LINks and their PCTs

NATIONAL ASSOCIATION OF LINk MEMBERS

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NATIONAL ASSOCIATION OF LINks MEMBERS

THE AIMS OF NALM

The aims of NALM are to:

1. Provide a national voice for LINKs' members

2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run

3. Promote the capacity and effectiveness of LINks' members to monitor and influence services at a local, regional and national level and to give people a genuine voice in their health and social care services

4. Support the capacity of communities to be involved and engage in consultations about changes to services, influence key decisions about health and social services and hold those services to account

5. Promote diversity and inclusion and support the involvement of people whose voices are not currently being heard

6. Promote open and transparent communication between communities across the country and the health service

7. Promote accountability in the NHS and social care to patients and the public

Specifically, PCTs should continue to build strong effective relationships with their Local Involvement Networks (LINks) and Overview and Scrutiny Committees (OSCs) and ensure proactive engagement through all stages of the planning, development and delivery of service change. A number of LINks have developed effective ways of engaging hard-to-reach groups, which can help PCTs ensure that real community views are reflected throughout the commissioning cycle.

The NHS Operating Framework for England for 2010/11

ABSTRACT

LINks are gradually developing the capacity to influence Primary Care Trusts, the bodies responsible for commissioning most health services for populations in their area. This research was designed to assess the degree to which LINks had developed high level engagement with Board members – the PCTs' principal decision-makers.

The data presented in this report was obtained from PCT Chief Executives. Of 135 respondents to the survey of 148 PCTs, 98 reported that LINks attended meetings of the Board (73%) and that all 98 were sent agendas and documents for the Board meeting. Out of those LINKs that attended Board meetings, PCTs reported that 60% sat round the table with Board members (44% of all PCT respondents) and that all had full speaking rights throughout the meeting (as for Board members). Only one LINk representative attended PCT Board meetings and had full speaking rights without sitting with PCTs Board members. A small number of LINks (6) attended the private Part 2 sessions of Board meetings. Most PCTs (84%) reported that the arrangements for inclusion of LINks in Board meetings were unchanged since the abolition of Community Health Councils and Patients' Forums. Many PCTs have developed committee structures to include LINks in the work of Board sub-committees and other aspects of their work.

INTRODUCTION

This study was carried out to review the level of engagement of LINks in public PCT Board meetings, a key location for the determination of PCT policy and strategy. The Board meeting is also a key location for the PCT to determine and communicate its vision, key local priorities and delivery objectives to patients and the public and where its role as the local leader of the NHS becomes visible to the public. PCTs are responsible for commissioning the majority of health services for the area they serve, and through this process they invest public funds on behalf of the whole community.

LINks were set up to promote and support the involvement of local people in the commissioning of health and social care services, consequently there is a complementary relationship between the PCT and LINk in each area.

World Class Commissioning (WCC) Competency 3, requires PCTs to proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health care. PCTs are required to ensure that their strategic investment plans secure the engagement of patients and the public and maximise effective community engagement. This duty is reinforced in the NHS Operating Framework for England for 2010/11.

PCTs are expected to demonstrate compliance with WCC Competency 3, by empowering patients and gathering the views of the public - especially those who are hard to reach - as a resource for service redesign. This includes building strong effective relationships with Local Involvement Networks (LINks) and proactively ensuring the engagement of LINks through all stages of the planning, development and delivery of service change.

The involvement of LINks in PCT Board meetings helps PCTs ensure that community views are properly reflected throughout the commissioning cycle and that the link between contracts with providers and patient experience is strengthened. The relationship between a LINk and its PCT is intended to promote access to a comprehensive and continuous collection of the views, experiences and priorities of patients and users, in order to inform service improvement and development. PCTs must make commissioning decisions that reflect the needs, priorities and aspirations of the local population and must actively engage the community in this process. They must do this proactively with the public, patients, their carers and other stakeholders, especially those least able to act as advocates for themselves.

LINks are a key resource to enable PCTs to meet their obligations under WCC Competency 3. In order for this relationship to flourish, LINks must be involved at the highest level of decision-making, and also to be involved at many other levels in the PCT where commissioning strategies are being developed and decisions made. This approach is essential if the PCT is to create a trusting relationship with patients and the public, and is to be seen as an effective advocate and decision-maker on local health needs and requirements.

The LINk observer-participant on the PCT Board not only represents those who are members of the LINks but is, in practice, a representative for the whole community.

