ASSOCIATION OF COMMUNITY HEALTH COUNCILS

FOR ENGLAND AND WALES

RESOLUTIONS OF ANNUAL GENERAL MEETINGS

1989 - 2000

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ACHCEW - CHC NEWS

This AGM notes that CHCs are in a unique position to obtain, and publicise, information about the NHS and the way services are funded and run. Although ACHCEW's information services are valuable to member CHCs we believe they can, and should be, turned outwards to give CHCs a national and more campaigning face.

This AGM therefore instructs Standing Committee to review the work of the National Office and CHC News with the aim of :-

(b) Producing CHC News in a newspaper format, circulated to member CHCs in bulk and offered for sale.

(b) Focusing CHC News on reporting issues in the NHS locally and nationally - particularly through national 'round-ups' of information from member CHCs.

Resolution 11 - 1994

ACHCEW - FUNDING

This AGM affirms its recognition of the great value of the services of its national body, ACHCEW, in carrying out their statutory role as the voice of users of the NHS.

The AGM notes with concern that the Department of Health grant to ACHCEW had been set at £50,000 for the fifth year in succession. It was further angered by the statement to the Conference by the Minister of Health, Stephen Dorrell, that ACHCEW is analogous to the local authority associations and should therefore be funded by subscriptions from its constituent bodies.

This ignores the fundamentally different nature of such organisations and the gross financial gap between funds of Local Authorities and funds of CHCs - many of whom have virtually no disposable income.

The AGM therefore calls upon the Minister to demonstrate the sincerity of his stated believe in the value of the work of CHCs by providing a realistic increase in the funding of ACHCEW following the Autumn Review.

Resolution 40 - 1991

ACHCEW - STANDING COMMITTEE

Arising from a desire to make greater use of the undoubted talent available in Community Health Councils at a national level, we propose a review of the Standing Committee, its size, composition and frequency of meetings in the light of the improved financial position, which suggests that the rationale for reduction in its size in 1983/84 now no longer exists.

Resolution 15 - 1990

ADVOCACY SERVICES

This AGM believes that access to appropriate independent advocacy services is an essential requirement for a range of consumers living in long stay institutions and in the community.

This AGM notes that with the closure of long stay mental health and learning disability institutions, the need for independent advocacy services has increased.

This AGM calls on the government :-

(a) to ensure that a full range of appropriate independent advocacy services are available to all those who require such a service;

(b) to make it a statutory duty of Regional and District Health Authorities to have strategies supporting independent advocacy initiatives and to financially support advocacy services.

Resolution 4 - 1994

ALLOCATION OF RESOURCES TO HAs AND GP FUNDHOLDERS

This AGM believes that NHS purchasers of health care should be funded according to the health needs of their population. It therefore believes that the present systems for allocation of resources to both health authorities and GP fundholders are unacceptable.

This AGM therefore calls on the Department of Health:

a) To withdraw its decision to amend the funding formula for health authorities as proposed by the Centre for Health Economics at the University of York;

b) To implement a system of capitation-based funding for GP fundholding practices at the earliest possible opportunity.

c) To ensure that budget allocation is based on an equitable allocation of resources between the patients of Fundholding and non-Fundholding practices.

Resolution 5 - 1995

AMBULANCES - PRIVATE

This AGM calls upon HM Government to introduce legislation enabling the setting up of a registration and/or regulatory body to lay down and enforce standards governing staffing, training, vehicles and equipment of all private ambulance services, and that these standards should be no lower than those applying to Health Authority ambulance services.

Resolution 7 - 1991

AMBULANCES – RESPONSE TIMES

This AGM believes that the present method of collating and presenting data regarding ambulance response times is insufficient to public needs.

This AGM therefore recommends that all information must be collated in an identical way nation-wide if league tables are to have any meaning. Furthermore, data presentation needs to be area based to prevent local inequalities of service from being masked.

Resolution 6 – 1998

AMBULANCE SERVICES

This AGM fully supports the Government's initiative to introduce new performance Standards for ambulance services whereby their response is according to the clinical need of the patient.

This AGM also supports the re-introduction of Category 'C' calls, as outlined in the Audit Commission's report 'A Life in the Fast Lane', and asks the Government to consider that the Ambulance Services can commence using Category 'C' now, rather than in 2001, in order to make the most efficient and effective use of their resources

Resolution 5 – 1999

AMBULANCE SERVICES – AIR AMBULANCE

Whilst the Community Health Councils welcome and fully support the introduction of a nation-wide Air Ambulance Service, we are nevertheless concerned that funding to maintain such a service should rely on sponsorship and charitable giving.

