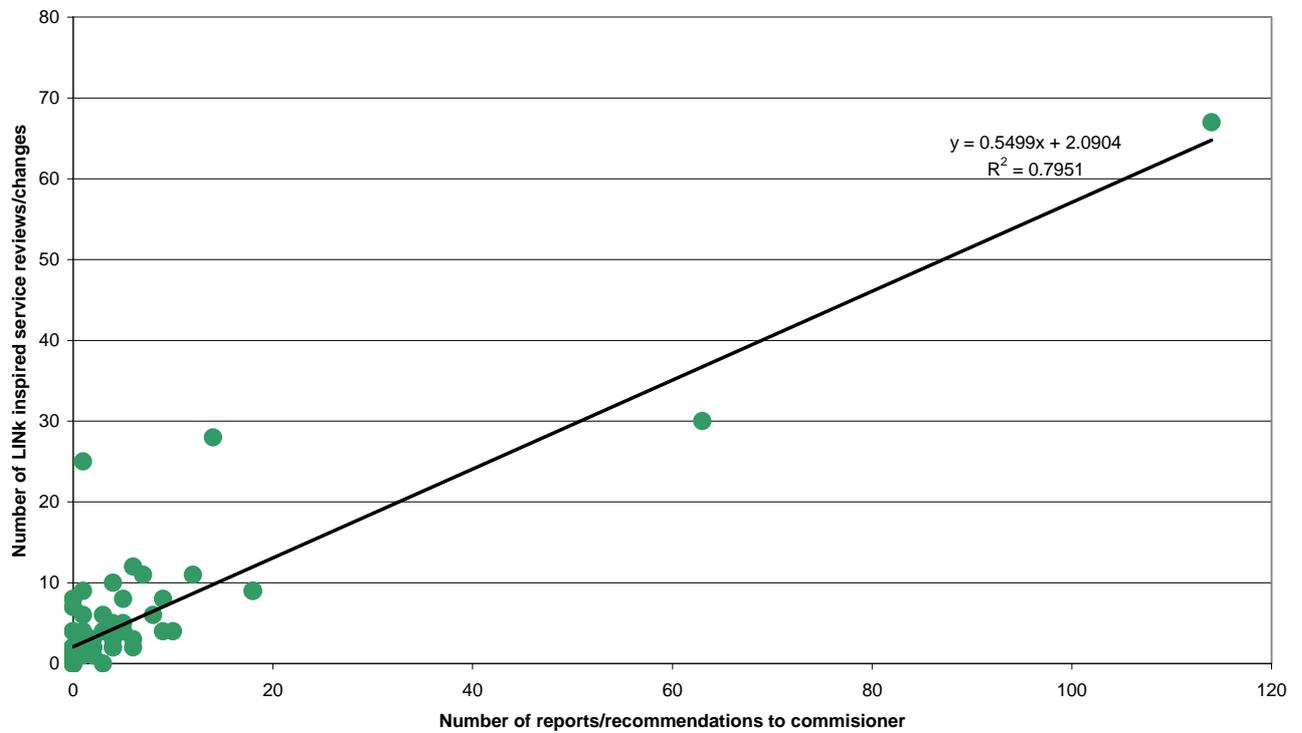
⁴ Quarterly Activity Statistics, Department of Health

Figure 6a: Proportion of LINKs funding passed to the host vrs number of service reviews or changes, 2009-10