The obligation of the PCT to involve the public is reinforced in World Class Commissioning Competency 3, which states the PCT must "engage with the public and patients and proactively seek and build continuous and meaningful engagement with public and patients to shape services and improve health".

THE STATUTORY ROLE OF LINks

Local Involvement Networks (LINks) were established in 2008 to give citizens and community organisations a stronger voice in how health and social care services are delivered and commissioned. The role of LINks is to find out what people want, represent the local community, monitor and inspect local services and to use their powers to hold those responsible for health and social services to account. There is a LINk to monitor the area covered by every local authority with social services responsibilities. LINks are building a powerful voice and calling for changes to health or social care so that these meet local needs.

The particular duties of LINks are to:

(a) Promote, and support, the involvement of people in the commissioning, provision and scrutiny of local care services

(b) Carry out monitoring and inspection visits and spot-checks to see if services are adequate and appropriate or need to be improved

(c) Influence the commissioning and provision of local care services

(d) Obtain the views of people about their needs for, and experiences of local care services, and make these views known to the NHS and local authorities through LINk reports and recommendations, and demanding action in relation to any problems with the quality or accessibility of local services.

The work of a local LINk also includes:

- Using its powers to hold PCTs to account and to get real change.
- Referring issues to the local 'Overview and Scrutiny Committee' which can, in turn, investigate these and, if necessary, refer them to the Secretary of State

PUBLIC INVOLVEMENT POLICY AND THE LEGAL FRAMEWORK

The duties of PCTs to involve the public and to undertake public consultation is laid out in Section 242 of the NHS Act 2006 as amended in Section 233 "Duty to involve users of health services" of the Local Government and Public Involvement in Health Act 2007. This requires PCTs to make arrangements to ensure that users of services are involved in the planning and provision of services. The public must also be involved in the development and consideration of proposals for changes in the way services are provided, and any decisions affecting the operation of services if any proposed changed would have an impact on the manner in which the services are delivered to users, or the range of health services available.

In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, PCTs must engage the public in a variety of ways "openly and honestly". The PCT must also be able to provide evidence of engagement with communities and representative bodies, such as Local Involvement Networks (LINks).

Effective LINks

A LINk representative sitting with PCT Board members at public Board meetings and actively participating in the business of the PCT, both actively represents the local community and exercises direct influence in commissioning and other major PCT decisions.

Effective PCTs

A successful and effective PCT will ensure that patients and the public can share their experiences of health and care services with the commissioning leads, and will invite patients and the public to respond to, and comment on issues in order to influence its commissioning decisions and to ensure that services are safe, convenient and effective.

THE NHS CONSTITUTION

The NHS Constitution confers on the public the right to be involved directly or through representative, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in the decisions affecting the operation of those services.

David Nicholson, the Chief Executive of the NHS has made it clear that:

> "**The challenges facing the public services in the next few years are considerable and, especially now, we must make sure that services are designed and remodelled around the needs and wants of people." (14/1109)**

METHODOLOGY

NALM contacted all 148 PCT Chief Executives in England in October 2009 by direct email with a short questionnaire (Appendix 1). Two reminders were sent to each of those who failed to respond. Those who did not reply to the reminders were sent a Freedom of Information (FOI) request.

Replies were eventually received from 135 PCTs. The results were transferred to an Excel file for analysis (Appendix 2). Commentary was selected from the replies to get a better understanding of local context, and this is presented below and in Appendix 3.

FINDINGS

The findings showed that out of the 135 respondents to the survey, LINks attended meetings of 98 Boards (73%) and all were sent agendas and documents for the Board meeting. Out of those that attend Board meetings, 60% sit round the table during Board meeting with Board members (44% of all PCTs sampled). All LINks representatives who sat with Board members had full speaking rights throughout the meeting. Two LINk representatives attended PCT Board meetings and had speaking rights throughout the Board meeting without sitting with Board members.

Amongst those LINks not at the table with Board members, most are able to ask questions and raise issues during some part of the meeting. PCTs and LINKs used a variety of methods of collaboration and joint work.

LINk representatives were reported to attend the confidential Part 2 sessions of six PCT Board meetings.

LINk attends Board	LINk sent papers	LINk rep. sits with Board	LINk rep. participates fully	LINk rep. attends Part Two	Arrangement changed since PCT/PPIF?
98	**98**	**59**	**60**	**6**	**22**

Twenty one PCTs (15%) said that their arrangements for public involvement had changed following the abolition of Patient and Public Involvement Forums and Community Health Councils.

