

A Social Enterprise -  
Strengthening Public Influence in Health  
**NEWSLETTER**



**HAPPY 2ND  
BIRTHDAY  
TO ALL OUR  
VOLUNTEERS**



Health Link's Volunteer Programme celebrates its 2<sup>nd</sup> anniversary in April 2008. We offer volunteers three month placements to learn administrative skills, giving them the confidence and office experience they need. Since April 2006 we have supported nine volunteers, most of them long term unemployed.

In addition we support a large number of volunteer patient representatives through our Patients' Parliament and other groups drawn from our pan-London lay Patient and Public Involvement Network. Our version of the Certificate of Community Volunteering training on patient involvement is being developed further with Parliament Members to cover skills in outreach consultation with marginalised groups. We are also exploring developing a version of it to support homeless volunteers provide peer support and information to homeless attenders at A & E.

**THANK YOU FROM HEALTH LINK**

We thank all our volunteers for their dedication and hard work.

"I really enjoy working at Health Link; it is an exciting experience, learning a lot of things."



**FORUMS OUT LINKS IN—ANOTHER CONVULSION IN PPI**

On the 31st March Patients Forums and their national body were abolished. PPI is now supposedly being delivered by local authorities during the transition as they commission hosts to support Local Involvement Networks to take on the Forum role. If the public knew all that had been done on their behalf by Patients Forum volunteers, we are sure they would thank them. However, their passing attracted little comment. As ever, the needs of the patients are the same, reforms or no, so we must all hang on in there to try and protect those interests, whatever happens with the structures. If you know an ex forum member who might be interested in joining our PPI Network to receive this Newsletter, please ask them to get in touch.

**PATIENTS' PARLIAMENT SCRUTINY OF LINKS SET UP**

The Patients' Parliament will scrutinise LINKs implementation by London boroughs. Members had concerns about lay involvement in procurement and transparency on expenditure as well as boroughs' compliance with their legal duty to make sure that patient involvement is not interrupted while LINKs are being set up. They will survey authorities and publish a report later on in the summer.

**HEALTH LINK LIBRARIES**

Building on our Partnership for Patients project, where 10 library authorities piloted supporting patients to choose a hospital, we are now undertaking a national feasibility study on a role for libraries in offering computerised cognitive behavioural therapy on the People's Network. The work began with a session with users to design a specification for how this might work. The work will complete in the autumn.

**OUTREACH CONSULTATION ON HEALTHCARE FOR LONDON**

We have recently completed our outreach consultation on the *Healthcare for London consultation* arising from Lord Darzi's plans for London, with groups often under represented in public consultations. This work was commissioned by London PCTs as part of the larger pan-London consultation.

**Whom did we talk to?** Groups included homeless people, drug and alcohol users, physical and learning disabled people, people with mental health problems (both inpatients and outpatients), children and young people, carers, housebound people, offenders, prisoners, refugees and asylum seekers, people with a religion or belief, BME groups, older people, lesbian, gay and transgender people, people on low incomes and those with a long term condition.

**What did they think of the process?** 36 meetings were held with a total of 317 people across 18 boroughs. 187 written evaluations were gathered from 25 organisations:

- 90% found it as easy to participate
- 95% said they would be willing to be involved in the future.

See overleaf for detail on the findings.

**SUMMARY FINDINGS FROM OUR CONSULTATION WITH ‘TRADITIONALLY UNDER REPRESENTED’ GROUPS ON HEALTH CARE FOR LONDON -CONSULTING THE CAPITAL**

There was broad support for the recommended general approach, with reservations about the consequences of applying the model locally and where funding might come from. A significant barrier mentioned by many participants in considering the proposals were the variables in terms of location of any new services, the ease or difficulty of travelling to them and what would happen to existing services.

Themes from the consultation were: Staying Healthy, Maternity and Newborn care, Specialist care for children, Mental Health, Urgent Care Telephone Service, Specialist care for stroke, trauma and complex surgery, Extended GP Opening Hours in the evenings and at weekends, End of Life Care and Polyclinics.

Participants had many ideas for staying healthy including free gym membership for older people and those on low incomes. Home circumstances were highlighted as an important consideration in deciding what choices of place of birth should be available and whether midwives should visit women after birth or the other way round. Concerns about transport, both its cost and the convenience, were strong themes across the consultation including for specialist care for children, and concentration of services for stroke, trauma and complex surgery. There was very strong support for more talking therapies instead of medication for mental health problems. The proposed Urgent Care Telephone Line attracted interest providing there was a well- trained, real person on the end of the phone, not an automated answering service. Extended GP opening hours were particularly popular a choice of whether to die at home was considered important. The model of care proposed for Polyclinics was considered of value but many reservations were expressed about how it would work in practice and the numbers and accessibility of such polyclinics. Importantly, it was felt that patients - not GPs - should decide whether GPs were based in polyclinics or merely networked to them (identified as the minimum option).

Many service quality issues were raised with needs identified that were specific to the groups we were speaking to - for example the need for interpreting services and the ageist attitudes of some staff in the current services. We have therefore developed a Framework of Needs. This is a metric against to measure current services and any further proposals or local plans. We also recommended further patient and public involvement with similar groups so that plans are developed in the way which best meets patients’ needs.

**EXTRACT FROM HEALTH LINK’S FRAMEWORK OF NEEDS**

GROUP	Maternity	Children’s Specialist Care	Mental Health	Specialist Care	Polyclinics	GP Opening hours	End of Life	Urgent Care Line	
Age	Accessible Environment; Non Discriminatory, Sensitive Staff; Access to Quality Care								
	Short Travel Time								
	Easy for family and friends to visit				Local care	Home visits		Human answer	
Basic Skills Needs	Plain English information and support with information								
Carers	Comprehensive Carer Assessments; respect for and flexibility for carers’ special needs								
Long Term Condition	Knowledgeable staff and equal access to high quality diagnosis and treatment								
Low Income	Free or concessionary travel, car parking and congestion charging						Free Service	Free calls	
Prisoners	Access to 24 hour care; Respectful staff; Confidentiality; shorter waiting; advocacy on complaints								
Stigma	Respectful staff; accessible services; equal access to services; confidentiality								
Young People	Respectful staff; confidentiality				Access to sexual health services other than via GP			Human answer	

Other needs covered: disability, BME, religion/belief, gender (including reassigned gender) sexual orientation  
 See p.63 of the full Report on our website for the full Framework.