This Conference calls upon the Government to ensure that adequate funding is available to maintain and develop an integrated Air Ambulance Service for the UK.

Resolution 9 - 2000

BLOOD TRANSFUSION SERVICE

In view of Friday's crisis in the blood transfusion service, which appears to be a consequence of the reorganisation being introduced by the National Blood Authority (NBA) in advance of Department of Health approval, this AGM urges the Department of Health to instruct the NBA to abandon these plans and maintain the current level of service in existing centres and laboratories.

Resolution EM1 - 1995

BRAIN DAMAGED PEOPLE - FUNDING FOR SERVICES

This AGM urges the Department of Health to recognise the difficulties that individual districts and units face in providing an adequate service to meet the needs of long-term brain-damaged people. Care of such patients can cost upwards of £50,000 per annum, which can completely distort the plans and budget allocations of the relevant unit. It may happen that several such cases present within a short time period.

This AGM urges the Department of Health to provide central funding, above and beyond normal allocations, for such patients. There is a need for an appropriately funded resource in each region.

Resolution 15 - 1992

CANCER - BREAST CANCER

Taking note of the fact that survival rates for breast cancer following treatment are poorer in the United Kingdom than other developed nations, this AGM urges the Secretary of State for Health to facilitate the universal use of best practice protocols for the treatment of this widespread and devastating condition.

Resolution 33 - 1994

CARE OF THE DYING

This AGM is concerned that the White Papers "Working for Patients" and "Caring for People" do not adequately address the issues concerning the provision of specialist support for the terminally ill. It believes that without the support of the Voluntary Sector the provision of services for the terminally ill would be virtually non-existent in many District Health Authorities.

Whilst recognising that the Department of Health do support the Hospice movement, we believe that this support is insufficient and that further resources should be allocated specifically to District Health Authorities making provision of such services a mandatory obligation.

Resolution 4 - 1990

CARE IN THE COMMUNITY

This AGM believes continuing care of older, disabled and frail people should be based on assessment of care needs and personal choice of location and nature of care.

To enable this choice we urge the Government to spend the same amount of money to provide care in a person's own home as it does on private residential or nursing homes.

Resolution 6 - 1989

This AGM calls upon the Department of Health and Social Security to take the necessary steps to establish a system of registration and monitoring of private companies and/or individuals offering domiciliary care services on a commercial basis in order to provide proper protection for those availing themselves of this form of help who may well be vulnerable to exploitation and/or "at risk".

Resolution 7 - 1989

This AGM welcomes Health Circular HC(89)5 outlining new procedures for the discharge of patients from hospital and :-

(a) Urges all CHCs to work with their District Health Authorities to comply with the Circular;

(b) Asks the Department to monitor the performance of Regional Health Authorities in ensuring that both the letter and the spirit of this Circular are implemented.

Resolution 12 - 1989

This AGM recognises the important role of care in the community, especially for those people who might otherwise be long-term patients in institutional care and welcomes the new philosophy to allow people in institutions to move into the community. However, this new pattern of service needs to be monitored to ensure people receive a high standard of care that meets their needs and desires. This AGM calls upon all CHCs to :-

(a) Establish working practices that allow consumers of these new services to have a voice.
(b) Monitor community care in a sensitive and appropriate manner within the CHC remit.

This AGM urges the Secretary of State for Health to establish a monitoring body to ensure standards are improved and to disseminate good practice throughout the country.

Resolution 31 - 1989

This AGM recognises that many long-term hospitals for elderly and elderly mentally infirm people are situated in geographically isolated areas inappropriate to the concepts of proper Community Care policies and, therefore, have to be closed.

Transferring patients to the community should not be used as an excuse for reducing the resources of proper NHS care for the elderly, nor for placing long-term care in District General Hospitals, nor leaving this provision to Private, Voluntary or Social Services sectors.

This AGM therefore calls upon the Government to ensure that Health Authorities take into consideration the needs of future generations of frail, elderly people and those currently living in the community who would benefit from long-term NHS provision, by developing plans to provide this care within, and as a full part of local community hospitals.

Resolution 13 - 1990

This AGM deplores the Government's intention to delay implementation of the Community Care provisions contained in the new NHS and Community Care Act.

CHCs support the principle of properly resourced Care in the Community; we are concerned that at the present time hospital beds and Social Services Residential Homes are being closed and the interests of vulnerable people in the community are being neglected.

In view of the already lengthy delay in implementing the recommendations of the Griffiths Report, this AGM urges the Government to confirm its commitment to Care in the Community by allocating adequate resources so that they can be implemented without further delay.