SOME APPROACHES TO JOINT WORK AND COLLABORATION – LINks and PCTs

A variety of approaches were used by LINks and PCTs to enable the public interest to influence the work of the PCT. This section provides details of some of these approaches. More information is available in Appendix 3.

HIGH LEVEL ENGAGEMENT BETWEEN THE LINk AND THE PCT

Derby City PCT has co-opted a LINk member to the Board.

Ealing has made the LINk member an Associate Non-Executive Director

Eastern and Coastal Kent has developed a Memorandum of Understanding that includes the co-option of two (non-voting) LINk representatives onto the Board. They describe this as 'best practice' and believe that this approach places NHS ECK at the cutting edge of excellent PPE practice.

ACTIVE PARTICIPATION DURING BOARD MEETINGS

Some PCTs encourage LINKs to actively participate during Board meetings.

East and North Hertfordshire PCT reports that the LINk representative has the same rights as Board Members to raise questions and make comments throughout the meeting.

Eastern and Coastal Kent PCT report that LINk members have full access to PCT Directors to ensure they are able to contribute meaningfully.

Haringey PCT reports that the LINks representative is free to speak on any issue during the PCT meeting.

Wirral PCT explained that the Chair of LINk attends both formal and informal Board meetings, further enhancing an effective relationship. The LINk Work Plan has been presented to the PCT Board and further constructive dialogue takes place in between formal committee meetings.

ENCOURAGING DIALOGUE

Some PCTs encourage a two way dialogue with the LINk.

East Sussex Downs and Weald PCT place a regular item on the agenda to update the Board on the work of LINks.

Sutton and Merton PCT report that they have explicitly addressed the issue of LINks participation in PCT Board meetings as part of discussions relating to development of a LINks protocol. This protocol is in the final stages of agreement, but includes a section on PCT Board meetings.

This PCT also reports that they met with LINks early in 2009 to agree other approaches to LINk representation to ensure that LINks had the opportunity to influence the decision-making process earlier than Board meetings. As a result, they agreed on LINk representation on the Clinical Effectiveness Group and Commissioning Board.

In some cases, where LINks have no speaking rights during the PCT meetings, other arrangements have developed.

Bradford and Airedale PCT reported that:

(a) The LINk has been invited to consider the possibility of having a regular slot on the Board agenda.

(b) The PCT is closely working with the LINk on a number of national and local issues, including formal consultations.

(c) The LINk has had discussions with the Board Chair and other senior staff, and has regular discussions with a particular senior member of staff.

DEVELOPING RELATIONSHIPS BETWEEN LINKs AND PCTs

In some cases, PCTs wanted the LINk to be more involved, but the LINK may not yet be in a state of development that enables them to attend as participant observers.

Barking and Dagenham PCT stated that work with the LINk is developing fast and the PCT has developed partnership working with the LINk and arrangements are being reviewed with regard to hosting a LINk representative at Board meetings.

Buckinghamshire PCT observed that the LINk is welcome to attend, but regrettably they are not yet a robust organisation.

East Lancashire PCT have no arrangement yet in place, but stated that the Lancashire LINk Board are holding an Away Day and it is anticipated that this issue will be picked up then – the PCT will have representatives there.

Halton and St. Helens PCT replied that the LINk does not attend but are welcome to do so.

Newham PCT is committed to strengthening arrangements for patient and public involvement and values highly the benefit this brings to shaping and influencing the direction and nature of local health services. They said that with the establishment of Newham LINk, the PCT will invite representation from Newham LINk to Board meetings in public as an observer with the opportunity to comment during Board discussion.

OTHER APPROACHES - REPRESENTATION ON PCT COMMITTEES

Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees PCTs (NHS Tees) have a 'Patient and Public Communication and Engagement Committee' (PPCEC) with designated powers from the four Boards.

The membership of the PPCEC consists of Executive Officers, Non Executive Directors and a representative from each of the four LINks. LINks members have the same rights as other members of the Committee, and the four PCTs actively encourage LINks involvement in PCT activity through committee structures. A key objective of the PPCEC is to ensure that the views of patients, carers and members of the public are taken into consideration when making commissioning decisions.

In the **North Lincolnshire PCT,** the LINk attends the 'PCT Provider Board' (Community Services Board) and they are discussing representation on the Commissioning Board.

Bournemouth & Poole PCT reports that LINks member(s) attend the 'Patient and Public Engagement Committee', which is a sub-committee of the Trust Board, in which they have full involvement.

