COMMENTS ON HEALTH SELECT COMMITEE SUMMARY OF REPORT ON PPI

(for discussion at various meetings preparing for LINks)

1 WHAT SEEMS UNFAIR COMMENT

Comments by the HSC such as "**Why abolish PPI Forums?**" and "**There is no evidence to support the need for LINks**" seem unfair in that they ignore key points such as :

a) PPI Forums have a remit for **either** health commissioning activities **or** health provider activities, but they have **no remit** for associated social care activities ;

b) although PPI Forums were required by statute to work together to bridge the purchaser / provider divide, CPPIH **rarely enforced** this requirement on recalcitrant or dysfunctional PPI Forums ;

c) hence the key justification for LINks is that they will have an integrated statutory remit over **both** purchasing and providing for **both** health and social care, in order to fulfil their purpose which put simply is **to provide independent user feedback to improve health and social care services**..

2 WHAT SEEMS FAIR COMMENT

There seems to be fairly universal agreement on major concerns :

a) **key governance issues** need to be clarified
   e.g.
   - Who is a LINk accountable to?
   - How are conflicts of interest to be resolved?
   - How are disfunctional LINks to be helped to recover?

b) **realistic and affordable models and processes** need to be clarified and tested;

c) **retaining the finite pool of both knowledgeable volunteers and experienced FSO staff -** by clarifying their options for how they could best participate in LINks.

3 SUGGESTIONS FOR WHAT NEEDS TO BE DONE

3.1 **Governance issues** could be clarified simply and effectively as follows :

a) the LINk should be considered **accountable to its voting members** ;

b) conflicts of interest should be **designed out** as far as possible by building in appropriate constraints and exclusions into models, processes and host organisations, with **referral pathways** to the relevant health or social care regulator identified for any remaining conflicts of interest (e.g. Nolan Principles);

c) **disfunctional** LINks or LINk members should be referred to the NHS National Centre for Involvement provided it is **suitably empowered**.

3.2 **Models and processes** could be clarified simply and effectively as follows :

a) work up a **limited range of appropriate models** for testing by "early adopter" projects in the context that consistency is a key precursor for performance management ;

b) circulate draft LINk regulations in advance for comment by all involved (i.e. **get the devil out of the detail beforehand**);

c) work up a **draft handbook** which also permits the advance election of LINk Boards in order to facilitate a gap-free LINk start up.

3.3 **Retention of experienced people** could be ensured by encouraging FSO staff to tender for LINk Host organisations and by encouraging volunteers to be involved at one or more levels in a LINk :

a) the spectrum of **existing groups** at the "grass roots" membership level ;

b) the range of **"care watch" groups** at the intermediate working group level ;

c) the **"Board"** of the LINk at the overview level.

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