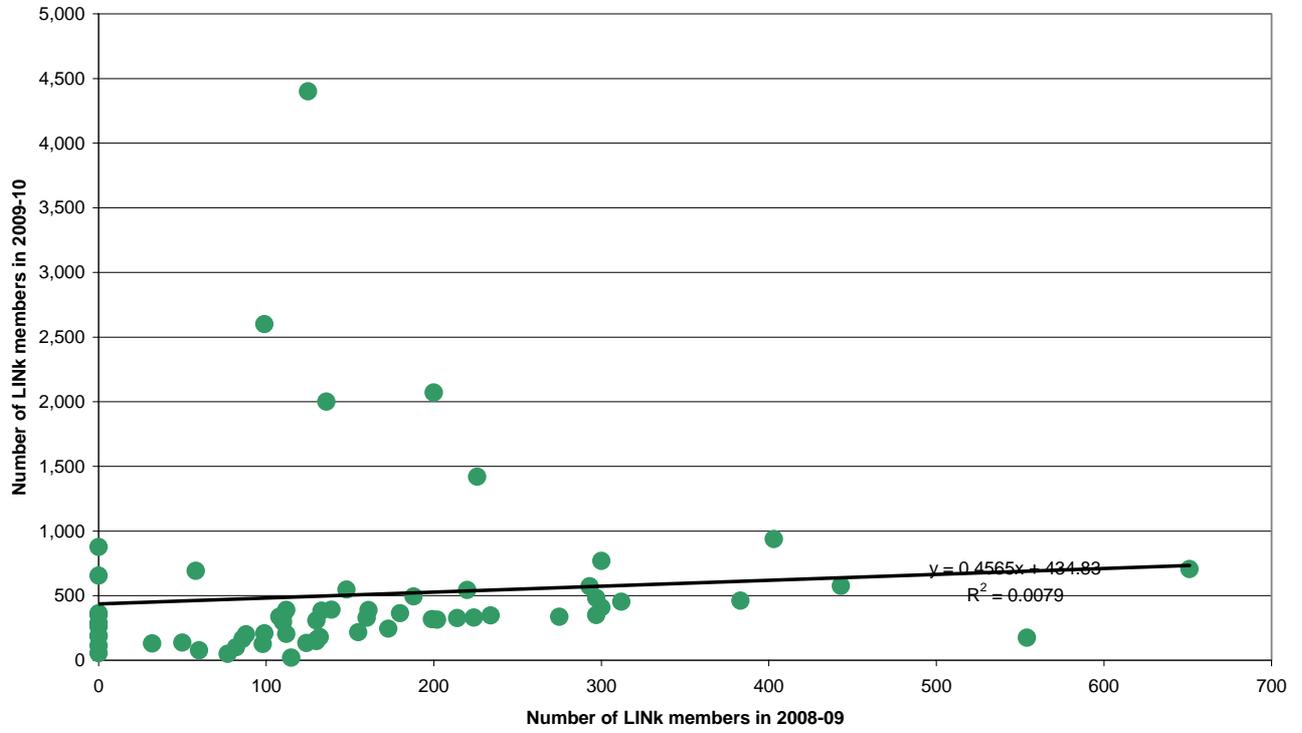
There is a strong relationship with a LINK's success and making reports/recommendations.

Figure 6b: Number of reports and recommendations to commissioners vrs number of services reviews or changes, 2009-10



Also, the LINK's maturity (size of membership and activity undertaken in 2008-09) is part of the explanation for the impact they made in 2009-10.

Figure 6c: Number of LINK members 2008-09 vrs Number of LINK members 2009-10



Profile of typical LINK

Figure 5a shows the average figures within a LINK, e.g. the average number of active members within a LINK is 63. A LINK can use this table to compare themselves against other LINKs.

Figure 5a..

	England average ⁵	Highest 25% ⁵	England Total (100% coverage)
Number of Members	483	563	69,615
Number of active members	63	70	7,816
Number Engaged	1,387	1,744	191,974
Requests for Info	24	26	3,896
Enter and View visits	2	2	328
Reports and Recommendations	8	8	1,274
Referrals to OSC	1	1	146
Reports/recommendations leading to service review	3	3	493
Reports/recommendations or OSC referrals leading to service change	3	3	426

Figure 5b shows the average amount of activity undertaken for LINKs covering separately Unitary Authorities and Counties. The purpose is to allow LINKs to better compare themselves with similar areas.