North East Lincolnshire PCT explained the LINk has not expressed a wish to attend, but if they wanted to attend the PCT would make them very welcome. The PCT observed that the LINk find the monthly meetings with the senior officers enough, at present, to address any issues or questions they may have. The PCT have an agreement with LINks and the Care Trust Plus that the relationship will always look to achieving added value for all parties.

BOARD PAPERS

Out of 135 respondents, 98 PCTs sent Board agendas and documents to the LINk (73%). In every case, where a LINk representative attends the PCT Board meeting, they were sent papers. In other cases, LINks generally were not sent papers or they were made available on the web leaving the LINk to carry out huge amounts of photocopying.

Heywood, Middleton and Rochdale PCT reported that they follow good practice by dispatching PCT papers to the LINk representative one week before the meeting.

RELUCTANT PCTS?

Some PCTs have failed to provide an opportunity for LINks to participate fully in Board meeting, thus preventing the LINks from advising the PCT Board of the views of the public in an open meeting.

Blackburn with Darwen PCT said that LINk members sit in the audience.

Bradford and Airedale PCT reported that Board members are the only ones allowed to sit around the table apart from people presenting agenda items.

Brent PCT said it would be inappropriate for LINks member to sit with Board members because they are not full members of the Board,

Bromley PCT replied that only those sitting at the table, e.g. Board members, have full speaking rights, others may speak when invited to do so by the Chair.

In **East Berkshire** the LINk does not attend Board meetings, but a Health Panel representative does.

The response from **Kensington and Chelsea PCT** was simply that **"**all Board Meetings are held in public".

Sheffield PCT explained that the tables are set out 'horseshoe fashion' and members of the public, including LINks members, sit in the outer circle.

INCLUSION IN PART 2 SESSIONS

Part 2 Sessions are usually held in private and are used to discuss staff related or other confidential matters.

Tees PCTs explained that, because of the confidential nature of business to be transacted (in line with Section 1(2), Public Bodies Admissions to Meetings Act 1960) attendance by Board and non-Board members is by Chair's invitation and generally only voting Board members attend.

Cambridgeshire PCT reported that the Board is generally quite comfortable discussing confidential matters with the LINK representative and she has attended Part 2 sessions: "Frankly we welcome her observations and advice."

Hampshire PCT was also positive about their LINk, and stated; "they attend whenever possible, although they have been excluded occasionally because of patient confidentiality."

Sheffield PCT said the LINk is not invited to part 2 if staff specific information is to be discussed.

WHAT HAS CHANGED SINCE ABOLITION OF PATIENTS' FORUMS AND COMMUNITY HEALTH COUNCILS?

Several PCTs commented on the changes which have occurred to their Board's arrangements for enabling community participation, following the abolition of CHCs and Patients' Forums and the formation of LINks.

Brent PCT reported that their practice has changed, largely as a result as the establishment of a new Board since 2007, and the need to be clear on respective roles and responsibilities following previous governance failures.

Durham PCT simply said that the Patients Forum did sit around the board table and the LINK representative does not.

Eastern and Coastal Kent PCT has developed a new Memorandum of Understanding and Partnership Agreement with the LINk to promote inclusion.

Milton Keynes PCT reported that practice has changed over time and LINks members now participate actively in Board meetings, whilst CHC members were welcomed as observers to the Board but not invited to sit at the table or comment. The Patients Forum representative was invited to join the table and their comments were invited.

CONCLUSION

It is a cause of concern that a significant number of PCTs think it is inappropriate for a LINk representative to sit with Board members, and that others require the LINk's representative only to speak when invited to do so by the Chair.

The finding that 73% of LINks are attending PCT Board meetings is, however, very positive and demonstrates that most LINks now have contact with the PCT structures, where major decisions about the commissioning of local health care are made. It is disappointing that respondents reported that LINks are actively participating in only 44% of PCT Board meetings, in other words, sitting round the table with Board members, contributing to the determination of policy, and advising on major decisions from the public's perspective. This type of inclusion is consistent with the requirements of the NHS Operating Framework for England (2010/11).

The data suggests that where LINks are not sitting with Board members they are, nevertheless, able to ask questions and raise issues mostly at allocated slots at the beginning or end of the PCT meetings. In some cases, there is a Board agenda item where the LINk representative is invited to address the Board.

