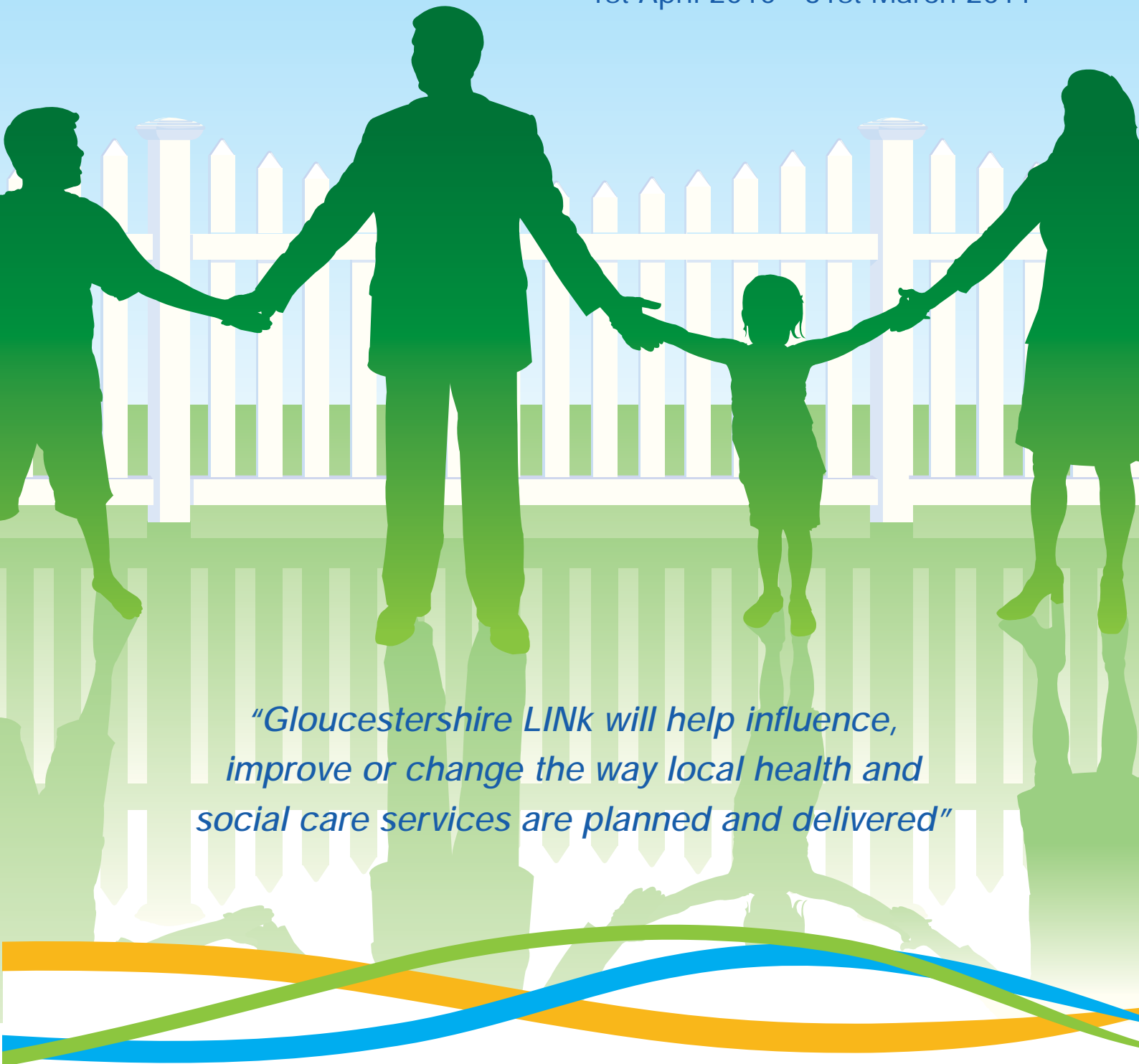


# Annual Report

1st April 2010 - 31st March 2011



*“Gloucestershire LINK will help influence,  
improve or change the way local health and  
social care services are planned and delivered”*

## MEMBERS OF THE BOARD



**Barbara Marshall** (Chair)



**Bren McInerney** (Vice Chair)



**Robin Agascar**



**Judi Brown**



**Christine Donald**



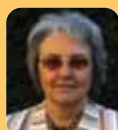
**Val Dyer**



**Judy Gazzard**  
(from May 2010)



**David Hearn**  
(from March 2011)



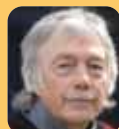
**Jenny Hincks**



**Peter Mannion**



**Dave Peachey**



**Albert Weager**



**Nadia Novali**  
(resigned May 2010)



**Graham Crawshaw**  
(resigned January 2011)

### Authorised Representatives for 'Enter and View'

Judi Brown • Christine Donald • Graham Crawshaw • Val Dyer • Judy Gazzard  
Peter Mannion • Barbara Marshall • Bren McInerney • Albert Weager

### Acknowledgements

The Gloucestershire LINK would like to thank everyone who has supported us over the last year. Special thanks go to members of the Communications and Community Engagement Group, in particular, Eileen Barnes, Anne Cole, Thomas Dunleavy and Gerald Tween.

The LINK Chair would also like to thank all members of the Stewardship Board for their hard work and dedication in this very busy year.

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*“It has really developed in  
a short period of time...  
it was a real challenge...  
we have a really good relationship”*

Quote from a key partner



## INTRODUCTION BY THE CHAIR OF GLOUCESTERSHIRE LINK



I am pleased to introduce the Gloucestershire LINK Annual Report for 2010/11.

LINK membership has increased by 25% during this year and there have only been a few resignations.

This stable membership and our training events have enabled us to build on our previous experience and improve our knowledge of care services in Gloucestershire.

We have continued to collect views from the public and have developed a detailed quarterly comments sheet to help us analyse and prioritise emerging and outstanding issues, which are shared with the Commissioners, Providers and the Care Quality Commission. They have also given the public a stronger voice about the care services in the county.

Our work plan for 2009/10 included a task group on the discharge pathway. The report with recommendations was distributed in 2010/11 and highlighted a large number of issues in communication and information in all parts of the pathway. Views from public events, members' experiences and case studies from Age UK and Carers Gloucestershire provided evidence of these problems. Many of our recommendations have been incorporated into the revised Hospital Discharge policy and will also be monitored in the contract between NHS Gloucestershire and Gloucestershire Hospitals NHS Foundation Trust.

In 2010 we carried out our first 'Enter and View' visits to obtain more information about the patient pathway and ambulance turnaround times when arriving at the Emergency Department of Gloucestershire Royal Hospital. We will continue to monitor this in 2011/12.

In 2010 the Department of Health produced its White Paper: 'Equity and Excellence: Liberating the NHS'. The LINK contributed to all consultation documents, including the subsequent Public Health documents and framework for adult social care.

2011/12 is a transition year when LINK will build on its existing work and evolve into Local HealthWatch, the consumer champion for health and adult social care. Gloucestershire County Council is also working in partnership with us in applying to be a pathfinder for Local HealthWatch. Funding for LINK is not ring fenced and is part of the Formula grant. We will receive a 7.7% reduction in funding this year, which is substantially better than many other LINKs in the South West. It will nevertheless be a challenge to continue our present level of activity as well as the transition process.