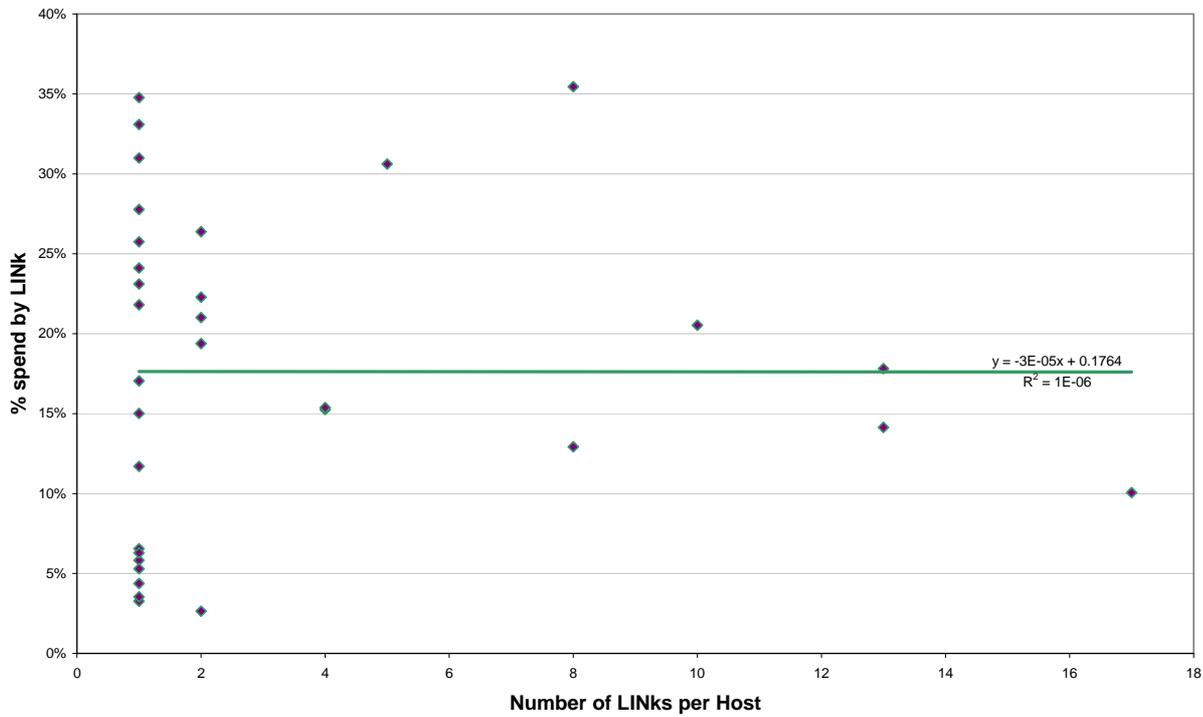
Figure 5b.

	Unitary Authority Average	County Average
Number of Members	456	569
Number of active members	67	51
Number Engaged	1,486	1,092
Requests for Info	23	28
Enter and View visits	2	3
Reports and Recommendations	9	5
Referrals to OSC	1	1
Reports/recommendations leading to service review	4	2
Reports/recommendations or OSC referrals leading to service change	3	2

⁵ of the LINKs supplying data for these items

Appendix

1. Relationship between LINKs per host and LINK spend.



*outliers have been removed

2. Worked example of calculating a 100% England Average.

Looking at the membership data item, 128 LINKs reported on this figure giving a total number of members as 61,775. The LINKs that missed out this data item cover areas containing 5.8 million people (11% of the total population of England using mid-2009 population estimates from the ONS). Adding 11% onto the number of members gives 69,615 members estimated in the whole of England.

3. Full LINKs Case Studies

Blackburn with Darwen LINK Example

The issue: Blackburn Royal Accident and Emergency Services

The aim of this work was to reduce patient risk and anxiety by giving better information to patients about getting to Emergency and Urgent Care centres.

LINK interviews with patients indicated that up to 2 -3% of those attending the service could be placing themselves at risk e.g. by travelling by car to the centres while experiencing chest pains or going to the wrong hospital site.