We cannot tell from this survey what impact LINks members are having on decision making in PCTs, or whether LINks are likely to be influential if they are sitting in the audience and not able to fully participate. What is certain is that experienced LINk representatives sitting round the table with Board members will be better able to challenge decisions and articulate views from the community, than LINk members sitting in the public gallery.

It is encouraging that some PCTs have made special arrangement to include LINks in their work, e.g. through co-options of LINk members to their Board - these PCTs are striving to achieve best practice in public involvement. NALM believes that this approach is an effective way to implement the intentions of the legislation with respect to LINks role in commissioning. This type of collaboration also enables PCTs to carry out their duty of public engagement more effectively in relation to the determination of local strategic priorities, quality and effectiveness of care, patient safety and patient experiences. However, it is essential that co-option is used to promote partnership working and not the absorption of the LINk representative into the Trust Board, with a consequent loss of independence for the LINk.

An effective LINk will influence decision-making earlier than Board meetings. The data shows that many LINks are members of Board sub-committee, for example, clinical effectiveness groups, commissioning boards, patient and public engagement committees, and have full access PCT Directors and senior managers, which enable them to contribute meaningfully to the work of the PCT. Detailed and continuous work with PCTs is undoubtedly the most effective means of influencing PCT decisions.

We were impressed by the commitment of some PCTs to actively work with, and include, LINks in policy development, but concerned that others - though keen to involve the LINk - were unable to do so because of developmental delays experienced by some LINks.

We are concerned that a significant percentage of PCTs (29%) are not sending Board papers to the local LINk. We acknowledge that some PCTs believe that, by putting their papers on their website, they are providing adequate access. In practice, Board papers are sometimes difficult to access from websites and require the downloading and printing of a large number of documents. We strongly recommend the practice of Heywood, Middleton and Rochdale PCT of dispatching PCT papers to the LINk representative, one week before the meeting is scheduled to be held. This gives lay representatives sufficient time to read the papers and they do not have to spend hours with downloading and printing. This is a very important way to support volunteers.

The closeness and effectiveness of the working relationship between LINks and PCTs may be signified by the LINk's attendance at the Part 2 (confidential) sections of PCT Board meetings, but only 6 PCTs indicated this was the case. There are strongly held views amongst LINk members about the appropriateness of LINks attending private meetings of the PCT, because of the possibility that this will compromise their independence. Others argue that attendance at Part 2 meetings gives the LINk the opportunity to have greater influence in high level decision-making.

A minority of PCTs indicated that their practice had changed since the abolition of Community Health Councils and Patients' Forums and, in some cases, this was intended as a positive attempt to include the LINk in the decision-making processes of the PCT.

PCTs wishing to demonstrate their compliance with Competency 3 of World Class Commissioning, and their commitment to the NHS Constitution, have a significant opportunity, through collaborative work with the LINk and its inclusion in high level decision-making, to achieve these objectives. Participating in public Board meetings gives LINks appropriate power and influence, whereas the absence of a representative of the local LINk from Board meetings weakens the influence of the community in commissioning, and undermines the development and implementation of NHS strategies based on local need and influence.

RECOMMENDATIONS

To PCTs and LINks

- PCTs and LINks should consider preparing a Memorandum of Understanding (MoU) to agree the LINks right of access to the Trust Board and Board sub-committees.
- PCTs should promote diversity in commissioning, by working with LINks to seek and engage the voice of those who are seldom heard, and have little influence on commissioning of services.
- Where LINks are not actively involved or actively engaging with commissioners to influence commissioning decisions, the PCT should proactively seek the engagement of the LINks in discussions and negotiations in relation to the commissioning of adequate and appropriate health services.

To PCTs

- PCTs should confirm the right of a LINks representative to attend and fully participate in Board meetings.

- PCTs should enable LINks to have access to commissioning groups, where they can ensure that commissioning reflects the needs, priorities and aspirations of the local population – public, patients, carers and other stakeholders.

- PCT should proactively build continuous and meaningful engagement with LINks in order to ensure that public and patients are able to shape services, improve health services and reduce health inequalities.

- PCTs should publish details of how they are working with LINks to meet the demands of Competency 3 of World Class Commissioning.

- PCTs should ensure compliance with their duties under paragraph 234 of the' Local Government and Public Involvement in Health Act', by publishing evidence of public involvement in commissioning decisions.

To LINks

- LINks that are denied active participation in PCT Board meetings, should remind their PCTs of the requirement of World Class Commissioning Competency 3.