We will continue to gather your views by holding more public events across the six districts and having stands in shopping arcades. In addition, we will set up task groups on issues prioritised by LINK members and further develop the website in order to continue to obtain views and give you access to information in a more efficient and effective way.

Finally, we hope that reading this report will encourage you to join the LINK as we develop into Local HealthWatch. We need as much skill and expertise as we can get!

A handwritten signature in blue ink that reads "Barbara Marshall". The signature is written in a cursive style and is positioned above a horizontal line.

Barbara Marshall  
Chair, Gloucestershire LINK



## GLOUCESTERSHIRE – AN OVERVIEW

Gloucestershire is the 13th most rural county in England. With a population of just over 580,000, it has an area of 1,025 square miles and is split into three areas: the Cotswolds, the Royal Forest of Dean and the Severn Vale. The county's boundaries include some of the largest Areas of Outstanding Natural Beauty in the country while the urban centres of Gloucester and Cheltenham are home to more than 200,000 people.

Since Roman times, this rural county, which sits at the northern edge of the south west region of the UK, has been known for farming, forestry and horticulture with an industrial history featuring the wool trade. Agriculture still plays a big part in Gloucestershire's rural landscape with 209,000 hectares out of 265,000 in agricultural use.

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### GLOUCESTERSHIRE AS A WHOLE

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- The official population figure for Gloucestershire is 582,595
- Projected figures suggest an upward trend in population growth to 2026

- Tewkesbury Borough is predicted to see the steepest rise in population over the next 20 years due to the proposed Regional Spatial Strategy (RSS), by over a third (MAIDeN)

*All 2007 data is now in line with the 2001 Census of Population results and the local authority population studies (MAIDeN)*

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### RURAL GLOUCESTERSHIRE

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- 194,824 people live in the county's rural areas – about a third of all those living in Gloucestershire
- Of that total rural population, 34,919 (18%) are children aged under 16, making up a smaller proportion of the population in rural areas than across Gloucestershire as a whole
- 46,284 (24%) are people of pensionable age, making up a larger proportion of the population in rural areas than across Gloucestershire as a whole

*Source: OCSI 2008 from Census 2001.*

## KEY FACTS ABOUT GLOUCESTERSHIRE LINK

The Gloucestershire LINK is a network of local people, groups and community organisations who want to help shape health and social care services commissioned and provided in Gloucestershire. It is a mechanism for gathering the views of people throughout Gloucestershire's communities so that these views can be made known to health and social care commissioners and providers. The Gloucestershire LINK aims to be inclusive and will not discriminate on the grounds of the protected characteristics as defined in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The Gloucestershire LINK has statutory duties and powers and will act in accordance with the Local Government and Public Involvement in Health Act 2007.

Gloucestershire LINK's Stewardship Board of 12 members is elected from its entire membership on an annual basis. The positions of Chair and Vice Chair are then voted for by the newly elected Stewardship Board. The LINK has three permanent sub groups, Finance, Governance and Communications & Community Engagement, who meet on a regular basis to ensure continuity and report back directly to the Stewardship Board. The main task of the Governance group this year has been to review all LINK policies and amend as necessary. These policies are available to view on the Gloucestershire LINK website. During 2010/11, Gloucestershire LINK has set up a number of short term task groups, chaired by members of the Stewardship Board, to look at specific issues raised by the public in more detail.

There are nine Authorised Representatives of Gloucestershire LINK (as detailed on inside front cover) who are trained to undertake 'Enter and View' visits.

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### LINK SUPPORT

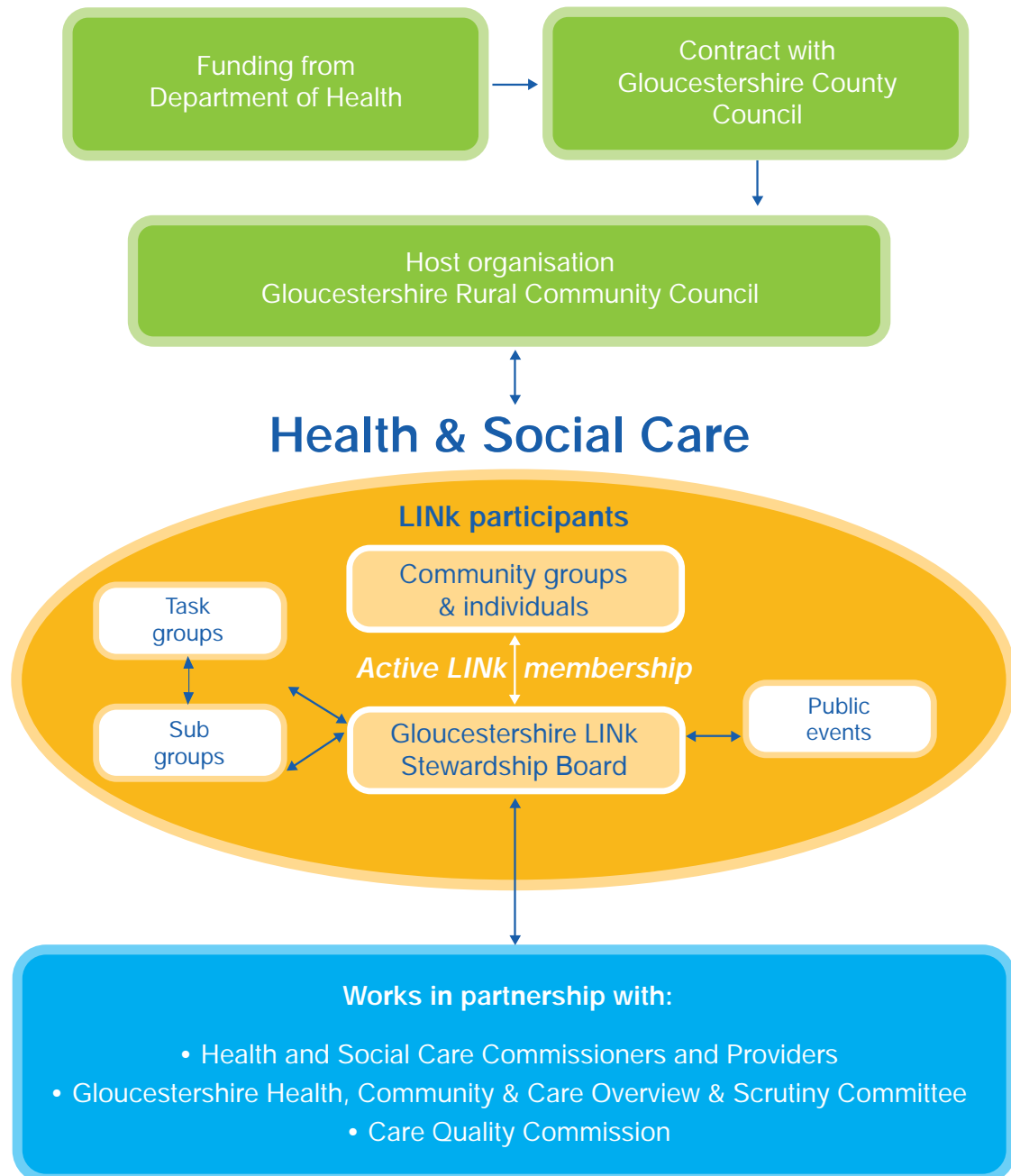
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Gloucestershire is one of a small number of LINKs who benefit from being supported by just one local Host organisation; in this case, Gloucestershire Rural Community Council (GRCC). GRCC is a Charitable Company Limited by Guarantee, established in 1923 and part of a network of 38 Rural Community Councils across England. It is a member of ACRE (Action with Communities in Rural England – the national umbrella organisation for RCCs) and SWAN (the South West ACRE Network).

