

### **ALL CHANGE AT HEALTH LINK**

You may have noticed that you did not receive our usual Newsletter in September. With the shrinking public sector funding pot, demand for work such as ours has reduced dramatically. Therefore, despite having our best year ever in 2009/10, Health Link has had to downsize. We said good bye to Delyth Neal (who helped set the organisation up in 2003) and those who joined us since and helped it grow: Tom Hall, Lisa Johnson, Daryl Gallagher, Sospeter Gitau and Natalie Bailey. Delyth and Lisa have stayed on as associates as have all the members of our management committee, so we look forward to working with them in the future. Many thanks to a great team who made a significant contribution to patient and public involvement. Health Link is continuing to push for the voice of patients to be heard and will carry on supporting our Members Network. See below for current projects and new contact details.

### **HAPPY CHRISTMAS AND BEST WISHES FOR 2010 FROM ALL AT HEALTH LINK**

#### **LINKS ENTER & VIEW TRAINING**

We have started a third Enter and View course, for Islington LINK. Based on feedback from the pilot, we have condensed the course but retained its unique feature of shadowed visits, one to a health-care facility and one to a social care service, a GP practice and a Day Centre for Islington LINK. Anonymous Evaluations praised our support to learners. We hear our 'graduates' are going from strength to strength in their role. Each candidate is put forward to the charity ASDAN for a Certificate of Volunteering Qualification (CVQ), a nationally accredited qualification. The learning evidence we produce for LINK members is independently checked by ASDAN before they will award accreditation.

To demonstrate the Enter and View competence of the LINK members, each is observed actually applying the skills gained in the face to face sessions. A witness testimony is produced by qualified trainers for each learner, describing how they have applied their skills on the visits. We hope this will help introduce consistency and accountability into this vital LINK role.



#### **WHAT ABOUT HEALTH-WATCH?**

See overleaf

#### **Haringey Panels**

We have now handed over the running of our 4 Patients Panels to NHS Haringey. 15 of the 40 or so Panel members secured our lay representative accredited Certificate and all have agreed to support local GPs in their commissioning role.



#### **MEDICAL EDUCATION BOARD ENGLAND (MEE)**

Elizabeth Manero is the lay representative on the MEE and has been asked to lead on one of 4 themes, responsiveness of training to patients and society, within a review of all medical training. This work will help inform how training is designed in the future. Other work of the board has included a review of the first 2 years of doctors' training and the effect of the European Working Time Directive on training. The future role of the Board, which covers the education of doctors, dentists, pharmacists and health scientists, has been reviewed by the Coalition government and a public consultation on expanding its role will be launched shortly.

#### **JOAN SADDLER CHECKS OUT HEALTH LINK TRAINING**

Department of Health 'PPI Tsar', Joan Saddler, came to observe a Croydon LINK training visit on our Enter and View Course earlier this year.

### GP COMMISSIONING PILOTS ANNOUNCED

The Department of Health has announced 52 GP Commissioning consortia Pathfinders. London Pathfinders are:

Bexley	Hounslow	Newham	Southwark
Ealing	Kingston	Redbridge	Sutton

If you are in a LINK in one of these areas, make sure you are involved as early as possible in how these work and in their decision-making. For example, we facilitated the Haringey Panels to develop criteria that the consortia should use to make decisions about 'savings'. This gives them an input without making them exceed their remit in trying to represent the whole community's views on a particular service. Perhaps your LINK could do the same. The Bill coming before Parliament in the New Year will include a legal duty on GP Commissioning Consortia to involve patients and the public in their decisions - so the Pathfinders should do the same. Contact them through your PCT.

### HEALTHWATCH—WHAT NEXT?

This morning the government has published an 174 page 'Next Steps' document on the reforms. With regard to LINKs it affirms:

- a) That LINKs will become local HealthWatch, with their current role plus new functions, including:
  - Support to patients in health and social care choices, if commissioned by the local authority
  - Power to recommend action by the Care Quality Commission (CQC) via HealthWatch England
  - A role in the complaints advocacy service but only if commissioned by the local authority.
  - The power to employ their own staff
  - Representation on the new local authority Health and Well-Being Boards
- b) that funding will be channeled through local authorities who 'will have a duty to make sure that it arranges with [HealthWatch] to deliver the above functions' against a consistent vision and standards set by HealthWatch England.
- c) A role for HealthWatch England in 'providing direction, leadership and support for local Health Watch.'
- d) the status of HealthWatch England as a subcommittee of the CQC, but with separate powers and functions, such as power to make recommendations to the NHS Commissioning Board
- e) That pathfinders will be established to 'test different structures of governance and accountability. Including.... the role of Hosts.'
- f) that information about the subject matter of complaints will be made more widely available, including to local HealthWatch.
- g) That GP Pathfinder consortia should work with LINKs and local HealthWatch Pathfinders.

You can find this document online at [www.dh.gov.uk](http://www.dh.gov.uk) or call 0300 123 1002 for paper copies.

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