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Mr Malcolm Alexander
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Steering Group
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27 September 2007

Dear Mr Alexander,

Thank you for your further letter of 10 September to Alan Johnson about local involvement networks (LINKs), with particular regard to inspections and rights of entry. As you will appreciate, due to his pressing schedule, it is not possible for Mr Johnson to answer all the correspondence he receives personally. I have been asked to reply.

LINKs will be established at the level of Primary Care Trusts and local authorities and will have a strong relationship with the decision makers in health and social care to ensure the commissioning of services is informed by the views and preferences of the people at all levels in assessing community needs, prioritising, deciding what services to commission and understanding the experiences of service users.

As for powers, these will be similar to those of Patient Forums. They include the powers to:

- make reports and recommendations and receive a response within a specified timescale;
- request information and receive a response within a specified timescale;
- refer matters to an overview and scrutiny committee and receive an appropriate response; and
- enter and assess health and social care facilities (with some exceptions).

Ministers think the power to enter is important for LINKs to be effective. They do recognise however, as indeed do many other stakeholders, that there are many factors that need to be addressed including patient confidentiality, the smooth operation of service delivery, co-ordination with inspectorate activity and the need to be sensitive to the rights of patients, service users and staff.

Ministers have considered the issue of LINKs' powers to enter NHS premises for monitoring patient care with colleagues across all other Government departments, and recognise that there may be times when it would be expeditious for a LINK to take quick action in relation to a visit to a facility.

It has been decided therefore that the requirement to consult a regulator prior to a visit should be removed.

However, Ministers do still think it advisable for LINKs to work in coordination with key partners, which of course must include the regulators. I am sure you would recognise that there would still need to be safeguards in place, for example I am sure you will agree that LINK visits do not compromise the safety and dignity of patients and users of services, nor impact on the smooth operation of service delivery.

Notwithstanding these safeguards, Ministers believe that there may be times when an unannounced visit may be advantageous to the effective delivery of services. The safeguards, to some extent, will be provided for in regulations and Ministers are about to consult on these shortly.

The circumstances in which an unannounced visit might be appropriate will be described in guidance to be produced over the next few months.

Ministers are sure that future arrangements should ensure that a stronger voice is built into the improvement of services, rather than being dealt with separately. During the patient and public involvement (PPI) review, Ministers heard strong evidence from many Patient Forum members who often felt that inspections they carried out were not taken seriously by the local NHS organisation and carried little weight, and that they had more positive results and experience when they took part in wider inspection activities, such as quality and outcomes framework visits. It will therefore be the role of the regulator in future as part of promoting a patient-led service to involve users and the public in their assessment activities.

I hope this answers your concerns. Thank you for your continued interest in the development of LINK policy.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jane Spencer', written in a cursive style.

Jane Spencer
Customer Service Centre
Department of Health