A Way-finding project at Springfield Hospital indicated that improved signage can lead to significant improvements in reducing numbers of patients attending appointments late or missing their appointment altogether. There is also a suggestion from this report that patient experience can be improved and aggression and anxiety reduced through good signage and Way-finding. This leads to savings in staff time and reductions in times to treatment and improved patient experience.

LINK activity:

Blackburn with Darwen LINK is a very open network, both stakeholders and the public are very involved in how decisions are made. The LINK worked to establish partnerships with all stakeholders at a very early stage and have found this process very productive. For example NHS Trust management gave presentations and answered questions at public meetings on Emergency Services and Hospital Infections before any decision by the LINK to conduct an Enter and View.

Similarly the LINK attended OSC meetings to discuss and the OSC Chairman is a non-voting member of the LINK Steering Group.

The LINK has also placed great emphasis on accuracy of information and background research, for example referring to Health Care Commission, CSCI and now CQC reports. The LINK has developed good relations with the CQC, and has met with this organisation several times to discuss the findings of LINK reports.

It is the LINK organisation and approach of being open, accessible and rooted in the community while having effective relations with stakeholders and producing accurate reports that has made it a success.

Outcomes:

The NHS Trust has published an Action Plan as a direct result of the LINK report in which all changes were listed. This included: improved way-finding with directional signage, improved patient information and education, and infection control information, hand cleaning signs and more gel dispensers as well as patient information and publicity on the use of care pathways.

Improved directional signage at the hospital contributed to reductions in "did not attends": in quarter 4 of 2008/09 there were 4,913 did not attends of the 45,841 people due to attend an

outpatient appointment (10.7%). In quarter 4 of 2009/10, there were 5,240 did not attends of the 51,942 people due t attend an outpatient appointment (10.1%). Given that in 2009/10 there were 161,321 people due to attend an outpatient appointment, the reduction of 0.6% equates to a reduction of 1,148 did not attends. Given the average cost of this is £100, this represents a saving of £115,000 per year.

Sefton LINK Example:

The issue: Hospital discharge for patients with social care needs.

Service user research by the LINK highlighted improvements were needed to the Discharge Policy at Aintree Universities NHS Foundation Trust Hospital.

LINK activity

Initial research and consultation was undertaken by Sefton LINK hospital discharge task group. The LINK agreed for a member to attend a Research and Consultation course which accredited them in undertaking research. Research was then undertaken locally to find out what patients and carers thought about discharge from local hospitals, which provided evidence for the LINK. A report and recommendations were then compiled. Sefton LINK also worked in partnership with service providers to find out what they saw as gaps in the service and to identify areas of best practice.

This work is being publicised across the Borough via the LINK membership and wider via newsletters and local press.

Outcomes:

Local evidence from the Sefton LINK research report together with a service provider event hosted by the LINK directly resulted in improvement in discharge practice and protocols at Aintree University Hospitals NHS Foundation Trust.

Days of delayed discharge for the Sefton area were 5,232 in 2008/09, dropping to 3,468 in 2009/10 – a fall of 1,764. While it is difficult to say this fall was entirely due to the improved discharge practice, this is being credited locally for the fall.

A parliamentary enquiry estimated the cost of a day of delayed discharge as £144 in 2001/02. <http://www.parliament.the-stationery-office.co.uk/pa/cm200102/cmselect/cmhealth/617/61704.htm#n22>. Given an increase in health costs of approximately 3.5% per year since then, an estimated cost of delayed discharge in 2010/11 is £196. Using this information, the estimated saving in Sefton is £346,000 per year.

Sefton LINK aims to augment these statistics with the patient's view in autumn 2010, revisiting the initial service user research which highlighted this as an issue.

We also understand that these practice and protocols will be adopted by Southport and Ormskirk Hospital NHS Trust once reviewed.

Positive feedback has been received from local stakeholders regarding the initial research in increasing their awareness of patient perceptions of hospital discharges.