GRCC employs 55 staff, four of whom make up the LINK team. Relationships with partners and communities forged over many years are strong and enable Gloucestershire LINK to extend its reach into all sectors of the community. These include rural, urban, those working with excluded and/or disadvantaged groups and others working with emerging groups and individuals. GRCC's 28 Village Agents and 5 Community Agents enable continuous engagement with the communities of Gloucestershire, and issues relating to older people are fed back regularly to the LINK.

As part of GRCC's continuous improvement and monitoring of projects, the Evaluation Trust was commissioned to carry out a three year external evaluation of the LINK.

## GLOUCESTERSHIRE LINK STRUCTURE



## GLOUCESTERSHIRE LINK MEMBERSHIP

Gloucestershire LINK has two types of membership: active and participant. Members can move from one to the other as they wish, e.g. a participant member can be engaged with one of the short term task groups or take part in a specific survey, but remain inactive in other areas.

The Gloucestershire LINK has increased its membership in the past year by 25% making a total of 373 as of 31st March 2011. Membership has grown steadily (although not as significantly as last year) and with few resignations.

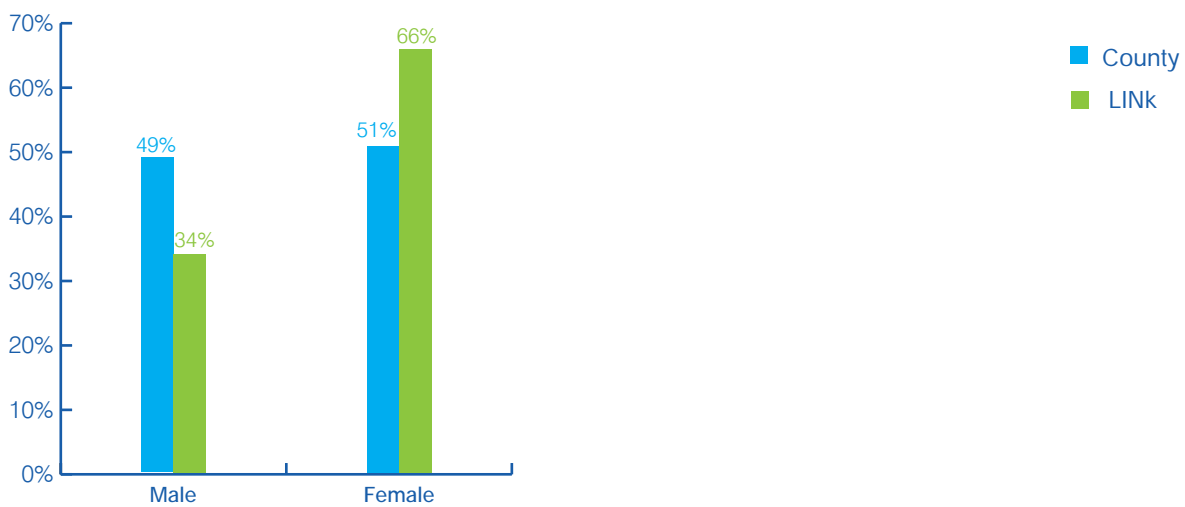
### LEVEL OF MEMBERSHIP PARTICIPATION

MEMBERSHIP	TOTAL	ORGANISATIONS	INDIVIDUALS
Total number of members as at 31/03/11	373	62 organisations representing 23,912 people	311
Total number of members as of 31/03/11 with an interest in social care	132		
Total number of interest groups as of 31/03/11 representing under-represented sections of the community	7 groups representing 1,353 people		
Total number of active members involved in management boards, sub groups and representing LINK externally	40	7 organisations representing 1,353 people	
Total number of participant members as of 31/03/11	33	40	205

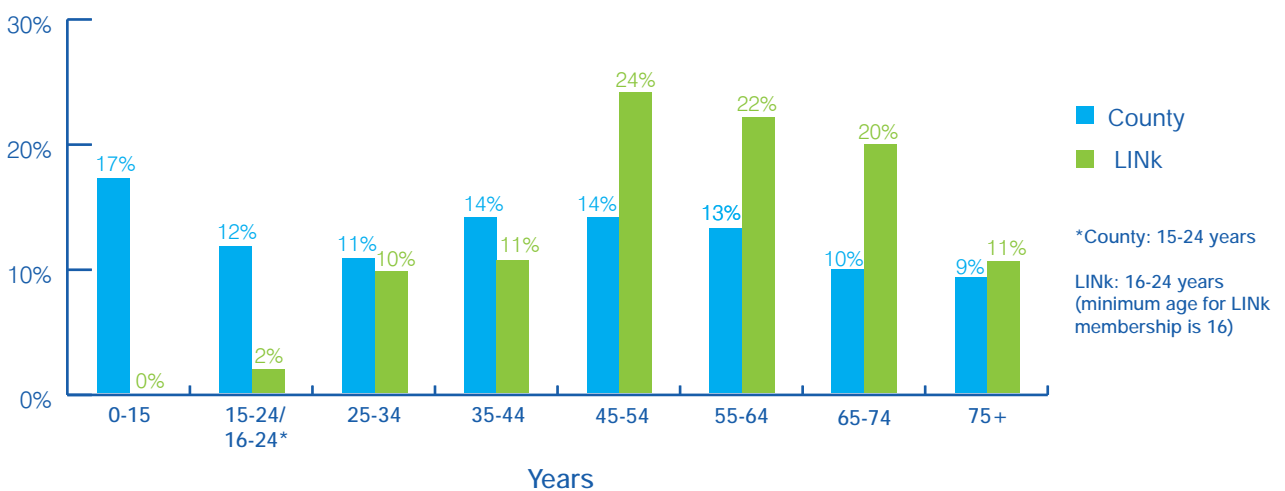
## COMPARISON OF GLOUCESTERSHIRE LINK MEMBERSHIP WITH THE POPULATION OF GLOUCESTERSHIRE AS A WHOLE

- 'County' = Gloucestershire. County data relates to the whole population unless specified otherwise.
- 'LINK' = Gloucestershire LINK members, based on the monitoring forms received to date.

