

CQC and LINKs

Working to improve care

December 2010



Introduction

This briefing updates you on how the Care Quality Commission (CQC) is working with local involvement networks (LINKs) across the country, bringing together information from our national LINKs development project. It describes how eight LINKs have been working locally with CQC. It also gives the main messages from our national survey of LINKs gathered in autumn 2010, and feedback from our LINKs advisory group (over 60 LINKs in total).

We are using this information to develop our work with LINKs, and to work out how to take forward the Government's proposals for establishing HealthWatch England and local HealthWatch. We hope that this briefing will also be useful for LINKs to see how some of your colleagues are working with CQC in other areas of the country. We have tried to highlight examples where CQC and LINKs have built a strong relationship, with the hope that this can be achieved with more and more LINKs across the country.

This is the first of a series of briefings about LINKs and CQC working together, which will be published over the next few months. We would like to thank all those LINKs that have worked with us or who have replied to the survey. This briefing can be downloaded from www.cqc.org.uk/localvoices.

What's worked well so far between LINKs and CQC?

CQC has used information from LINKs in monitoring services

CQC has found information from LINKs useful in helping to make judgements about health and adult social care services. It has been especially useful when it has been linked to our essential standards, and has provided the views of people using services as evidence. Over 30 LINKs have sent us information through our webform at www.cqc.org.uk/localvoices, including some that have shared a number of different reports. Many others have also shared information with their local CQC contact. The case studies in this briefing describe how this has worked well, and include examples of sharing information about a range of health and social care services. Other examples include:

“A safeguarding issue reported by the LINK was dealt with quickly and methodically and feedback given to the LINK was clear and concise.” (South Tyneside LINK)

“We feed all our information through to our local CQC representative and this works well.” (Bury LINK)

“CQC inspectors attending our public meetings on mental health and putting people first to hear what communities are saying about services, has worked well, along with the LINK attending CQC team meetings. The LINK shares our monthly list of issues and comments gathered from the local community.” (East Sussex LINK)

Strong local relationships are the key

LINKs tell us that they welcome CQC's commitment to build relationships and work together with them. The relationship is seen as an important lever for LINKs in their local work to hold service providers to account. Regular local contact between the LINK and CQC staff builds trust and strengthens the relationship, which in turn makes it easier to share information about services. The case studies show various ways this is happening locally, which depend partly on the way a LINK works, and on the focus of CQC's activities in the area.

Other examples include:

“We have regular meetings with our local CQC contact and she is always available through email. We have agreed to meet up regularly, send her our reports, and we have attended a local CQC meeting.” (Worcestershire LINK)

“The host and members of the strategic planning group of LINK Devon met with three members of the South West CQC team and discussed ways in which we can work together more effectively. We have agreed to share information/data at any time with CQC; to be directly involved in the LINK advisory group and to meet on a regular basis with the local CQC team.” (Devon LINK)

“CQC staff attended a workshop about the work plan for Dudley LINK which was very beneficial for the LINK. We wish to maintain this level of contact in the future.” (Dudley LINK)

Information bulletins help LINKs find out about CQC

LINKs value regular information from CQC about its work, its findings and how LINKs can work with the regulator. The quarterly CQC bulletins to LINKs have been well received so far, especially easy read versions, and information that can be shared with the wider membership of the LINK.

For example:

“The information was very useful and easy to understand. It gave our members an insight into CQC activity as well as providing information about service standards and quality.” (Dudley LINK)

“You have already started making the documents accessible for people with learning difficulties. This is great so far.” (Darlington LINK)

“The information we have received from CQC has been clear. We are sending the booklet on *Important changes to the regulation of NHS hospitals* to our LINK members.” (Leicestershire LINK)

What challenges have we found?

- Some LINKs have had problems in establishing and maintaining regular local contact with CQC during its reorganisation of regional staff and the registration of NHS and adult social care services.
- The early version of our webform was not flexible enough for LINKs to submit information in the ways that best suited them. The CQC website needs to be easier for LINKs to use.

