

*Your LINK for improving health and social care*

[www.thekentlink.co.uk](http://www.thekentlink.co.uk)

July 2010



## ***Kent LINK Community Engagement Event***

Thursday, 29 July 2010

Margate Winter Gardens, Fort Crescent, Margate, Kent CT9 1HX

### **Kent LINK Priorities Panel Report**

#### **Introduction**

The LINK's Priorities Panel is a group of LINK participants who have been selected to make decisions and recommendations on how the LINK should deal with issues brought to it by participants, the public and organisations. The current Panel members are:

- Fretha Biggs
- David Dye
- Lyn Gallimore
- Ray Harris
- Robin Ridsdill-Smith
- Douglas Tutton
- Junetta Whorwell.

Ram Appadoo and John Forrest have stood down from the Panel since the previous Community Engagement Event held on 25 February 2010.

The Priorities Panel is accountable to the LINK through its reports, which are presented at LINK Community Engagement Events and Annual Meetings. The Panel also has a duty to report to the Governors' Group in cases where:

- A project requires the use of LINK resources
- An issue that may have implications for the governance of the LINK
- A referral is required to an NHS or social care service commissioner or service provider, Health Overview and Scrutiny Committee or other such referral on the LINK's behalf that may be required.

This report covers the period since the LINK's previous Community Engagement Event held on 25 February 2010 in Tonbridge.

## **Meetings and activities of the Panel**

Since the previous Community Engagement Event, the Panel has met on four occasions, had a virtual meeting on one occasion and considered a total of five issues, which are:

**1. Concern raised that in order to watch TV, in-patients at Darent Valley Hospital have to buy a £5 'credit card' which only lasts for 24 hours whether the TV is being used or not**

The Panel felt that as the issue was not directly related to health, it did not come under the remit of the LINK and so the Panel came to the decision not to take any further action.

**2. The LINK's attention was drawn to a national research study funded by the Department of Health into medication errors in care homes for older people**

The study indicated that improvements in the prescription, dispensing, administration and monitoring of medications for residents and patients in residential care and nursing home settings were needed. The Department of Health made a number of recommendations to Primary Care Trusts (PCTs) as a result, which the Kent LINK was asked to follow up. The Panel recommended that a letter should be sent to Kent PCTs in July (two months after the deadline for the Department of Health's recommendations in May) to establish how these have been implemented.

**3. Concern that an insufficient service is being provided by the Children and Adolescent Mental Health Services (CAMHS) in Shepway, particularly to children with Autistic Spectrum Disorder (ASD)**

The Panel agreed the following actions:

- Maintain a keen watching brief and monitor the outcomes and recommendations of a study being carried out by Canterbury Christ Church University into CAMHS services in Kent. Also that the LINK database be utilised to inform those with an interest about the opportunity to contribute to the study and provide support for them to get involved
- Facilitate the opportunity for parents and carers to make contact with the commissioners with the intention of feeding back the concerns raised about the service in Shepway.

**4. Feedback on cervical screening services in West Kent**

Up to 30% of women aged 25 to 29 in West Kent are not taking up cervical screening. NHS West Kent has requested support from the Kent LINK in gaining input from women in West Kent on what barriers exist in accessing cervical cancer screening services. The Panel recommended that this proposal be taken forward as a LINK project subject to further definition and the Governors' Group finding suitable resources. This has now been approved to be entered on the LINK's work programme as a project, with a project group to be established shortly.

## **5. Disabled parking at the William Harvey Hospital in Ashford**

Blue badge holders are required to park and pay in standard parking bays if no disabled parking spaces are available at the hospital. The Panel recommended that as the LINK would be unlikely to be able to make any significant difference that no action should be taken. On review by the Governors' Group, however, it was agreed that in the light of the recommendations made by the Kent and Medway LINK's Access (Transport) to Health Services project, this did warrant further action by the Kent LINK taking a particular interest in East Kent Hospitals University NHS Foundation Trust's response to the recommendations.

### **Issues coming into the LINK**

The LINK also receives issues which may not be taken to the Panel for consideration in the first instance, eg through being resolved by another means, a complaint or an issue on which the Host organisation, Kent & Medway Networks, can take an initial action, such as writing a letter on behalf of the LINK etc.