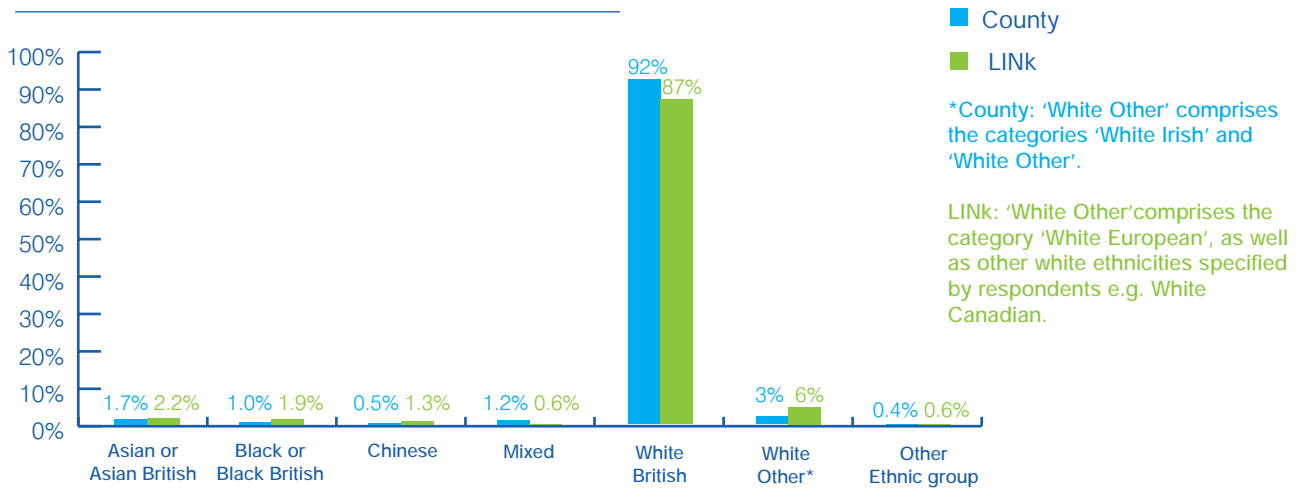
### GENDER



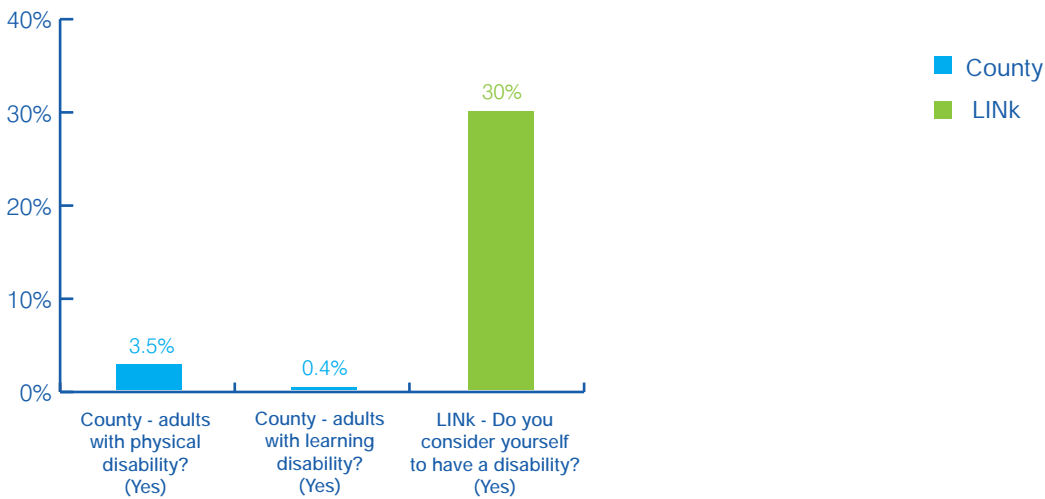
### AGE



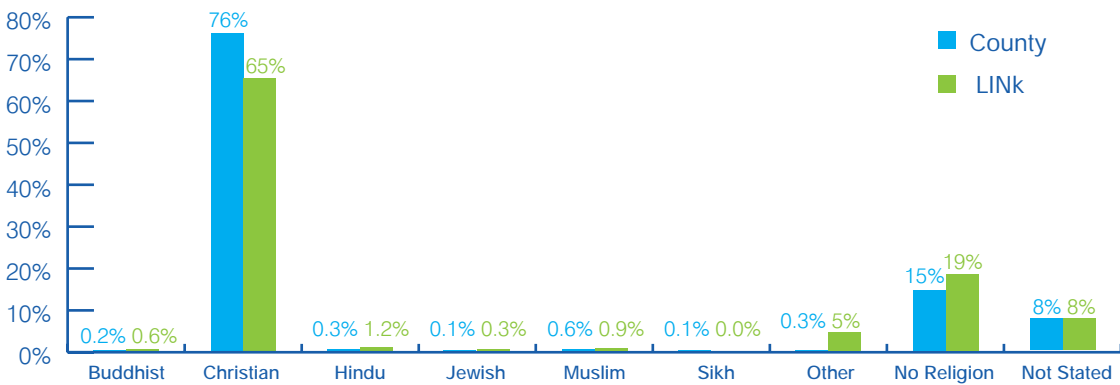
ETHNICITY



DISABILITY



RELIGION



## SOURCES

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### 1. COUNTY DATA

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#### AGE

- Population projections for Gloucestershire 2006-2031 [2010 figures used for this LINK report]
- Source: Office for National Statistics 2006-based long term Subnational Population

#### ETHNICITY

- Estimated resident population by ethnic group, mid-2007 (experimental statistics)
- Source: Office for National Statistics, Crown Copyright 2009

#### RELIGION

- Source: 2001 Census
- “No recent figures available from a reliable source” – Senior Research Officer (Demographics), Research Team, Gloucestershire County Council.

#### PHYSICAL DISABILITY

- No. of Community and Adult Care Directorate (CACD) service users with a physical disability (2008/09) as a proportion of all residents in county aged 18+
- Source: JSNA eResource 2008/09 v3.2

#### LEARNING DISABILITY

- No. of Community and Adult Care Directorate (CACD) service users with a learning disability (2008/09) as a proportion of all residents in county aged 18+
- Source: JSNA eResource 2008/09 v3.2

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### 2. LINK DATA

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The Gloucestershire LINK data comes from the completed monitoring forms received to date; the monitoring forms are optional and are detached from the main registration form on receipt to ensure anonymity. Not all respondents answered each question on the monitoring form, but for consistency with the county data the LINK percentages shown in the charts are based only on those who answered a given question and therefore add to 100%. The exception to this is religion, where the number of non-responses is shown for both the county and LINK data.

N.B. Information on sexual orientation is also collected on the LINK monitoring forms but there is currently no comparable census or other county data.



## PUBLIC INVOLVEMENT AND ENGAGEMENT

Throughout the year, the LINK has sought to involve as wide a range of people as possible in all its activities. Amongst the most recent are the BME community (the number is extremely small in Gloucestershire – just under 3% and focused mainly on the urban area of Gloucester), residents in Care Homes and the Visually Impaired. Some are now actively involved in the various task groups.

