

## **Executive Summary**

### **Summary of Findings – Pages 46 & 47**

1.22 If anything, Local Involvement Networks (LINKs) were an even greater failure. The, albeit unrealised, potential for consistency represented by the Commission for Patient and Public Involvement in Health (CPPIH) was removed, leaving each local authority to devise its own working arrangements. Not surprisingly, in Stafford the squabbling that had been such a feature of the previous system continued and no constructive work was achieved at all.

1.23 Thus, the public of Stafford were left with no effective voice – other than CURE – throughout the worst crisis any district general hospital in the NHS can ever have known.

1.24 Under the new reforms, local healthwatch is intended to be the local consumer voice with a key role in influencing local commissioning decisions through representation on the local Health and Well-being Board. They will be expected to build on existing LINKs functions. The responsibility for establishing Local Healthwatch will rest with the local authorities in the same way as it had for LINKs. As is the position with LINKs, the DH does not intend to prescribe an operational model, leaving this to local discretion. It does not prejudice local involvement in the development and maintenance of the local healthcare system for there to be consistency throughout the country in the basic structure of the organisation designed to promote and provide the channel for local involvement. Without such a framework, there is a danger of repetition of the arguments which so debilitated Staffordshire LINKs.

1.168 The arrangements for public and patient involvement, and for local government scrutiny in Stafford, were a conspicuous failure.

1.171 Oversight and scrutiny committees should have power to inspect providers, using information from local patient involvement to trigger such inspections as necessary.

1.174 Those with responsibility for commissioning should also seek the involvement of the public, as set out in the full table of recommendations.

### **Recommendation 145: Structure of Local Healthwatch**

There should be a consistent basic structure for Local Healthwatch throughout the country, in accordance with the principles set out in Chapter 6: Patient and public local involvement and scrutiny.

## **Chapter 6 - Patient and public local involvement and scrutiny**

Key themes – Page 481

The mechanisms for patient and public involvement (Public and Patient Involvement Forums (PPIFs), Local Involvement Networks (LINKs)) had raised expectations about their role which proved impractical, relying on enthusiastic but uninformed and untrained