The Priorities Panel is kept informed of these incoming issues through receiving a monthly report at its meetings. Since the previous Community Engagement Event held on 25 February 2010, the following issues have been raised with the LINK:

- A LINK participant raised concerns regarding the closure of a mental health ward in Tunbridge Wells, the implications of taking services away from the local area without consultation and that budget cuts will hit mental health services first. Kent County Council's Health Overview and Scrutiny Committee (HOSC) received a briefing by NHS West Kent on 26 March 2010 which identified changes to the service provision and outlined a consultation that had been undertaken
- A LINK participant who made a serious complaint about the William Harvey Hospital in Ashford which was not upheld by the Independent Complaints Advocacy Service (ICAS) and the Health Ombudsman, asked the Kent LINK to take action in addressing what was felt to be issues outstanding. A member of the Priorities Panel reviewed the correspondence relating to this and it was felt that LINK was not able to take any action on the majority of the issues. However, the participant was invited to feed in concerns relating to transport to the Kent and Medway LINK's Access (Transport) to Health Services project
- Several participants in West Kent raised concerns about Foundation Trust Board meetings being held in private, particularly in light of the situation in Mid Staffordshire. They have been advised that there is a project on the LINK work programme regarding Foundation Trusts which is yet to begin, and they will be invited to contribute when the project commences
- NHS West Kent Community Health have highlighted that waiting times for follow-up Community Paediatric Service appointments in West Kent could be improved, particularly in the Dartford and Gravesend locality. A request was made for the Kent LINK to arrange groups of patients, parents and carers to gather feedback in order to ensure that ongoing work to redesign the service relates to user priorities. The LINK is awaiting further information from NHS West Kent in relation to this issue in order to take it forward to the Panel

- An issue was brought to the Kent LINK's attention of the need to gender assign children through genital surgery. The referrer raises concern for children's rights to genital integrity and the need to make sure adults are informed of the various non-invasive treatments. The referrer feels that the issue of male / female genital mutilation is not being treated as an issue of equality of human rights and that NHS funds and resources are being wasted in carrying out unnecessary genital surgery. It is acknowledged to create high levels of both short term and lifetime suffering. The LINK is asked to facilitate or help promote equality on this issue and support the referring organisation on a local basis to educate all concerned. Currently, a Freedom of Information request is being submitted to establish the extent to which this practice is being undertaken in Kent
- Under the NHS's zero tolerance policy, patients who exhibit aggression or abusive behaviour towards GPs are placed on a special allocation list, meaning that they are no longer able to see a local GP but have to travel to a hospital within the locality of the Primary Care Trust to see a GP. There are concerns that many of those who fall into the special measures category have mental health issues and that they can find it difficult to get back to their usual GP once placed on the special allocation list. The LINK has been asked to take up this issue as despite the fact that patients on the scheme should be reviewed regularly in order to get them back in the system wherever possible, it has been reported that this does not always happen. The issue will be taken to the Priorities Panel for consideration
- A number of issues were raised with regard to the Fracture Clinic at Darent Valley Hospital, including staffing / resourcing, particularly to anticipate peaks / flows in demand, holiday cover for clinical staff, length of appointments due to the process by which a patient's X-ray request is raised, the environment of the Fracture Clinic and keeping patients better informed about the progress of the clinic. This issue will be taken to the LINK External Representative on the Patient Experience Group at Darent Valley Hospital to feed back
- Problems have been brought to the LINK's attention with the ophthalmology clinic at the William Harvey Hospital in Ashford, including long waits to receive an appointment, appointments running late, missing equipment and missing test results. This issue will be taken to the next Priorities Panel meeting for consideration
- Patient appointment letters for the Queen Elizabeth the Queen Mother Hospital in Margate were unclear which entrance to report to, creating the potential for delayed appointments and undue stress for the patient. The issue has been raised with the Patient Engagement Lead at the East Kent Hospitals University NHS Foundation Trust along with a suggestion that the letter pro forma document could be amended to make it clear which entrance to use for particular units
- Problems have been identified with the East Kent Hospitals University NHS Foundation Trust outpatient appointment system. Patients have arrived at appointments to be informed that they have been cancelled or have had follow up appointments missed. This issue will be taken to the Priorities Panel for consideration as to how to address the issues raised

- Two complaints have been directed to East Kent Hospitals University NHS Foundation Trust regarding the treatment of elderly patients. Participants have been requested to keep the LINK informed of the outcome of the investigations.