### GATHERING VIEWS

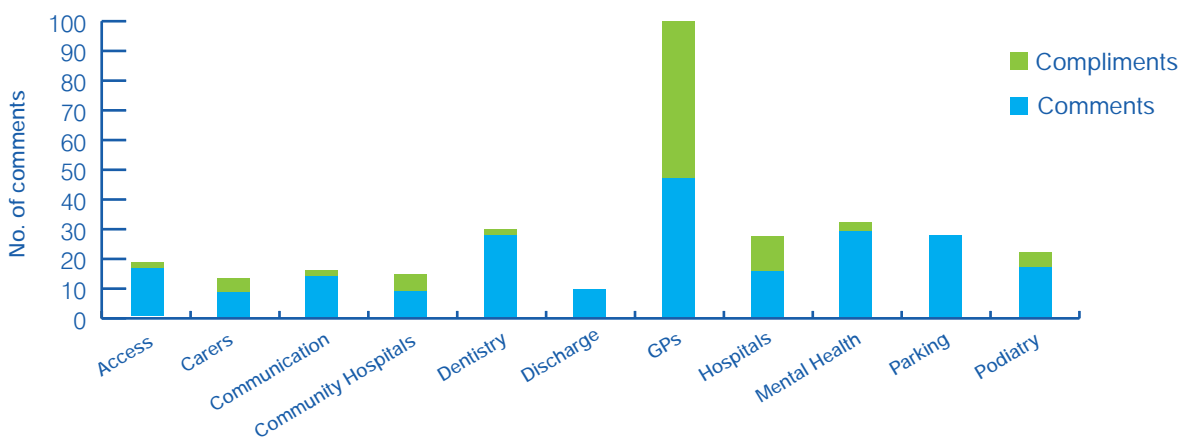
Gloucestershire LINK gathers the positive and negative views of the public across Gloucestershire on the health and social care services they receive locally, as well as any emerging issues of concern. These views are then passed on to the Commissioners and Providers of those services in the form of a quarterly comments sheet which is also shared with the Care Quality Commission. If we receive comments that require immediate action, we will signpost to the relevant services accordingly or raise the issue directly with partners. A summary of the views gathered are regularly discussed with the Health, Community and Care Overview and Scrutiny Committee. Trends identified will also form the basis of the LINK work plan. Over the past 12 months, Gloucestershire LINK has received in excess of 500 comments from across Gloucestershire, over 100 of which relate to Social Care.

### LINK PUBLIC EVENTS

Gloucestershire LINK completed its third phase of public events across different locations in the county this year, starting in September with Chipping Campden and then moving on to Newent, Quedgeley, Fairford, Stonehouse, St Pauls in Cheltenham and Bishop's Cleeve in Tewkesbury borough.

Although attendance in the rural areas tends to be lower than in the urban centres, the LINK believes it is essential to gather views from all six districts of Gloucestershire in order to build a representative picture of current health and social care service provision.

### MOST FREQUENTLY OCCURRING VIEWS IN 2010/11





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#### SHOPPING ARCADES

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In order to widen participation and engage with different target markets, LINK had stands for the first time in the two main shopping areas of Cheltenham and Gloucester during the summer of 2010. Due to the success of this initiative (gathering in excess of 150 comments about health and social care services) Gloucestershire LINK decided to continue the activity into 2011 and visit some of the more rural areas of the county.

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#### STANDS AT PARTNER EVENTS

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The LINK had stands at numerous partner events during the year, including:

- Stands at all 6 locations during Carers Week in June
- Stands at all 7 In Touch events around the county for older people
- A stand at World Together Day (multicultural event in Gloucester City)
- A stand at Barnwood Family Fun Day in June
- A stand at NHS Gloucestershire's 'Innovate 11' Conference in March
- A stand at the first Village Agents Information Fayre

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#### MEMBERS' EVENTS AND TRAINING

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Gloucestershire LINK held a number of training events this year which were well attended by both active and participant members, in particular the training on the Mental Capacity Act. We would like to thank all who provided these important training opportunities.

- Members' Event held in October with a talk on CQC Quality Standards by the Local Compliance Manager from the Care Quality Commission
- Members' training on the Carers Implementation Strategy and Fairer Charging Policy
- Members' training in the Mental Capacity Act
- Phase 2 of Putting People First Programme with Gloucestershire Village Agents

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#### TALKS

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The Gloucestershire LINK delivered talks to 8 community groups including:

- Stroud Macular Degeneration Society
- Health & Social Care students and Lecturers at the University of Gloucestershire




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#### OTHER ENGAGEMENT ACTIVITY

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- Cotswolds Youth Project undertook a pilot consultation with young carers and other target groups in partnership with Gloucestershire LINK, to gather their views on local care services
- LINK stand at Gloucestershire Youth Parliament and further activity planned as a consequence
- First listening event held for Gloucestershire's BME community in March to gather their views and experiences on access to services and any possible cultural/language barriers to engagement. The event was supported by Gloucestershire Community Agents who work countywide with BME communities

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#### LINK WEBSITE

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The LINK is constantly looking at ways to improve the look, content and navigation of its website and is currently using the skills of several of its members to make the necessary improvements. Last year, the website was used

predominantly for the purpose of highlighting the numerous national consultation documents and giving opportunities to respond both individually and collectively as a LINK. These included the NHS White Paper 'Equity and Excellence: Liberating the NHS' and the Draft Health and Social Care Bill.

The website has also been used to carry out two online surveys; one as a review of the Administration of Medicines work we carried out in the previous year and one on access to services for the Visually Impaired. The survey for the Visually Impaired complemented the work of the existing task group looking at these areas.

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#### EMAIL ALERTS

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The LINK has continued to make use of the email alert system to notify members of current news, forthcoming events and communicate other important information in a fast and efficient way.

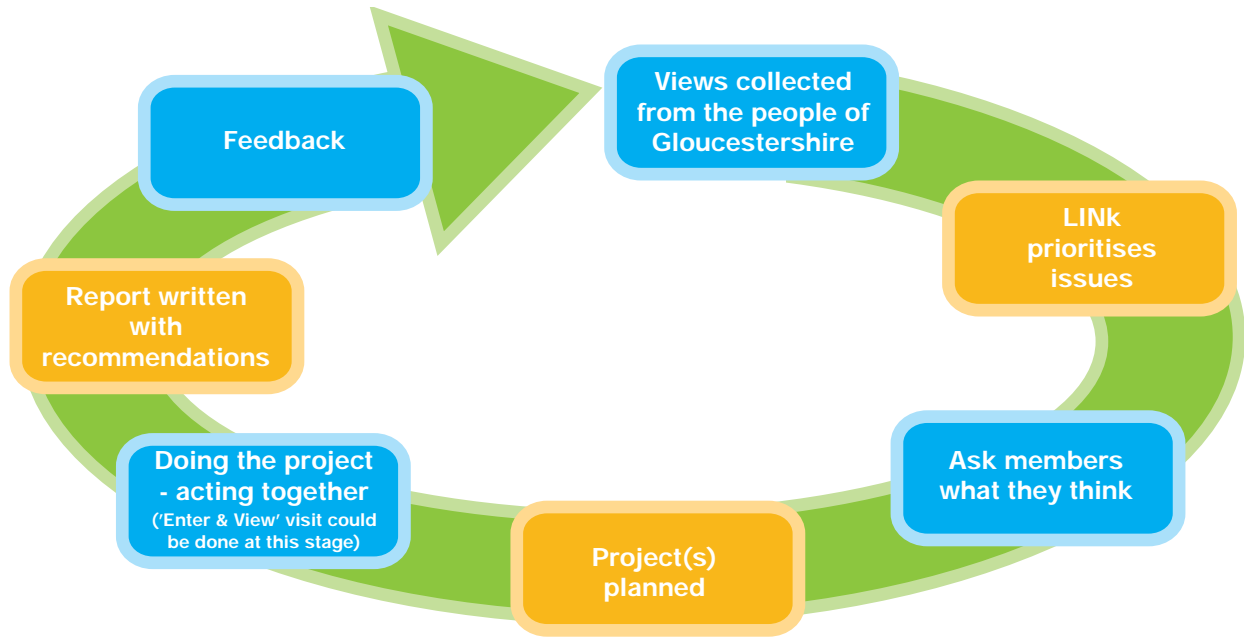
"The County Council has valued the opportunity it has been given at the LINK learning events to brief members and participants on topical issues in adult social care. Through debates on issues such as fair access to care services, mental capacity, carers and the performance landscape, I hope these can contribute to the LINK's decisions about how it would like to work with us in improving outcomes through the commissioning and delivery of services in the future."