Wakefield LINK

The Issue: Intermediate Care

There was a general disquiet amongst the people of Wakefield and Pontefract that the new hospital development would decrease the inpatient capacity by about 200 beds. The issue was raised by the public with Chief Executives at several meetings in public around how they would be cared for and they were told that they would be cared for in their own home but there was no evidence of this support in the community.

The Chief Executives kept promising the development of Intermediate Care but not until the LINK took up the issue in the form of a Task Group did things start happening. It is only during the last year that Intermediate Care beds have been created by the PCT as a result of reports being sent in from the LINK Lead, Narendra Mathur.

LINK activity:

The LINK made sure that at all meetings at every level Intermediate Care was discussed and initiated where necessary. Reports were sent to the Chief Executive of the Wakefield District Primary Care Trust from the LINK Intermediate Care Lead, as soon as the LINK became established.

The LINK members had previous knowledge of what had happened locally by being involved in the consultation on the new hospital build and had been involved with recent consultations when they had listened to the needs of the people. The LINK held their own public meeting around the new hospital build and had collected evidence to support their concerns.

Benefits:

There was a significant reduction in length of stay and reduction in delayed discharges as a result of the development of intermediate care beds. This has resulted in much improved care in Wakefield, Pontefract and Dewsbury, and itself balances the cost of setting up the intermediate care unit.

In addition there was a reduction in cancelled operations. There were 1,316 cancelled operations in 2008/09, but only 786 in 2009/10 (a reduction of 530) (Quarterly Activity Statistics, Department of Health). Given the cost of a cancelled operation in 2008/09 was £456 (Payment by results tariff S22), this suggests a saving of £242,000 per year.

It is generally accepted that these changes have occurred because of the intensive pressure and lobbying created by the LINK Task Group reports. The local PCT and the Overview and Scrutiny Committee recognise this fact.

South Tyneside

What was the problem / issue?

Children in South Tyneside were having to wait up to 3 years for specialist orthodontic treatment (from referral to treatment). The waiting list had 650 children on it. These waiting times were far higher than for neighbouring PCTs, and the national average.

What did the LINK do?

The LINK engaged as many forums and individuals as possible, undertook further research and engaged the PCT on the issue. The LINK produced a report of its evidence and findings and sent the report to the Local Authority Children and Young People and Healthy Lives Select Committee. The Committee endorsed the LINK's report and agreed with the findings.

What happened as a result of the LINK's action?

Two local MPs raised the issue in the House of Commons raising the profile of the issue further.

The PCT appeared before the Select Committee to outline its plans for addressing the problem. Their plans included:

- commissioning a part time consultant orthodontist to treat 200 children by March 2010;
- procurement of a full time orthodontist to begin in the summer 2010;
- full audit and service review (by the PCT);
- 6-monthly reviews of the waiting list position and report back to the LINK.

Gloucestershire

What was the problem / issue?

Inpatients (and / or their carers) at the Gloucestershire Hospitals NHS Foundation Trust complained, or raised concerns, about the administration of medicines. The complaints and concerns continued for over a year. The causes of the complaints/concerns included:

- medicines left on lockers out of the reach of the patient, including for patients requiring assistance to take their medication;
- prescribed medicines not being dispensed for patients to take;
- medicines not being given at the same time each day, or with the same interval between doses;
- medicines not available to take out late at night, delaying patient discharge.

What did the LINK do?

In order to establish the full extent of the problem, the LINK made a formal request to the trust for details of the number of concerns and complaints they had received about the administration of medicines in the preceding 12 months. The response showed that there had been an average of 2 per week. The complaints related to both hospital sites and different types of wards.

The LINK agreed that this represented evidence of a genuine problem requiring action by the trust. The LINK wrote to the Director of Nursing setting out their findings and recommending steps be taken to change the culture over the administration of medicines across the trust as soon as possible.

The LINK also informed NHS Gloucestershire, the commissioner, of their concerns.

What happened as a result of the LINK's action?

