

volunteers and recruiting from a small, unrepresentative pool of the 'usual suspects'.

Patient involvement structures have relied on goodwill and insight to make them work – in Stafford this meant they quickly broke down under dysfunctional relationships and in-fighting, whilst the lack of support led to a preoccupation with constitutional arrangements rather than patient concerns. The community in Stafford was reticent in raising concerns and accepting of poor care; those who did make a complaint were not heard or given a voice.

6.120 The Inquiry received voluminous evidence containing a wide range of criticisms of individuals and their conduct in connection with the Staffordshire LINK, sometimes expressed in vitriolic terms. It is unnecessary in order to fulfil the Terms of Reference to consider each and every one, even where notionally the criticisms were relevant, and many were not. Still less has it been necessary to come to conclusions about the rights and wrongs of these criticisms. Where they are referred to in what follows, they are merely intended to describe the entirely dysfunctional nature of the LINK and for the sad light it throws on a community that became driven by the events played out in and around its local hospital.

6.149 It is clear that throughout its life LINKs in Staffordshire was bedevilled by disputes over governance, personalities and other distractions which hindered it in getting on with its core task of representing the views of patients and the public at a time when this was urgently needed. Reference has already been made to the arguments about governance, but, in addition, a number of other issues took up a great deal of time at meetings and for the host.

6.160 From reviewing what was happening elsewhere, she (Jackie Owen) did not believe the problems shown here were unique to Staffordshire: "I would say it is very much not unique to Staffordshire. I think Staffordshire just hit the headlines first with it."

6.464 The DH does not intend to ring-fence the grant given to local authorities for the purpose of establishing Local Healthwatch. Mr Alexander expressed fears that this would result in the fund being diverted to other purposes in times of need.⁴³⁴ As was the position with LINKs, the DH does not intend to prescribe an operational model, leaving this to local discretion. Mr Alexander objects to this on the grounds that it is likely to replicate the weaknesses experienced with LINKs.

6.472 It is suggested that the following principles and approaches should be adopted: It is important that patients', relatives' and carers' voices are heard, and that they are consulted and listened to

And much much more but two pages should be enough to show the parallels (albeit on a smaller scale) with our B&H LINK. If the local context is not clear in the extracts above, please ask for clarification – Terence.Rixon@Gmail.com