- We need to develop a better understanding of each others' organisations. Some CQC staff have not known enough about the LINK's role, and LINKs have had to become familiar with all the new CQC essential standards of quality and safety.
- LINKs need more information from CQC to give their members, who include local voluntary groups and members of the public.
- LINKs have found it difficult to decide what sorts of information to share with CQC, and what the triggers for sharing their information should be.
- Some LINKs have not received any feedback from CQC on the information they have shared with us.
- LINKs need to balance their relationship with CQC and their relationship with local providers – both of which are important to drive improvements in care.
- Together we need to coordinate our local site visits and 'enter and view' activities to make the best use of the time we spend visiting service providers.

How LINKs want to work with CQC in future

- LINKs want to maintain and build relationships with CQC and to develop a clearly defined relationship with HealthWatch England. Executive members and other LINK volunteers want CQC to continue to support them in monitoring local services, throughout the changes to local HealthWatch.
- LINKs want CQC to provide more frequent updates on our work, and to consistently feed back how their information has been used. They want us to tell them what sort of evidence is useful, and who's who in CQC.
- CQC needs to ensure that all LINKs have regular and positive contacts with our compliance managers – including sharing information about forthcoming CQC local assessments and recent findings from reviews. CQC could produce guidance for LINKs about an effective local relationship with CQC. CQC staff should know what LINKs do and what their role is.
- LINKs would like CQC to demonstrate how we involve them in our assessments, provide guidance on our essential standards, the information we need and the triggers we use to act on different types of information.
- LINKs would like us to develop a protocol about safeguarding issues and how we work together to act on them.

- We should be clear about what CQC will share with LINKs and when – such as our publications, reports, the letters we send to providers about their performance and so on – and CQC needs to explore how we can coordinate our site visits and LINKs' enter and view activities better.
- We need to have more information on our website and in our communications with providers about our work with LINKs – to support their statutory duty to hold services to account locally.
- From a regulatory perspective, LINKs want a strengthened CQC assessment of how well providers involve people who use services in planning and running services – such as through LINKs.
- LINKs have requested that CQC has more frequent meetings of the LINKs advisory group in the light of the NHS White Paper, to co-develop HealthWatch and to pilot work from April 2011 to operate shadow HealthWatch arrangements with some LINKs.

What is CQC doing next to work with LINKs?

We are using the feedback from the LINKs survey, and are working with our LINKs advisory group to plan how we work together during 2011. This will be a transition year and we will establish further pilot projects to test out ways of working together. However, there is important work being completed before April to respond to some of the requests from LINKs above.

We have recently improved the CQC webform that LINKs can use to send in their information. It can be found at www.cqc.org.uk/localvoices. We will make further improvements in 2011 so that all LINKs find it easy to share their information with us about services.

From January 2011, we will produce a monthly e-bulletin to all LINKs to signpost them to the latest news from CQC and to new briefings or updates. These will be accessible for all LINK members. Meanwhile, any LINK can subscribe to CQC's general e-bulletin. Visit www.cqc.org.uk for details. We are also now piloting a system for sending all LINKs major CQC press releases and reports.

All LINKs should now have contact with their local CQC compliance manager, with whom they can build a local relationship and exchange information about local care, the work of the LINK, and CQC's activity in the area.

By March 2011, we will produce a guide to working together locally, and a guide to sharing information with CQC, including safeguarding information. We are working closely with a group of LINKs to develop these.

Some LINKs are helping us to test out the best ways of involving LINKs when we check that services comply with our essential standards of quality and safety. We will use what we have learnt to produce guidance for CQC staff about how to involve LINKs in different sorts of service monitoring, such as for the NHS, adult social care, dentists, and in future, for GPs. We will share this with LINKs so you know what to expect from CQC when we check on services. This will also help us coordinate CQC site visits and LINK 'enter and view' activities.