Fiona Jones, Strategic Planning and Policy Manager,  
Gloucestershire County Council's Community  
& Adult Care Directorate.



## MONITORING AND SCRUTINISING SERVICES

### GLOUCESTERSHIRE LINK DECISION-MAKING CYCLE



#### PATIENT TRANSPORT SERVICES

The objective of the group was to look at access to patient transport to and from hospital services and the access to the Hospital Travel Costs scheme for those eligible. As part of this ongoing piece of work, a questionnaire has been developed to be sent out to GP Practices in the county to establish how effectively the scheme is being publicised and used.



#### ACCESS TO CARE SERVICES BY THE VISUALLY IMPAIRED

The objective of the group was to look at processes and pathways around access to care services by the Visually Impaired and included a piece of follow up research completed by the Royal National Institute of Blind People (RNIB) highlighting a number of areas where issues around access were still occurring.

The group developed an online survey for those with a Visual Impairment and this was circulated to members and groups locally as well as being made available on the Gloucestershire LINK website for completion. The response was extremely good and clearly identified those areas that required improvement. Speakers from local service providers and voluntary and community support groups were invited to provide supporting evidence which will be included in the final report.

#### ACCESS TO SERVICES FOR SELF HARM AND SUICIDE PREVENTION

The objective of this group was to look at access to services for Self Harm and Suicide Prevention in the county. During this year, the group has concentrated on looking at services for suicide prevention which has included working closely with the Public Health Department of NHS Gloucestershire on the development of a county Suicide Prevention Strategy.

#### FOCUS GROUP FOR FIBROMYALGIA

A focus group was held for members and the public to look at services in the county for those suffering from Fibromyalgia. A questionnaire was developed and completed by the group and others unable to attend to establish the current picture.

All the above groups will continue their work into 2011/12 and reports and recommendations will be sent to the Commissioners, Providers and Care Quality Commission on completion.

Requests for Information in 2010/11	Number
How many requests were made?	19
Of these, how many were answered within 20 working days?	15
How many related to Social Care?	2
Enter and View in 2010/11	
How many Enter and View visits did LINK make?	2
How many Enter and View visits related to Health Care?	2
How many Enter and View visits related to Social Care?	0
How many Enter and View visits were announced?	0
How many Enter and View visits were unannounced?	2
Reports and Recommendations in 2010/11	
How many reports and/or recommendations were made by LINK to commissioners of health and social care services?	5
How many of these reports and/or recommendations have been acknowledged in the required timescale?	5
Of the reports and/or recommendations acknowledged, how many have led, or are leading to service review?	5
Of the reports and/or recommendations that led to service review, how many have led to service change?	4
How many reports/recommendations related to Health Care?	5
How many reports/recommendations related to Social Care?	5
Referrals to OSCs in 2010/11	
No referrals, but 5 reports sent for information and discussion	

## LINK ACTIVITY AND TASK GROUP REPORTS



### DISCHARGE PATHWAY

In 2009/10, we held a Discharge task group, looking at the whole care pathway in relation to discharge from hospitals in Gloucestershire and a report was published in July 2010.

The recommendations were mainly in relation to the improvements needed in communication with patients and carers, more information about treatment, possible complications on discharge and better liaison with the primary care team and social care.

The first response received from Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), did not address a number of the recommendations raised in the report. A meeting was therefore held with Trust staff and a further response and action plan was sent to us, which addressed most of our recommendations and led to a number of changes in the discharge pathway in the GHNHSFT. We are now receiving considerably fewer comments about discharge from the Acute Trust, which shows the difference this piece of work has made.

The process of discharge from the community hospitals was found to be satisfactory, but there was little contact with Age Concern (now Age UK) prior to discharge. This has now been altered so that patients can be made aware of the services available to them when they go home.

### OUTCOMES

- NHS Gloucestershire as Commissioners stated that the Clinical Quality Team will work closely with GHNHSFT to improve all aspects of the discharge process. Medicine management now forms part of the contract and requires GHNHSFT to establish communication with all other providers regarding patients' medicines
- A number of other changes have been made to the hospital discharge policy as a result of the LINK task group report (better communications with patients, relatives and their carers, more information to patients regarding their condition and any possible complications and improvements in communication between the Primary Care teams and the hospital)
- In relation to Age UK's Hospital Aftercare service, improvements have been made to the referral process (particularly in community hospitals)

We still have concerns about the integration of Health and Social Care services on discharge for all but the most complicated cases and this remains an ongoing dialogue with the Providers.



## PODIATRY

A task group on Access to Podiatry services (covering the whole pathway of foot care) was set up and met during 2009/10. A report was sent to the Commissioners and Providers and the Care Quality Commission in August 2010 with recommendations including the expansion of the foot care service 'Best Foot Forward' to all areas of the county, improvements to podiatry publicity and leaflets, an improved appointments service and better foot care for inpatients.

A joint response was received from the Commissioners and the Care Services Board. A separate response was received from Gloucestershire Hospitals NHS Foundation Trust. The responses were not completely satisfactory and meetings were arranged with the Providers of the service to discuss our concerns.

### OUTCOMES

- Reintroduction of the training of nurses in routine foot care by the podiatry service
- Review of the appointments system
- Review of publicity materials

There will not however, be any expansion of the foot care service in the county and this is an area where we still receive comments from older people unable to see or reach their feet.



## ACCESS TO DENTISTRY AND PODIATRY IN CARE HOMES

As an additional piece of work, in partnership with the Gloucestershire Care Providers Association (GCPA), a questionnaire was circulated to Care Homes in Gloucestershire to gather information about residents' access to dental and podiatry services. The questionnaire responses provided evidence from all six districts of the county covering all categories of care and highlighted the fact that almost 50% of care home residents received no dental care.

Over 80% of the residents received private podiatry services. For both NHS dental and podiatry services, there were issues around access due to lack of suitable transport, lifts and hoisting facilities.

### OUTCOMES

- The Care Quality Commission have highlighted this piece of work as an example of best practice nationally
- The GCPA has shown great interest in the findings of this report and are keen to work with LINK on a number of other issues identified between us
- Gloucestershire LINK has been invited to work with Gloucestershire County Council's Quality Improvement Team to look into the issues identified in this report
- The podiatry service has reiterated the availability of foot care training for all home care staff
- The recent expansion of the salaried dental service should improve access for residents in wheelchairs

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## 'ENTER AND VIEW' VISITS

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LINK received a number of comments about the patient pathway when arriving by ambulance at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) Emergency Departments and the long delay in ambulance turnaround times.

We tried to obtain information about this process from a variety of sources, using GHNHSFT and Great Western Ambulance Service (GWAS) statistics. Unable to obtain satisfactory answers by this method, we decided to carry out unannounced 'Enter and View' visits.

Two visits were carried out in November 2010 at Gloucestershire Royal Hospital, which showed that patients in ambulances were not left waiting outside the hospital, all children were taken straight to a separate area and patients were always under the care of ambulance staff while in the waiting area.

