

Guidance on Local Involvement Networks (LINKs)

September 2009

What is a Local Involvement Network (LINK)?

The Department of Health defines a LINK as a *'network of local people and organisations, funded by the Government and supported by independent organisations known as a Host to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services.'*

LINKs have taken over the responsibility of patient and public involvement forums and are responsible for finding out what people want from their health and social care services.

The Local Government and Public Involvement in Health Act 2007 made it a legal requirement that every local authority area (that has a social services responsibility), from April 2008, has to have a LINK. Each local authority has been given funding and is now under a legal obligation to make contractual arrangements that enable LINK activities to take place. The governance and membership of LINKs is a decision to be taken locally. LINKs are intended to be independent organisations, not under the influence of government (local or national).

Each local authority must contract a host organisation to support the LINK in each area. The role of a host includes activities such as helping LINKs with marketing and communications, developing policies and procedures, keeping records, including financial records, arranging visits, gathering the views of local people and organising meetings. Host organisations are likely to be voluntary and community action groups.

What do LINKs do?

LINKs' main responsibility is to find out what people want from their health and social care services.

The intended role of a LINK is to:

- give people the opportunity to say what they think about their local health and social care service
- allow people to monitor and check how services are planned and run
- allow people to give feedback to the commissioners of services so that there can be service improvement
- help staff, managers, service providers and commissioners to understand the wishes of patients better.

There are a range of ways a LINK can communicate how a local service should be improved. They can:

- make reports and recommendations to commissioners who are required to reply within 20 days
- ask commissioners for information and get a reply within a set period of time
- go into health and social care premises (including GP premises) to observe the quality of service¹
- refer issues to the local Overview and Scrutiny Committee and receive a response.

There are two duties that a GP must comply with in relation to LINKs; providing information and allowing visits from LINKs representatives.

Are LINKs able to enter and view my practice?

The Local Involvement Networks Duty of Service-Providers to Allow Entry Regulations 2008¹, imposes a duty on providers of health and social care services, with certain exemptions², to allow authorised representatives of LINKs to enter their premises. This includes independent contractors, such as GP's surgery. The purpose of these visits is for the LINKs representative to observe and assess the delivery of service and collect the views of the people using the service.

The purpose of these visits may be to validate evidence that has already been collected about a GP surgery from patients and their carers and families. The information can subsequently inform

¹ www.opsi.gov.uk/si/si2008/uksi_20080915_en_1

² Children's social care services are exempt

recommendations made by the LINK and be fed back to relevant organisations, ie the primary care trust (PCT).

Under the legislation only an authorised person from a LINK can enter, view and observe a healthcare premises. These 'authorised representatives' are only allowed to enter and view the premises for the purpose of carrying out the activities of the LINK they represent. These representatives can only be authorised if they have undergone a verified Criminal Records Bureau Check and a 'nominated' person of the LINK has considered the certificate and is satisfied that person is suitable to carry out the visit. The LINK must have an up to date list of all its authorised representatives. Therefore it is important that the LINK representative produces evidence of their status before they are allowed to enter the GP premises.

These visits, when properly co-ordinated can provide a constructive link between LINKs and GPs and therefore may enable service improvements. LINKs role is not to seek faults with local services, but to carefully consider if the standard of care being delivered can be improved in any way.

The Department of Health's 'Code of Conduct relating to Local Involvement Networks' visits to enter and view services'³ sets out how these visits should be conducted to ensure they are valuable for both the LINK and the service provider and also that they do not impact on the rights of people who use the services. The Code can be taken into account when being visited by a LINKs representative to decide if they are acting 'reasonably and proportionately'.

Key points from the Code of Conduct:

The Code intends to ensure:

- the rights of patients, service users, staff and residents are respected and protected as are those of the authorised representatives undertaking the visit;
- that visits are conducted in a spirit of openness and partnership between the LINK, the provider of the service and the individuals receiving the service; and
- that the relationship and dialogue between the LINK, provider and wider population remains positive and constructive.'

Visits by LINKs can be announced or unannounced. If a visit is announced the Code advises that the LINK should inform (through a letter or email) the practice of the reason for the visit, to help set out the practical aspects in advance. Further information concerning what information the LINK is advised to provide is contained in the Code.

It should be noted that in the case of unannounced and announced visits, GPs are within their rights to refuse entry to the LINKs representative if it is deemed the visit is '*not reasonable and proportionate or would compromise the privacy or dignity of patients.*'

The duty to allow announced or unannounced visits can be denied if:

- It would compromise the effective provision of care services or the privacy/dignity of any person. (eg being present when someone is being washed or dressed, getting in the way of a consultation, or the administration of medication).
- The premises are excluded to LINKs because they are non-communal parts of care homes or staff accommodation.
- The activities being carried out on those premises are excluded to LINKs because they relate to children's social care services.
- Health or social care services are not being provided on those premises at the time of the visit.

³ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

- The provider judges that the LINKs authorised representative is not acting in a way that is reasonable or proportionate. (eg making repeated visits, regularly undertaking unannounced visits, presenting a large number of representatives at a small facility).
- The authorised representative does not provide evidence that they are authorised in accordance with Regulation 4 of the LINKs (Duty to Allow Entry) Regulations 2008.
- In cases where premises are owned by one independent provider but controlled by another, the provider which owns the premises is exempt.

Do I have to respond when a LINK requests information?

In each case of a request for information from a LINK, you should always liaise with your PCT regarding the release of this information. Commissioners should have set up arrangements with all independent contractors to arrange whose responsibility it is to provide this information. Those who commission services are a principal audience for the information LINKs gather, however LINKs are encouraged to provide the information to service providers also.

There is a duty to:

- provide that information within 20 working days of receipt (if the information is not exempt)
- provide anonymised information within 20 working days of receipt (if the information is exempt.)
- provide an explanatory letter within 20 working days of receipt in cases where the independent provider is not required to disclose the information requested.

If you do not hold the information requested, you must write to the LINK within 20 working days of receipt explaining so. Disclosure of information relating to a patient who has not consented to its release is exempt, as is any disclosure that is prohibited in other legislation or by a court order. If the request for information has not been received in writing, the provider can also refuse to submit the information.

Further information about LINKs

- [DH guidance for staff and commissioners on LINKs](#)
- [Code of conduct for visits.](#)
- [Local authority LINK contacts.](#)
- [LINK host contacts.](#)
- [LINK regulations.](#)
- [The National Centre for Involvement.](#)
- [BMA guidance of patient participation groups in primary care.](#)

Further queries should be directed to:

The National Centre for Involvement
info@links.org.uk
 LINKs helpdesk: 027 761 50705

¹ The premises an authorised LINK representative is able to enter:

- NHS Trusts
- NHS Foundation Trusts
- Primary Care Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided.
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts,
- Primary Care Trusts or Strategic Health Authorities to provide care services.