- LINks that are denied active participation in PCT Board meetings, should remind the PCT of its statutory duty to secure the involvement of users in the planning, development and operation of services.

To DEPARTMENT OF HEALTH

- The DH should issue guidance to PCTs and local authorities on the role of LINks in relation to commissioning decisions.

- The DH should produce practical guidance for LINks on influencing commissioning with examples and case studies from across the country.

To NALM

- NALM should carry out a survey of LINks and LINks members to determine the level of influence and impact that LINKs have on PCT commissioning decisions.
- NALM should carry out a survey of LINks to determine their level of involvement in local authority social services commissioning decisions.

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Appendix 1 – Survey Form

LINk Surveys

Primary Care Trust – November 23rd 2009

1) Do representatives of the Local Involvement Network (LINk) for your area attend Board meetings of your PCT as observers?

If they do attend Board Meetings of your PCT as observers:

2) Are they sent papers for each Board meeting of the PCT?

3) Do they sit around the table with Board members?

4) Do they have full speaking rights throughout Board meetings?

5) Are they invited to the Part 2 sessions of your Board Meetings?

6) Has your practice in relation to LINks observers changed compared with rights afforded to observers from CHCs and Patients' Forums?

MA 23/11/09

Appendix 2 – Survey Results

NALM PCT SURVEY
OCTOBER 2009- FEBRUARY 2010

PRIMARY CARE TRUSTS' RESPONSES:

PRIMARY CARE TRUSTS (PCTs)	ATTEND BD MGS	SENT PAPERS	SIT AT TABLE	FULL SPEAKING RIGHTS	ATTEND PT II	PRACTICE CHANGED CHCs/PCTs
ASHTON	0	1	0	0	0	0
BARKING	0	0	0	0	0	0
BARNET	1	1	1	1	0	0
BARNSLEY	0	0	0	0	0	?
BATH & NE SOMERSET	1	1	1	1	0	0
BEDFORDSHIRE	1	1	0	0	0	0
BERKSHIRE EAST	1	1	0	0	0	0
BERKSHIRE WEST	1	1	0	0	0	0
BEXLEY	1	1	0	0	0	1
BIRMINGHAM E&N	0	1	0	0	0	0
BLACKBURN DARWEN	1	1	0	0	0	0
BLACKPOOL	1	1	0	0	0	1
BOLTON	1	1	0	0	0	0
B'MOUTH & POOLE	0	1	0	0	0	1
B'FORD & AIREDALE	1	1	0	0	0	0
BRENT	1	1	0	0	0	1
BRIGHTON & HOVE	1	1	1	1	0	0
BRISTOL	1	1	1	1	0	0
BROMLEY	1	1	0	0	0	0
BUCKINGHAMSHIRE	1	1	0	0	0	0
BURY	1	1	1	0	0	0
CALDERDALE	1	1	1	0	0	1
CAMBRIDGESHIRE	1	1	1	1	0	0
CAMDEN	1	1	1	1	0	0
C & E CHESHIRE	1	1	1	0	0	0
CENTRAL LANCS	0	0	0	0	0	?
CITY & HACKNEY	1	1	0	0	0	0
CORNWALL	1	1	1	1	1	0
COVENTRY	0	0	0	0	0	1
CROYDON	1	1	1	1	0	0
CUMBRIA	1	1	1	1	0	0
DARLINGTON	1	1	0	1	0	0
DERBY CITY	1	1	1	1	0	0
DERBYSHIRE	1	1	0	0	0	?