The Director of Nursing issued a reminder to all lead nurses and modern matrons reinforcing the policy on the safe administration of medicines with all nursing staff. The trust introduced the use of red tabards reading "Do not disturb, drug round in progress".

NHS Gloucestershire agreed to incorporate additions to the quality standards in the new contract.

Following the action, the LINK reported no new concerns had been raised with them (for 2 months at the time of submitting this case study).

Lancashire

What was the problem / issue?

The LINK received representations about poor treatment from care agencies providing domiciliary care services to elderly people in the county.

What did the LINK do?

This is an ongoing project. The LINK has established a task and finish group to run a project dealing with the issue. Working with the County Council they are finding out people's experiences and perceptions of domiciliary care services. This is being done through qualitative interviews in which individuals are invited to "tell their own story".

The project is aimed at people over the age of 60. Participants are being recruited on a voluntary basis through links with older people's forums, Age Concern drop-in centres, day care services, carers' forums and luncheon clubs. Lancashire is geographically and demographically diverse and so efforts are being made to include people with a range of different needs including those from black and minority ethnic communities, rural communities and people living in areas of social deprivation.

What happened as a result of the LINK's action?

This project is still in progress but early indications show that although some individuals report that they are very satisfied with their care, there are issues of concern for others, including:

- care workers not arriving on time;
- high staff turnover;
- lack of training for staff in basic procedures.

The County Council has introduced a customer satisfaction questionnaire which is issued to all users of care services. The results of the LINK's interviews will complement the council's own findings and further improvements may be made to services as a result.

City of York

What was the problem / issue?

People with neurological conditions were receiving inadequate, poor quality support from home care workers because the care workers were not always appropriately trained. This had led to inappropriate comments on the part of care workers. This in turn led to increased distress for users and carers and a lack of confidence in the care workers.

What did the LINK do?

The LINK held a public awareness and consultation event for individuals and groups involved with neurological conditions and for those in statutory services. The LINK also liaised with other charities whose representatives fed in information from people who were unable to attend the event in person. The LINK also encouraged people to telephone them with their views if they were unable to attend.

The LINK looked more closely at the training requirements for home carers and non-nursing staff employed in residential and nursing homes and found that although such employees must receive training to meet National Minimum Standards and standards relating to first aid, moving and handling, food hygiene, safeguarding and health and safety, these standards do not include training on aspects of care for people with a specific condition. The LINK, therefore, carried out a further survey of home care providers and care homes in the York area and found that some did provide additional training of this kind. One of the biggest barriers was found to be cost and difficulty finding organisations to deliver such specific training.

The LINK contacted local voluntary groups and charities to see if they would consider providing training and offered to hold a list of trainers for employers and providers to call upon.

What happened as a result of the LINK's action?

A number of local voluntary groups and charities have offered to provide free training and the LINK is putting together details which it will make available to employers and providers of care home services.

A record of the numbers of staff attending training and an evaluation of the impact on staff performance will be gathered by the LINK.

At the time of submitting the case study, 6 home care provider organisations had had signed up for training.

Cornwall

What was the problem / issue?

Using a questionnaire and focus session, the LINK's mental health out of hours task group gathered people's experiences and views of out of hours support for mental or emotional distress. They found that many people did not know who to contact for support outside working hours. They also heard that there were a lot of problems with current services.

What did the LINK do?

The LINK produced a report and practical recommendations called *Mental Health Out of Hours: Have Your Say*. The report was sent to:

- the PCT's deputy director of partnership commissioning;
- the joint commissioning manager for mental health and wellbeing;
- the transforming community services team; as well as

- the Care Quality Commission mental health strategy consultation; and
- the Department of Health new horizons consultation.

The evidence base from the individuals and organisations taking part in the LINK's task group provided both individual patient perspectives and a community overview of local needs.

What happened as a result of the LINK's action?

The PCT's crisis support task and finish group reflected the LINK's recommendations in its own proposals and recommendations for the commissioning process for crisis support services. As a result the LINK's recommendations are informing the draft service specification in the health promotion and suicide prevention [including crisis support] commissioning cycle.