Stories of LINKs working with CQC

East Sussex LINK

East Sussex LINK has a core group of 10 individuals and 6 representatives from groups representing the Disability Involvement Group, Independent Care Homes Association; travellers; the Punjabi community; the lesbian, gay, and transgender community; the local heart network and carers. There are 8 LINK subgroups:

- **Priorities group – identifying priorities from local issues raised**
- **Enter and view group**
- **Mental health group**
- **Commissioning group**
- **Engaging young people in their health group**
- **Prisoner health**
- **There are also two time-limited groups looking at ambulance services and wheelchair services.**

The LINK gets information from local engagement activity as well as specific outreach on issues raised at public meetings. It uses Patient Opinion information, and two groups have been established on FaceBook. The LINK uses Twitter as well as promotional activity in shopping centres, supermarkets, street corners, local radio and Vox Pop.

The Priorities group meets monthly to go through feedback, collated comments and issues from local people. The group identifies priorities to take forward by the LINK or a commissioned project, makes recommendations to the core group and decides on referrals to CQC. An emergency decision-making process exists for urgent issues.

The LINK shares its 'issues list' on a regular basis locally with CQC staff through quarterly meetings. There is also informal email and telephone contact and active two-way information sharing. The local CQC manager attended the LINK's annual review meeting.

The LINK has the following levels of action for dealing with any issue it receives:

- Issue is not within the LINKs remit
- Issue is signposted to Patient Advice and Liaison Services (PALS)
- Issue is signposted to CQC
- Live issues – the LINK is investigating or requesting further information

The LINK uses CQC's essential standards to help it decide about making enter and view visits as well as making referrals to CQC. Recently, the LINK has sent CQC a specific complaint about the quality of a care home, and comments on domiciliary care services and about the local breast screening service.

Bromley LINK

The LINK has a central coordinating group of 10 individuals and 5 representatives. There are 5 task groups reviewed every 6 months who are focused on:

- Hospitals in Bromley
- Commissioning
- Learning disability
- Mental health
- Community Provider Unit Task Group. This is both monitoring current service provision and seeking involvement in the development of Bromley Healthcare (the social enterprise of GPs who will be running community services from 1 March 2011).

All groups can refer issues or feedback to CQC with the coordinating group's agreement. Some work is with neighbouring LINKs, as some services are spread over three local boroughs.

The LINK sent out a survey about health care to members and some voluntary organisations. The 40 responses were analysed and submitted to CQC via the CQC website. The biggest issue was the perceived lack of communication and information from professionals from a range of services. This was also the single biggest issue of concern in PALS data received by the LINK.

The LINK also gathers information from NHS Choices, PALS data and Trust Board papers.

Several meetings have been held so that CQC can explain its local areas of work to the LINK, including to its chair and vice chair. The LINK has included a statement in the working protocol with the hospital trust that it will share information with CQC.

Gloucestershire LINK

The LINK has a stewardship board and three subgroups looking at governance, communications/engagement and finance. Last year, there were short-term task groups looking at discharge, podiatry, access to NHS dentistry and podiatry from care homes, and focus groups on ambulance and mental health services. This year there are groups looking at:

- Access to services for people with a visual impairment
- Access to services for suicide prevention and self harm
- Access to Patient transport including implementation of Hospital Travel Costs Scheme
- Focus group on services for people with fibromyalgia.

The LINK and the CQC manager regularly communicate with each other, and they have quarterly meetings. The manager also gave a presentation at a recent event for LINK members, and another CQC staff member spoke at the LINK's annual general meeting. Gloucestershire LINK is a member of CQC's national advisory group. The LINK is piloting a local CQC/LINK protocol for working together in partnership with their local CQC manager.

Since October 2008, the LINK has signposted various concerns and complaints to their local NHS Foundation Trust, regarding the administration of medicines to inpatients. A detailed case study has been sent to CQC using the CQC webform. The increasing number of comments about medicines management from both LINK members and at public events were discussed by the core group and the issue was made a LINK priority. Issues included:

- Medicines left on lockers out of patients' reach.
- Medicines not given when prescribed or at the same time/with the same intervals between them.
- Medicines not available to take out at night when the patient is ready for discharge.

The LINK has also forwarded issues to CQC relating to people with learning disabilities accessing hospital and GP services. The LINK held special events for more than 50 members with a learning disability, using easy read invitations. Easy read questionnaires were developed and the LINK talked to people in day centres and their support workers. Easy read findings were sent to all participants. Issues included:

- Lack of communication by health and care professionals and the need for longer appointments with GPs.
- A toolkit for communicating with people with a learning disability was not being used as much as it should have been.