Resolution 43 - 1990

This AGM, in order to ensure that the provisions of the legislation introducing community care become more than a paper exercise, calls upon the Government to guarantee that sufficient 'ring fenced' finance is made available to permit implementation in practical terms.

Resolution 10 - 1992

This AGM notes the implementation of Care in the Community from 1 April 1993. If Care in the Community is to be successful, it is essential that there is adequate support for the

millions of carers caring for frail, disabled and vulnerable people throughout the country. Respite care should encompass the following :-

- Support for carers at home
- Short term relief/breaks for carers
- Fixed term respite care to enable the carer to have a weekend, week or even a fortnight break/holiday

To enable the above provision to happen it is essential that there are sufficient beds available in both social and health care settings. This AGM is concerned at the distinction between social respite care, which is means tested, and NHS respite care which is free. This AGM therefore urges the government to issue guidance to local authorities and health authorities to ensure adequate provision of respite care, to ensure sufficient funding is available to enable Health Authorities and social services to make adequate provision and to monitor the adequacy of the provision.

Resolution 10 - 1994

This AGM is concerned that joint working between Health Authorities and Social Services Departments is still far from producing a seamless service. Failures in the Community Care Act lead us to be concerned for the vulnerable - particularly the elderly and mentally infirm.

This AGM calls upon the Standing Committee to establish a working party to :-

(a) advise local CHCs in the short term on best practice in working relationships between CHCs, DHAs and Social Services departments;

(b) consider the benefits of introducing a unified purchaser organisation fully accountable to the public;

(c) examine how the statutory remit of CHCs can be extended to enable CHCs to monitor care in the community services provided by Local Authorities; and

(d) bring back a policy for discussion and adoption, and as a result call upon the Government to implement the recommendations.

Resolution 1 - 1995

This AGM notes with concern the erosion of the CHC monitoring rights consequent upon the resettling of NHS patients from long stay hospitals into community homes. In the light of this, this AGM calls upon the Secretary of State for Health to require purchasers to insist upon the implementation of a properly formulated, integrated monitoring system which will minimise intrusion on the privacy of residents in community homes, while enabling CHCs to fulfil their monitoring function.

Resolution 10 - 1995

This AGM notes that:

(a) the most dependent and vulnerable members of society have the added protection of CHC monitoring when they are in NHS premises;

(b) the intention of the Government was that this protection should not be lost when such patients are resettled in the community in non-NHS premises;

(c) the Guidance as expressed in Consultation and Involving the Consumer therefore required Health Authorities to secure CHC Visiting Rights in the contracts with non-NHS providers so that the protection followed the patient.

This AGM therefore calls upon the Government, as a matter of urgency, to reinforce this requirement so that this becomes an inalienable right attaching to the patient.

Resolution 13 – 1998

COMMUNITY HEALTH COUNCILS - ACCOUNTABILITY

This AGM believes that Community Health Councils should be as accountable as possible to the population and patients of the area or District for which they are responsible. It also recognises the value of comments, complaints and suggestions within the process of improving NHS services.

This AGM therefore calls upon HM Government to extend the remit of the Health Service Commissioner for England and the Health Service Commissioner for Wales to include complaints about Community Health Councils.

Resolution 7 - 1993

COMMUNITY HEALTH COUNCILS - COMPLAINTS WORK AND RESOURCES

This AGM notes with concern that in the wake of Government encouragement to the general public to express their concerns about healthcare delivery, there has been a steep rise in the number of complaints which have to be handled by the Health Authorities and Trusts. This has led, in turn, to an increasing emphasis on CHC Chief Officers who have now moved into a role formally recognised by the public as patient's advocate. The complexity and serious nature of many of the complaints involves a considerable input of time to the extent that the other functions of the CHC are, of necessity, being sidelined.

This AGM calls upon HM Government to ensure that CHCs are adequately resourced to meet the inherent demands of raising the public profile.

Resolution 16 - 1995

COMMUNITY HEALTH COUNCILS - ESTABLISHING ARRANGEMENTS

This AGM notes with concern that CHC members are severally liable for any costs that may be incurred by the CHC as a consequence of litigation.

The new establishment arrangements for CHCs do not address the issue of members liability. This AGM therefore calls upon the Department of Health to take immediate steps to rectify this issue.

Resolution 1 - 1996

COMMUNITY HEALTH COUNCILS AND LEGAL COSTS

This AGM notes that the service level agreement between ACHCEW and the NHS Executive dated May 1996 refers to the right of CHCs to apply to the NHS Executive for support with legal costs which may be incurred in bringing or defending legal proceedings and for an indemnity against possible adverse costs orders made against CHC members. This arrangement does not, however, guarantee that support and indemnities will be approved by the NHS Executive, nor does the recent form of indemnity offered to CHCs by the NHS Executive.

