

National Association of LINKs Members

Patient and Public Involvement in Health and Social Care

November 4th 2008

Stephen Hay
Chief Operating Officer
Monitor
4 Matthew Parker Street
London
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Dear Stephen,

I would like to raise a few issues with you about the relationship between LINKs and Foundation Trusts and to seek your advice. As you know we have already exchanged some correspondence on this issue.

- 1) We have written to all FTs asking them if they will ensure that LINKs have access to all services provided and commissioned by FTs for patients. We are of course clear that FTs are not required to comply with the Directions on access to private providers for LINKs but we are equally clear that they can if they wish comply with our request. We have specifically asked them if they will ensure that compliance is retroactive. We cannot imagine any FT or private contractor being unwilling to comply with a request from a LINK for access to a service. Indeed to do so would in itself suggest some problem with the service. Would you be prepared to actively support our request for LINKs to have access to all FT services?
- 2) We are looking at ways in which LINKs may become active in FTs. It may appear that there are contradictions between the role of the FT membership and LINKs monitoring. We do not believe there is any fundamental contradiction, but there is clearly a need to explore models. A good example would be participation in governance and risk committees. FTs tell us that the Governors participate in a process of selection of FT Board members and therefore the public's voice is present at high level meetings. LINKs members are likely to want direct access to such committees. We feel there is work to be done to explore how the public's voice can operate better at the centre of health care decision making at the level of policy, practice and monitoring. Have you considered this issue and what advice have you given?
- 3) Another issue causing great concern is about access to meeting of FT Boards. Many of our members complain that FT Boards are now closed to the public and that consequently FT

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status has been used to reduce accountability and diminish public access to decision making in the NHS. Your views would be very welcome.

I would be most grateful for your comments on these matters and perhaps a discussion between you and NALM officers would be useful to work through these problems.

I look forward to hearing from you.

Best wishes

Malcolm Alexander
Chair