Newcastle LINK

The LINK executive has 15 members (currently 6 individual members, 6 from groups and organisations and 3 from local networks). Issues are taken forward through Task and Finish groups which are time-limited. Current issues being investigated are accessing health and adult social care services by public or private transport, issues affecting the use of interpreters when accessing health and adult social care services, people's experiences of mental health services and the stigma of using mental health services, and changing people's behaviour around diet, exercise, smoking, drugs or alcohol.

The LINK outreach officer uses a range of engagement approaches to promote awareness of the LINK and to gather feedback on services. These range from major consultation exercises to providing a LINK stall at appropriate local events. If a member of the community wants to raise an issue with the LINK they can raise it directly with the Host Support Team, raise it with an Executive Board member or complete a community issues form, supported by the LINK outreach officer. These are considered by the Community Issues subgroup of the LINK, who decide which issues should be looked at further and then this is agreed by the Executive Board.

The Executive Board may ask the following questions to decide which issues should be shortlisted:

- Who is affected most?
- What are the impact and effects on communities of interest and identity?
- Which other agencies are already focused on the views of users, carers and patients in this area?
- Are overview and scrutiny committees focusing on this issue?

A task and finish group then undertakes more research, conducts interviews and focus groups and might eventually carry out an enter and view visit if appropriate. The Executive Board has agreed that reports from the task and finish groups are shared with CQC and sent via the CQC webform. So far, the LINK has sent reports about self-medication, Parkinsons disease, and social care for older people.

The LINK is now starting to build a local relationship with CQC, which had a stall at the LINK's annual event, and there have been some introductory meetings to agree a way of working.

Bristol LINK

The LINK has a management group with two subgroups covering governance and communications/engagement. Issues are taken forward through short-term projects, run through working groups, on:

- GPs
- Social care – self directed support
- Primary care and community services
- Older people
- Acute hospitals
- Equality and diversity
- Mental health
- Services for people with learning difficulties
- New Build South Bristol Hospital
- Joint Strategic Needs assessment
- Joint working group for the Great Western Ambulance Service

The LINK is doing some visits to hospitals to explore nutrition and hydration issues and will be reporting its findings to CQC. The LINK is starting to build a local relationship with CQC, whose local staff attended an open meeting for members, and there have been initial individual meetings with the CQC compliance manager.

Derby LINK

There are 14 members of the core group who look at issues and send these out to members to consider. Responses from members determine which issues are prioritised. There are 144 active members of the LINK (including individual and group members).

The local authority is carrying out a large-scale review of supported housing and approached the LINK to conduct a survey to identify people's biggest fears. From this, the LINK identified a need for an independent assessment of care home provision in the City.

The LINK is now conducting 'fact finding' visits to each care home to look at 'dignity' issues and the experience of care from the perspective of residents, visitors and staff. The intelligence gathered about each home will be of use to individuals making decisions about supported housing. Each visit is written up around each of the CQC 'dignity' outcomes in the essential standards of quality and safety. The LINK is uploading them onto the CQC webform and also passing them directly to local CQC staff, social services and the primary care trust. Local

CQC staff are using the information from the LINK reports as part of the registration and monitoring of adult social care services.

The LINK has a proactive and positive relationship with CQC local staff, who regularly email and telephone each other. The LINK has also attended a local CQC team meeting.

The LINK has also submitted Quality Account commentaries to CQC using webforms.

Leeds LINK

Leeds LINK has a large database of individual and group members, from which a steering group of 20 people are elected. There are 12 seats for individuals and 8 seats for people representing a particular interest group, such as black and minority ethnic communities, carers and asylum seekers. There are working groups addressing the issues being prioritised at the time, and other governance-related subgroups. There is a CQC subgroup to monitor how the LINK works with CQC, which may in future include other issues such as Quality Accounts. These feed into the monthly steering group meetings.

The LINK's CQC subgroup has developed a feedback form which has been widely circulated among its members to gather evidence. A freelance researcher has collated feedback from the questionnaires and there is ongoing outreach work.