It was clear that at busy times, some patients did stay in the waiting area for a long time while waiting for a cubicle, but if necessary were triaged by a nurse. Subsequently a report was sent to the Commissioners and Providers and Care Quality Commission. We received a combined response from GHNHSFT, NHS Gloucestershire and GWAS indicating the following:

### OUTCOMES

- Commissioners are working on providing a greater choice for patients, as an alternative to the Emergency Department
- Agreement that improvements were needed in the process of 'handover and wrap up' of patients between GWAS and hospital staff. This will be monitored closely by the LINK

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## LEARNING DISABILITY EVENT

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This second event for members with a learning disability was held in October, in partnership with Gloucestershire Hospitals NHS Foundation Trust to obtain views on their outpatient experience. Discussion groups were held at the event which indicated that:

- Patients with learning disabilities were not always identified at the referral stage
- Additional time should be allowed at outpatient appointments
- The use of pictures to explain procedures would be a useful tool

### OUTCOMES

- The Learning Disability Liaison Nurses have written to all GPs explaining their role within the hospital and asking that the referral letter indicates if the patient has a learning disability
- The 'Choose and Book' system makes it difficult to allow extra time, but this will be done for all follow up appointments
- The Learning Disability Liaison Nurses and Patient Information Officer are working together to look at the information needs of this group of patients including some leaflets in Easy Read

All LINK reports are available on the LINK website at [www.gloslink.org.uk](http://www.gloslink.org.uk)

"All the reports I've read make me realise what a valuable resource LINK and its members provide."

Penny Hall, Gloucestershire LINK and Health Community and Care Overview and Scrutiny Committee member.

## STAKEHOLDER RELATIONSHIPS

Over the year, LINK has continued to maintain and develop relationships with its stakeholders on a local, regional and national basis.

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### PARTNERS' MEETINGS

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The Gloucestershire LINK Chair, Vice Chair and Host continue to meet monthly with the Patient Participation leads from all five Providers and NHS Gloucestershire and Gloucestershire County Council as Commissioners. These meetings provide an opportunity to discuss emerging issues, representation on project groups and the sharing of information, including the LINK's quarterly comments sheet. LINK has or has had representation on 20 project groups including Unscheduled Care Quality, Innovation, Productivity and Prevention (QIPP) delivery programme board, End of Life Care, the Dementia Strategy, Children and Adolescent Mental Health Services and Gloucestershire Local Implementation Network (LIN) Mental Capacity Act.

*"NHS Gloucestershire has worked closely with the Gloucestershire LINK over the past twelve months. Projects where LINK members have had an impact on the way services are commissioned in 2010/11 have included the following:*

*LINK is included in the membership of the Steering Group which has overseen the development of an End of Life Care Strategy for Gloucestershire; and have also been active members of the Advance Care Planning Implementation Group, which has responsibility for the Strategy being used countywide.*

*LINK representatives play a crucial role as part of the Unscheduled Care (USC) Executive Group, providing feedback and comments from a patient perspective, to influence the planning and evaluation of urgent care delivery.*

*LINK have made a considerable contribution towards the project which has sought to achieve improvements to services in Gloucestershire for children and young people with emotional and mental health difficulties and their families. A LINK member has been involved in this project from start to finish.*

*The LINK member has taken part in the oversight of the process of decommissioning, redesigning and the re-commissioning of new relevant services."*

Becky Parish, Acting Deputy Director, Clinical Development and Engagement, NHS Gloucestershire.

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### GLOUCESTERSHIRE HEALTH, COMMUNITY & CARE OVERVIEW AND SCRUTINY COMMITTEE (HCCOSC)

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The Gloucestershire LINK Chair/Vice Chair and Host attend HCCOSC meetings and provide regular verbal and written reports on LINK activity. The LINK and HCCOSC Chair also meet regularly on an informal basis and have worked together to develop a joint working protocol to share information and work plans on a regular basis to avoid duplication and foster good relations.

*"The Health, Community & Care Overview and Scrutiny Committee has benefited enormously from the regular updates received at our meetings from the LINK Chair and reports given to us on their activities.*

*Our regular informal meetings also give us the chance to be able to discuss ongoing issues raised by the public together with work plan priorities to avoid duplication of effort. We look forward to continuing this strong relationship through the transition year leading into the Local HealthWatch"*

Andrew Gravells, Chairman of Gloucestershire Health, Community & Care Overview and Scrutiny Committee.

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### SPECIALISED COMMISSIONING

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LINK members have assisted the South West Specialised Commissioning Group in the areas of:

- Specialised Burn Care
- Soft Tissue Sarcoma
- Medium secure mental health services
- Paediatric cardiac surgical services

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### CARE QUALITY COMMISSION

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Gloucestershire LINK Chair, Vice Chair and Host meet regularly with CQC's Local Compliance Manager both formally and informally to share information, reports and issues of concern. These meetings help to build strong relationships and enable the public voice to be heard. In order to continue to build closer relationships, the LINK Chair has spoken about the work of the LINK to the CQC Compliance Team, and the Local Compliance Manager has given presentations at a LINK Members' event and the 2010 LINK AGM.

Gloucestershire LINK is a member of the CQC/LINK National Advisory Group and has recently been part of a CQC National Learning Set where we jointly developed a protocol on how LINKs and CQC share information through national and local networks and systems. The protocol also included expected and agreed ways of working to support each other's work for the benefit of local people. Tools were developed to facilitate information sharing, not only with CQC, but also with other stakeholders to create a consistent approach that avoided duplication. The Gloucestershire Protocol will be featured in a national guide developed by CQC for all LINKs.

*"LINKs and CQC have shared information about health and social care services which has come from a variety of sources including reports, 'Enter and View' visits and comments received from the general public.*

*CQC has used this information to shape and inform their reviews of services and it has helped them to build a picture of the quality of services through greater access to the public voice."*

Chris Hastings, Local Compliance Manager,  
Care Quality Commission.

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### JOINT WORKING GROUP (AMBULANCE SERVICES)

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This is a joint working group made up of the seven LINKs across local authority areas covered by Great Western Ambulance Services (GWAS). It continues to work closely with the Joint Overview and Scrutiny Committee (JOSC) and monitors the services provided by GWAS to ensure equity of provision across the area it covers.

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### VOLUNTARY AND COMMUNITY SECTOR HEALTH AND WELLBEING STRATEGY GROUP

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The Gloucestershire LINK Chair/Vice Chair continues to sit on this strategy group and reports regularly on LINK activity.



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#### JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) BOARD

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The LINK Chair continues to sit on this Board to ensure that the public voice element is incorporated in the development of the JSNA.

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#### PUTTING PEOPLE FIRST PROGRAMME (PPF) BOARD

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Gloucestershire LINK was involved in three separate work streams of the PPF programme: the Programme Board, Prevention and Early Intervention and the Performance Evaluation sub group.

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#### GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

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- Engagement Strategy - Gloucestershire LINK was involved from the very early stages together with representatives of HCCOSC in the development of this engagement strategy.
- PEAT Inspections (Patient Environment Action Team) - Gloucestershire LINK members were patient representatives in the PEAT inspections of the two acute hospitals in Cheltenham and Gloucester. Other PEAT inspections were carried out at 2gether Trust sites and all the community hospitals with LINK members attending.