The LINK is involved with the Expert Reference Group and attends the service specification meetings meaning it can monitor progress.

Stockton-on-Tees

What was the problem / issue?

Romany culture meant that travellers and gypsies were reluctant to seek help from medical professionals and wanted someone they could trust to support them. It was difficult for them to register with a GP because they found the registration process off-putting. This meant they could not access primary care, mental health and social services and so very often health problems became acute leading to hospital admission or attendance at an Accident and Emergency department. This in itself could cause problems because the individuals concerned were not registered with a GP and did not know their postcode.

What did the LINK do?

Having been advised of the problems by the Stockton International Family Centre, LINK members met two support workers from the Society for the Promotion and Advancement of Romany Culture (SPARC). These support workers explained the difficulties in detail.

The LINK produced a report and recommendations for the PCT and Stockton Borough Council and met with each organisation to discuss the findings.

What happened as a result of the LINK's action?

Stockton Borough Council have funded a post through MIND for a mental health community development worker to work with the gypsy and travelling community.

NHS Stockton have agreed funding to support the work of SPARC so gypsies and travellers have a contact point for help. The NHS Stockton public engagement officer now regularly visits SPARC to ensure there are no problems.

Health cards are being issued to gypsies and travellers that they can show when they attend a healthcare service to overcome any literacy and registration difficulties.

The LINK is continuing to monitor progress.

Stoke-on-Trent

What was the problem / issue?

There are approximately 18,000 Muslims in Stoke-on-Trent with around 300 births a year but there is no local NHS provision of circumcision for boys; the PCT part commissions a service in Liverpool. This means residents, and transients in the city, use 'back street' clinicians; mistakes are made and this leads to the need for after care provided by the NHS.

A local community group presented the LINK with a petition containing 20,000 signatures seeking help to get more information about safe care and to raise awareness of the need for a local service with commissioners.

What did the LINK do?

The LINK met the PCT to discuss the issues raised by the petition and to find out what more could be done to meet the need of an under-represented section of the local community.

The LINK has also looked at what happens in other parts of the country in order to inform further discussions.

Although it is not within the PCT's current budget plan to provide a circumcision service locally the LINK is continuing to talk to them about how information for, and communication with, the Muslim community can be improved.

What happened as a result of the LINK's action?

This project is ongoing. The LINK is trying to encourage GPs to provide a service in surgeries as there is budgetary provision for this. The LINK is also continuing to talk to the PCT about progress with the provision of information and communication with the Muslim community.

Longer term the LINK is aiming to influence commissioners to ensure a service is provided in Stoke-on-Trent.

London Borough of Sutton

What was the problem / issue?

New migrant communities were arriving in Sutton and their healthcare needs were not being assessed and understood by local services (although some healthcare professionals were aware of the cultural needs of these communities). The PCT was concerned about the increase in the use of accident and emergency departments as a first port of call by patients from these new minority communities.

What did the LINK do?

The LINK undertook a detailed research project in order to establish the healthcare needs of new migrant communities and to make a report and recommendations to Sutton and Merton PCT and local healthcare providers in order to help meet the identified needs.

The LINK examined data from a variety of sources including:

- schools data – Languages spoken by Ethnic Description – School Census (Primary & Secondary) – October 2008;
- Department of Work and Pensions – National Insurance Number Allocations to Adult Overseas Nationals Entering the UK 2007/08;
- translation requests;
- questionnaires (produced by the LINK) entitled “Healthcare Needs of the Tamil/Albanian/Polish/Bulgarian Community in the London Borough of Sutton”.

Introductions were made with the Tamil and Albanian schools in Sutton.

The report and recommendations were submitted to the PCT and the local authority.

What happened as a result of the LINK’s action?

The report was used to support a successful PCT funding bid for external monies to provide assistance to help newly arrived communities to access health services. £30,000 was successfully secured with a further £10,000 available dependent on delivery.

The report also formed part of supporting documentation for a tendering application by the PCT to the Migration Impact Fund.