The CQC subgroup also liaises with other LINK work groups to pull in feedback to share with CQC. The LINK is undertaking its first enter and view visits, and will share the findings with CQC.

The LINK has been developing a local relationship with CQC. There have been quarterly meetings and a local arrangement has been developed for two-way information sharing. This includes an agreement that CQC will share information with the LINK about any services that are found to not comply with essential standards of quality and safety.

Sefton LINK

The LINK has 404 individual and organisational members. There is a steering group which has 20 seats, 16 of which are currently filled. Facebook and Twitter are used to help those individuals and organisational members get involved and have a say. There are currently 796 members who are using social networking to have their say. The LINK has set up a young person's task group following its work with young people last year.

There are around 9 task groups looking at LINK issues and priorities each with a champion from the steering group, and other co-optees. There is a CQC task group to monitor how the LINK works with CQC.

The LINK has submitted information to CQC mainly via webforms, on breaches of the 20 day response requirement for hospital trusts to respond to LINK requests (for example information has been requested from Patient Advice and Liaison Services). The information submitted is therefore about the poor quality relationship between the LINK and a particular trust. This information has also been provided locally to CQC staff. The LINK has also commented on the Quality Accounts of several trusts through the CQC subgroup and has fed back this experience to CQC.

Information about these issues and services is gathered through the LINK membership, general public and the CVS database of 1,600 local voluntary, charity and faith groups. The LINK also works with CVS projects, carries out direct community engagement with outreach meetings and roadshows in shopping centres, and conducts surveys. Issues are identified from feedback and more engagement and data analysis is undertaken. The LINK steering group has developed a flow chart with timescales and criteria against which issues are analysed, using local evidence, before being allocated to a task group:

- The task group identifies an issue.
- The LINK pursues the problem with the trust or provider.
- If there is no resolution, it is referred back to the Steering group.
- The Steering group decides the next steps. This may include referring the issue to the CQC task group.
- The CQC task group fills out a report via the CQC webform, or if urgent, phones the local CQC manager.

The LINK is now seeking to build a regular local contact with CQC. There has been a regional CQC meeting for LINKs so far.

Appendix: LINKs currently working with CQC nationally (at December 2010)

CQC region	LINKs who replied to the CQC national survey	LINKs who have attended the CQC national LINKs advisory group	LINKs in the national CQC case studies or learning set	LINKs invited to contribute to CQC pilot work
London	Lewisham Camden Islington	Hillingdon Brent Southwark Ealing Havering Enfield Bromley Richmond upon Thames Croydon Camden Sutton Islington Kensington and Chelsea Hackney Hammersmith and Fulham Lewisham Newham Barking and Dagenham Waltham Forest Lambeth	Bromley	
South East	East Sussex West Sussex	East Sussex Bracknell Forest Milton Keynes Reading West Berkshire	East Sussex	Hampshire
South West	Bristol South Gloucestershire Bath and NE Somerset Devon	South Gloucestershire Gloucestershire Devon Bristol	Gloucestershire Plymouth Bristol	

CQC region	LINKs who replied to the CQC national survey	LINKs who have attended the CQC national LINKs advisory group	LINKs in the national CQC case studies or learning set	LINKs invited to contribute to CQC pilot work
East Midlands	Leicestershire Lincolnshire	Nottingham Lincolnshire Leicestershire Staffordshire	Derby City	Derby City Derbyshire
West Midlands	Dudley Solihull Stoke on Trent	Walsall Dudley Sandwell Birmingham		Hereford and Worcester Dudley Birmingham Sandwell Stoke on Trent
North West	Bury St Helens Oldham Wirral	Lancashire Sefton Manchester Liverpool Blackburn with Darwen	Sefton Wakefield	
North East	Middlesborough Darlington South Tyneside Stockton on Tees	Darlington County Durham Middlesborough Newcastle Sunderland Stockton Redcar		
East of England		Hertfordshire Bedford Oxford		
Yorks and Humber	Hull	Leeds North East Lincs Wakefield	Leeds Wakefield	

If you want to contact CQC about how we involve people who use services, please email:

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