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#### QUALITY ACCOUNTS

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Gloucestershire LINK contributed comments on the Quality Accounts 2009/10 from GNHSFT and the 2gether Trust.

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#### INVOLVEMENT IN NATIONAL OR LOCAL CONSULTATIONS

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- NHS Gloucestershire Quality, Innovation, Productivity and Prevention consultation (Sep 2010)
- Equity and Excellence: Liberating the NHS Consultation (Oct 2010)
- Response to Establishing HealthWatch (Oct 2010)
- Liberating the NHS: Greater Choice and Control (Jan 2011)
- Liberating the NHS: An Information Revolution (Jan 2011)
- Transparency in Outcomes: A framework for adult social care (Jan 2011)
- Healthy Lives, Healthy People: A strategy for public health in England (Mar 2011)
- Healthy Lives, Healthy People: Transparency in Outcomes (Mar 2011)
- Healthy Lives, Healthy People: Consultation on the funding and commissioning (Mar 2011)
- Adult Social Care Transport Policy (Mar 2011)
- 'Changing Nature of Healthcare'
- Response to the County Suicide Prevention Strategy
- Regional event held on Health and Wellbeing Board development in the South West



*“My husband’s surgeon was very good. A few days after my husband’s first emergency operation the surgeon rang me at home to tell me that they were going to do a second operation that day. He said he would ring back at 6.45pm as soon as he’d got the results. He rang back to reassure me and that they were pleased with the results of the second operation. Both the surgeon and the nurses were very considerate and understanding. I find it hard to express just how much this means to me. They were excellent.”*

Positive comment from the public about Gloucestershire Hospitals NHS Foundation Trust



## CASE STUDY

The patient in this case study is registered as partially sighted. He presented at his local GP surgery and was referred to Cheltenham General Hospital for treatment and hospital transport was arranged.

The ambulance transport arrived within 5 minutes. The patient had his white cane, so the paramedic could see he was visually impaired. He was helped into the back of the vehicle and told where the step was.

On arrival at Cheltenham General hospital, the paramedic got a wheelchair, took him to the Accident & Emergency department and made sure he was checked in and taken to the right area. He was admitted at approximately 12 noon.

The patient was taken to a bed quite quickly. The nurse then came and checked his blood pressure. Whilst tests were being undertaken, he was not given any explanation of what was happening or what was going to happen next. The doctor arrived about an hour later and only at this point was he asked about his vision.

At no time was he asked if he wanted the 'eye symbol' displayed above his bed. The patient was not familiarised with his surroundings and had to ask another patient where the toilet was. He could not find the buzzer on his bed so was unable to obtain assistance. The light next to the bed did not work either. On asking the nurse, it became apparent that it did not have a bulb in it. No attempt was made to replace the bulb.

The following day, the patient waited all morning to be seen. It was then decided that no further treatment was necessary and he could be discharged.

However, discharge did not take place until late afternoon, as the needle in his arm had to be removed before he could be allowed to go home.

On discharge, the patient was advised that no transport was available to take him home to the South Cotswolds. He therefore had to take the bus home, but was offered no assistance and had to ask a porter to help him find the bus stop.

The patient was a member of one of the LINK task groups and brought his experience to our attention shortly after it happened. As a consequence of his story being shared with the management of the hospital (with his permission), the following outcomes were achieved:

- The patient received an immediate apology from the Chief Nursing Officer
- His story is now being used as a learning tool for staff
- Gloucestershire LINK is using his experience as part of the evidence to support the report currently being written by the task group looking at access to services for the visually impaired

## OUR FINANCES

Under the legislation that established them (the Local Government and Public Involvement in Health Act 2007) LINKs are funded by the Department of Health via a Local Authority Area Based Grant, which is not ring fenced.

Gloucestershire was allocated up to £231,000 for each year of the 3 year contract, top slicing 3% and then a further 5% management fee, leaving a project allocation of £212,867.

Income in 2010/11	£
Amount allocated to the Local Authority by the Department of Health	231,000
Amount of funding received by the Host from the Local Authority	213,319
Amount of funding received by LINK from the Host	44,409
<b>Total spend by Host organisation</b>	<b>168,910</b>
<b>Total spend by LINK</b>	<b>44,409</b>

Host expenditure for 2010/11	£
<b>Staffing costs</b> (salaries, National Insurance, pension, recruitment, training, travel and CRB checks)	113,851
<b>Year 3 External evaluation</b>	3,825
<b>Administration</b> (printing, photocopying, postage, stationery, telephones)	15,322
<b>Capital</b> (computers, laptop)	2,723
<b>Overheads</b> (Finance/Administration, auditors/legal fees, staff development)	33,189
<b>Total spend by Host organisation</b>	<b>168,910</b>

LINK Expenditure for 2010/11	£
<b>Participant costs</b> (volunteer expenses and training)	13,902
<b>Administration</b> (printing, photocopying, postage, stationery, telephones)	4,925
<b>Promotions and leaflets</b> (promotional materials, leaflets, website)	15,064
<b>Events</b> (events and advertising, meetings)	9,086
<b>Capital</b> (hearing aid loop amplifier, pop up display stand and projector stand)	1,432
<b>Total spend by LINK</b>	<b>44,409</b>

<b>TOTAL EXPENDITURE FOR 2010/11</b>	<b>£213,319</b>
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## NEXT STEPS

At the end of 2010, the LINK membership were asked to give their views on whether the usual election process should take place in the first quarter of 2011, bearing in mind we were about to enter a time of unprecedented change. The Stewardship Board felt it was vital for there to be stability during this time and the membership agreed, by voting almost unanimously for them to remain in place for this period.

2011/12 will be the transition year when LINK evolves into Local HealthWatch. The LINK Stewardship Board feels that LINK must continue to gather the views of the public in Gloucestershire about the Health and Social Care services they receive and that it is essential that this process continues through the transition period. Taking this into consideration, the LINK activities will focus on the following:

- **Gathering Views** – we will continue to gather the views of the public by visiting seven new locations in 2011/12. These locations will include all four rural districts of the county as well as the urban centres of Cheltenham and Gloucester
- **Website** – we will review and develop the LINK website and establish the most efficient and effective ways to engage with LINK members and the public, particularly



through the transition period in order for them to remain engaged and fully understand the changes taking place

- **Work plan** – we will develop the work plan following the first Members' Event of the transition year and may include more detailed investigation of access to Health and Social Care services in deprived areas of the county, a follow up to the 'Enter and View' visits to local Emergency Departments and the Stroke Pathway including rehabilitation
- **Partnership working** – this will continue to be a priority during this time of enormous change. LINK will actively seek to maintain and develop existing relationships, whilst forging new ones, particularly within the Voluntary and Community Sector

**Transition** – LINK will manage the transition by participating in the development of the emerging Health and Wellbeing Boards (early implementers), developing relationships with the new GP Consortia and Patient Participation Groups as well as participating in discussions on the evolution of LINKs into Local HealthWatch. It will continue to seek the views of and fully engage with LINK members and the public in all aspects of the transition period of LINK into Local HealthWatch.





## CONTACT US

For more information on the Gloucestershire LINK, Host organisation or to obtain a copy of this annual report in a different format, please contact us at the address below.

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### HOST ORGANISATION

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### THE SUPPORT TEAM



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