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"CHCs are a jewel – that is not well understood ... There is nothing like it in the rest of Europe, where it is the administrators and doctors who decide".¹

Mikko Vienonen , World Health Organisation European regional adviser

After 26 years of supporting complainants and representing the interests of the public and patients in the NHS Community Health Councils (CHCs), the only statutory patient-led NHS watchdogs, are to be abolished. CHCs are to be replaced by a number of different bodies. The proposal to abolish CHCs was fleetingly mentioned in the recently published NHS Plan. So brief was the mention that it is only now are that the full implications of the proposal are coming to light.

There is much to be commended in the NHS Plan, a long-term plan of modernisation and reform for the NHS. In particular, the commitment to develop a 'patient-centred' NHS is to be welcomed, along with the desire to enhance patient empowerment and involvement. The Plan is said to have been shaped by consultation with NHS staff, patients and the public. Yet the decision to abolish CHCs has been taken without specifically asking patients and the public whether their independent watchdogs should be abolished or about what could should replace them. The official reasons for the proposed abolition are unknown so there is plenty of scope for speculation. Have the 204 CHCs in England and Wales been too effective?

A broad spectrum of opinion including MPs from all parties, members of the public, professional bodies and patient's organisations have expressed grave concerns

about the proposed new structures, questioning whether they will in fact strengthen, rather than diminish, patient empowerment and involvement in the NHS. Particular concerns have been raised about the fragmentation of CHC functions, the independence of the new bodies, and the absence of statutory rights for any of the new bodies.

- - The proposals in the Plan fragments some of the work of CHCs across a range of bodies and fails to demonstrate how other important areas of their work will be covered. For example the abolition of CHCs is sure to end Nationwide Casualty Watch, an annual snapshot of waiting times in A&E departments, which regularly embarrasses the government. The fear is that on a local level separating scrutiny and monitoring from complaints work will mean that broader trends or even individual cases of clinical incompetence will go unrecognised, having fallen through the gaps in the system. On a national level CHCs currently provide a network of independent watchdogs with the ability to raise issues of wider concern to the Department of Health. These new and disparate bodies lack the capacity to develop an overview which means that no particular body will be responsible for identifying and acting upon the concerns of patients and the public nationally.
- - The independence of CHCs has been key to their effectiveness. They are able to speak frankly in the interests of patients and the public. If the hospital-based advocates (PALS) are employed by the trusts and based in the trusts it will be extremely difficult for them to act independently in the interests of patients. More importantly, patients will not perceive them to be independent. According to the plan PALS are to 'steer' patients and families towards the complaints process 'where necessary' - CHCs by contrast are able to offer complainants proactive support and advice. A recent poll conducted by Health Which?

(April 2000) found that 84% of those who had contacted the CHC at some point found their advice 'very' or 'fairly' useful, suggesting a very high satisfaction rate. There must be a serious question mark over whether Trust-based PALS will be able to gain similar levels of public confidence.

- - CHCs have a number of statutory rights that enable them to carry out their duty of representing the interests of the public in the NHS. These include the right to be consulted, the right to require information from health authorities, the right to inspect and report on hospital and other facilities in which NHS patients receive treatment or care, and the right to refer contested plans to the Secretary of State for Health. These rights, backed up sometimes by the threat of legal action, have been powerful tools in gaining a fair deal for patients and local communities. The Plan makes no mention of statutory rights for any of the new bodies, yet without them they will be little more than sounding boards or 'focus groups', whose suggestions and recommendations can easily be ignored.

Interestingly, although CHCs in England and Wales were set up under the same legislation, in Wales there are no plans to abolish CHCs. The Welsh Assembly has opted to consult widely and conduct research on the options for patient advocacy and support including the future remit of CHCs. There is a growing body of opinion in England that advocates such an approach. Change is needed but the current proposals are in danger of throwing away a 'jewel' and replacing it with a bauble - a system structurally incapable of genuinely holding the new NHS to account.
Angeline Burke

1. Pat Healy. Role Call. *Health Service Journal* 1998; Volume 108 No 5614: pp 12-13