### **Email distribution and LINK Bulletin**

In order to gain input from a wider number of LINK participants, there are now regular emails and Bulletin articles to inform participants of issues that have been raised with the Kent LINK and to gain input from others who may have had a similar experience.

### **Decision making**

The Panel considers each issue by applying the Kent LINK's decision making model (Appendix 1). For issues that are referred to the Governors' Group, such as those issues for consideration of being a LINK project, the panel passes their scoring to the Governors so that they may be aware of the relative priorities which the Panel has scored for that item.

The process for making changes to the elements of the decision making model and the relative weightings involves making recommendations to the Annual Meeting of the LINK to consider and debate.

In May 2010 the Annual Meeting rejected a series of proposed changes to the decision making model (Appendix 2) and these will be revised as part of an Annual Review of the system and process for issues being considered by the LINK which will shortly be taking place as the Panel has now been operating in its current format for a year. The Governors will also be involved with this review, the outcome of which will go out for consultation by the wider LINK in advance of any changes being made.

The Kent LINK Priorities Panel  
July 2010



### **Note on Priorities Panel decision making model**

It may assist the Group to be aware of the process which the Priorities Panel is required to use when considering an issue which has been brought to the LINK. This decision making framework is set out in the LINK's Governance Framework. This decision making model has also been the subject of consultation with LINK participants.

The following elements are considered when making decisions:

- a. Structured evidence - information that has some research base, can be verifiable and as far as possible is free from bias - **Weighting 3**
- b. Unstructured evidence - softer information, some of which may be anecdotal but may also be from a range of sources - **Weighting 2**
- c. Can the LINK make an impact in the time available - **Weighting 1**
- d. Is the issue being dealt with by somebody else - **Weighting 1**
- e. To what extent will the community be affected by the issue - **Weighting 2**
- f. Can the LINK make a difference to the current situation - **Weighting 1**
- g. What is the impact on inequalities in health and social care - **Weighting 2**

Each Panel member can award an initial score of nought to three against each of the above elements. For example, an issue that is presented to the LINK which has been well researched may attract an initial score of, say, 2 (the second highest possible) – the weighting for structured evidence is 3, so,  $2 \times 3 = 6$ . The only converse score is that which relates to whether the issue is being dealt with by somebody else. In this case a low score would indicate that some other organisation was already doing something on the issue. The maximum score for any one issue under the above system would be 36 points.

It has to be remembered that this is only a tool to assist with decision making and to assist in determining relative priorities between issues when resource are finite.

Graham Hills  
Operational Director, the Kent LINK

February 2010



## **LINK Decision Making Process Proposal for change**

### **Introduction**

The LINK's Priorities Panel is a group of LINK participants with a range of skills, knowledge and experience which, when combined, assists the LINK in making decisions and prioritising actions. Members of the Panel use the LINK's agreed decision making and priority setting process. Having consulted on what criteria they should apply the Panel have used the attached decision making tool since July 2009.

Having now considered a number of issues raised with the LINK (35 as at 31 March 2010) the Panel is proposing changes to the decision making tool as below.

### **Proposed changes**

The following changes are proposed by the Priorities Panel to the decision making tool which they use at present:

1. An issue can be rejected by the Panel if it is considered that the LINK is unlikely to be able to make an impact on the issue. This should be the first question the Panel should address before considering panel members' individual scores. If the answer is no, then the matter does not proceed to consider the scores of Panel members.
2. The following elements of the decision making table be deleted:
  - a. "Ability to impact within timescales"
  - b. "Can LINK make a difference?" (as per item 1 above, this should now be the first consideration)
3. The element that relates to the impact on the community be split into two, as follows:
  - a. "To what extent will those involved in the issue be affected?"
  - b. "To what extent will the community of Kent be affected?"

4. The “equality impact assessment” element be amended to read “Does this issue contribute to improving equality in service provision to all sectors of the community?”

In addition to the Priorities Panel proposals a further proposal is made by the LINK’s Governors Group:

5. An additional criteria should be included in the tool:
  - a. “To what extent does the issue fit in with the current LINK strategy?”

*\*\*\*\*End of proposed changes to LINK decision making process\*\*\*\**

**Recommendation:**

**That the above changes to the LINK Decision Making Process are agreed**