DONCASTER	1	1	0	0	0	1
DORSET	1	0	0	0	0	0
DUDLEY	0	0	0	0	0	1
DURHAM (COUNTY DURHAM)	1	1	0	0	0	0
EALING	1	1	1	1	0	0
EAST RIDING YORKS	1	1	0	0	0	0
EAST LANCASHIRE	0	0	0	0	0	?
EAST & NORTH HERTS	1	1	1	1	0	0
E.SUSSEX DOWNS	1	1	1	1	0	0
E & COASTAL KENT	1	1	1	1	0	1
ENFIELD	1	1	1	1	0	0
GLOUCESTER	1	1	0	1	0	0
GREAT YARMOUTH/WAVERLY	1	1	1	1	0	?
GREENWICH	0	0	0	0	0	0
HALTON ST HELENS	0	1	0	0	0	0
HAMPSHIRE	1	1	1	1	1	0
HAMMERSMITH & FULHAM	1	1	0	1	0	0
HARINGEY	1	1	1	1	0	1
HARROW	1	1	1	1	0	0
HARTELPOOL	1	1	1	1	0	1
HASTINGS & ROTHER	1	1	1	1	0	0
HAVERING	0	0	0	0	0	0
HEREFORDSHIRE	0	1	0	0	0	0
HEYWOOD,M &R	1	1	1	1	0	1
HILLINGDON	1	1	1	1	0	1
HULL	0	0	0	0	0	0
ISLE OF WIGHT	1	1	1	1	0	0
ISLINGTON	1	1	0	0	0	
K & CHELSEA	0	0	0	0	0	0
KINGSTON	1	1	1	1	0	0
KIRKLEES	1	1	1	1	1	0
KNOWSLEY	1	1	0	0	0	0
LAMBETH	1	1	0	0	0	0
LEEDS	1	1	0	0	0	0
LEICESTER CITY	1	1	1	1	0	1
LEICESTERSHIRE CNTY + RUT	1	0	0	0	0	1
LEWISHAM	1	1	0	1	0	0
LINCOLNSHIRE	1	1	1	1	0	0
LUTON	1	1	0	1	0	0
MANCHESTER	1	1	1	1	0	0
MEDWAY	0	1	0	0	0	0
MILTON KEYNES	1	1	1	1	0	1
NEWHAM	0	?	0	0	0	?
NORFOLK	1	1	1	1	0	0

NORTH EAST LINCS	0	0	0	0	0	0
NORTH LANCS	1	1	1	1	0	0
NORTH LINCS	0	1	0	0	0	?
NORTH SOMERSET	1	1	1	1	0	0
NORTH YORKS & YORK	1	0	0	0	0	0
NORTHAMPTONSHIRE	1	1	1	1	0	0
NORTH OF TYNE	1	1	0	0	0	0
NOTTINGHAM	0	0	0	0	0	1
NOTTS COUNTY	1	1	1	1	0	0
OLDHAM	1	0	0	0	0	1
OXFORDSHIRE	1	1	0	0	0	0
PETERBOROUGH	1	1	1	1	1	0
PLYMOUTH	1	1	1	1	1	0
PORTSMOUTH	0	0	0	0	0	0
REDBRIDGE	0	0	0		0	0
RICHMOND & TWICKENHAM	1	1	1	1	0	0
ROTHERHAM	0	0	0	0	0	1
SALFORD	0	0	0	0	0	0
SANDWELL	1	1	1	1	0	0
SEFTON	1	1	1	0	0	0
SHEFFIELD	1	1	0	1		
SHROPSHIRE	1	1	1	1	0	0
SOLIHULL	1	0	0	0	0	0
SOMERSET	1	1	1	1	0	0
SOUTH EAST ESSEX	1	1	0	1	0	0
SOUTH OF TYNE	0	0	0	0	0	?
SOUTHAMPTON	1	0	0	0	0	0
SOUTH STAFFS	1	0	0	0	0	0
SOUTH WEST ESSEX	1	0	0	0	0	0
SOUTHWARK	0	1	0	0	0	1
STOCKPORT	1	1	1	1	0	0
SUFFOLK	1	1	1	1	0	1
SUTTON & MERTON	1	1	0	0	0	1
SWINDON PCT	1	1	1	1	0	0
TEES (SEE BELOW)	0	1	0	0	0	0
TELFORD & WREKIN	1	1	0	0	0	0
TOWER HAMLETS	1	1	1	1	1	?
WALSALL	0	0	0	0	0	0
WALTHAM FOREST	1	1	1	1	0	0
WANDSWORTH	1	1	1	1	0	0
WARRINGTON	1	1	1	1	0	0
WARWICKSHIRE	1	1	0	0	0	0

WEST HERTS	1	1	1	1	0	0
WEST KENT	0	0	0	0	0	0
WEST SUSSEX	1	1	1	1	0	0
WESTERN CHESHIRE	1	1	1	0	0	0
WESTMINSTER	1	1	1	1	0	0
WIRRAL	1	1	1	1	0	?
WOLVERHAMPTON	1	1	1	1	0	0
WORCESTERSHIRE	0	0	0	0	0	0
TOTAL – 135 RESPONSES	**98**	**98**	**59**	**60**	**6**	**22**

CODE

1= YES
0= NO
?= NO ANSWER

PCT Clusters recorded as single PCT:

NORTH OF TYNE – NORTH TYNESIDE, NORTHUMBERLAND, NEWCASTLE PCTs
SOUTH OF TYNE – SOUTH TYNESIDE, GATESHEAD, SUNDERLAND PCTs
TEES - HARTLEPOOL, MIDDLESBOROUGH, REDCAR & CLEVELAND, STOCKTON-ON-TEES PCTs

Appendix 3 - PRIMARY CARE TRUSTS' RESPONSES Selected Text Sample

ASHTON, LEIGH + WIGAN	Observers may speak at the beginning of PCT Board meetings
BARKING + DAGENHAM	Not sitting with Board, but discussions taking place with Chair and CE
BARNSLEY	'LINk is welcome to attend the Board meeting'
BERKSHIRE EAST	Health Panel member sits with Board members, not a form representative of the LINk
BEXLEY	LINk can contribute during the Question and Answer session
BIRMINGHAM EAST + WEST	LINk welcome to attend and participate
BRADFORD + AIRDALE	Discussion currently taking place between LINk and the PCT Chair
BRENT	LINk able to speak on any item on the Agenda
BRIGHTON + HOVE	Patients Forum representative sat with Board members and so does the LINk
COVENTRY	LINk welcome to attend
DONCASTER	In line with other PCTs, the LINk is not invited to sit with Board members
EAST BERKSHIRE	Health Panel representative participates fully in Board meetings – not LINk
EAST LANCASHIRE	Discussions currently taking place between PCT and LINk on their inclusion in Board meetings
GREAT YARMOUTH + WAVENEY	Considering inviting LINk to attend Part 2.
GREENWICH	Currently arranging meeting with the LINk to discuss their participation in Board meetings
HAMPSHIRE	LINk representative attends Part 2 at meetings, whenever possible
HEREFORDSHIRE	LINk invited to attend, but has not done so
HEYWOOD, MIDDLETON + ROCHDALE	LINk representative is a non-voting member of the Board
KENSINGTON + CHELSEA	'All Board meetings are held in public'
LAMBETH	In discussion with LINk about its engagement
MEDWAY	LINk attends as members of the public. LINk representative will soon be nominated to attend
MILTON KEYNES	CHC was not invited to sit with the Board, but PPIF did as does the LINk
NORTH EAST LINCOLNSHIRE	LINk does not sit with Board members. There is active engagement between the PCT and the LINk
NORTH LANCASHIRE	Discussion currently about involvement of the LINk in Part 2
NORTH LINCOLNSHIRE	LINk attends Provider Board. Discussion about the LINk representation on the Commissioning Board
NOTTINGHAM	Forum Chair represented the patients' voice on the Board. PCT/LINk relationship now developing well
OLDHAM	PCT willing to consider LINk representation as a 'participant observer'. CHC and PPIF had this right
SALFORD	Any member of the public or the LINk can attend and observe
SOLIHULL	LINk sits in seats provided for the public
SOUTH OF TYNE – See below	Matter is being considered by the pct
SOUTHAMPTON	LINk attends the Provider Service Board

SOUTH WEST ESSEX	LINk does meet with the Chair and NEDs
SOUTHWARK	CHC and PPIF were represented at Board meetings, but not the LINk. LINk complain about incomplete PCT papers
SUFFOLK	Community Health Councils attended part 2 meetings
SUTTON + MERTON	Developing protocol with LINk. LINk on Board's sub-committees
TEES – See below	LINk does not sit with Board, but active engagement on PPCEC
TELFORD	LINk sits at separate table with the press. Sometimes invited to contribute if it is felt that it can add value to the discussion
WALSALL	LINk does not sit at the Board table, but other observers do
WALTHAM FOREST	Protocol agreement with LINk. Active engagement between PCT and the LINk. LINk is a member of sub-committees
WARWICKSHIRE	Chair attempts to include contributions of observers within requirements of the Board
WARRINGTON	LINk invited to Patient Story Sessions prior to the Board meeting being held
WESTMINSTER	LINk was offered co-option to PCT Board, but refused
WEST SUSSEX	LINk has taken time to establish a LINk representative as member of the Patients' Council. The representative will soon be invited to Part 2

PPCEC - Patient and Public Communication and Engagement Committee

SOUTH OF TYNE PCT includes:

- SOUTH TYNESIDE PCT, GATESHEAD PCT and SUNDERLAND PCT

TEES PCT includes:

- HARTLEPOOL, MIDDLESBOROUGH, REDCAR + CLEVELAND and STOCKTON-ON-TEES