This AGM recognises that a challenge by way of application for judicial review of a health authority, or the threat of the same, is one of the avenues open to CHCs who need to take action to pursue the interests of the local community. This AGM considers that CHCs require access to the courts in order that they can be effective in their functions.

This AGM believes that it is unacceptable that CHC members should face the risk of being held personally liable for costs in the event of being unsuccessful in an action or where no costs order is made in the CHC's favour. It is clear that this prospect acts as a major disincentive to CHCs, who may otherwise have wished to pursue a case through the courts and when it is clearly in the public interest that the CHC should pursue that legal action. This undermines CHCs in the performance of their statutory duties and means that patients cannot rely upon the level of representation from CHCs that Parliament intended, when it set up CHCs under the NHS Reorganisation Act 1974.

This AGM, therefore, calls for confirmation from the Secretary of State for Health that legal costs of CHCs will be met by the NHS Executive and for clarification of the arrangements to ensure automatic indemnification of CHC members against personal liability for costs, where proceedings are taken or defended by the CHC in line with its duties and functions when it has been judged that there is a case to answer.

Resolution 10 - 1997

COMMUNITY HEALTH COUNCILS - MEMBERS

This AGM calls for a change to the six monthly rule for non-attendance of CHC members and asks for it to be amended to three months with dispensation for sickness and extenuating circumstances.

Resolution 19 - 1992

COMMUNITY HEALTH COUNCILS - MEMBERSHIP

This AGM notes the views expressed in December 1992 by the Parliamentary Under Secretary of State for Health, but, believing that it is in the best interests of Community Health Councils to have amongst their membership people of all different ages, backgrounds and occupations, including those in full-time employment :-

(a) Urges the Government to legislate to make attendance at CHC meetings and visits to NHS premises count as a public duty for which paid leave from work will be granted as necessary to all public service employees.

(b) Urges all private sector employers also to grant paid leave to their employees

whenever necessary to enable them to serve on a CHC.

Resolution 12 – 1993

This AGM calls upon the Standing Committee to facilitate a national debate amongst CHCs on membership by producing a communications paper detailing various options for the selection and appointment procedures of members of CHCs. The aim would be then to raise the issue with the Department of Health so that Members will then be able to fulfil their increasing responsibilities in relationship to public involvement, as stated in the White and Green papers.

Resolution 11 - 1998

COMMUNITY HEALTH COUNCILS - MERGERS

This AGM reaffirms ACHCEW policy on CHC mergers, and expresses support for the South Western Association in their endeavour to ensure CHCs represent users' needs in their clearly identifiable communities.

CHCs must not be amalgamated just because DHAs amalgamate.

Resolution 41 - 1991

This AGM acknowledges that operational necessity may require the amalgamation of District Health Authorities. Nevertheless, we are strongly of the opinion that any DHA mergers should not automatically presuppose that the CHCs within the new DHA area should similarly be amalgamated.

The operational structure of an enlarged DHA will not have the same organisation problems as CHCs. This is particularly so in relation to visiting NHS units for monitoring the service delivery.

We therefore call upon the Standing Committee to obtain from the Department of Health a standard procedure for all RHAs and to ensure that such procedure contains the following principles :-

(a) An adequate period for consultations between the RHA and the CHCs involved in any possible merger.

(b) A formal appeals machinery, independent of the RHA, to handle any appeals from CHCs.

(c) The appeals panel to have powers to impose its judgement which would be binding on both parties.

Resolution 3 - 1992

COMMUNITY HEALTH COUNCILS - MONITORING GPs PREMISES

This AGM calls upon the Secretary of State for Health to use the opportunity of the current revision of the Community Health Council Regulations to remove the inconsistency in those Regulations whereby CHCs' statutory role of keeping under review the health service in their

districts is limited by the exclusion of the right to monitor those services provided on GP premises.

This AGM considers such a change in the Regulations to be particularly important as the number of those services, e.g. child health surveillance, outpatient clinics, health promotion, etc grows with the shift from secondary to primary care and the increase in GP fundholding.

Resolution 15 - 1995

COMMUNITY HEALTH COUNCILS - NHS CONTRACTS

This AGM believes that since in future many patients may be placed, with NHS funding, under Trusts or privately run services, it is essential that the relevant CHC, whose patients are in that care, shall have sufficient knowledge of the terms of the relevant contracts covering such care.

This AGM further believes that it should be the responsibility of the relevant Health Authority whose contracts cover any service (whether privately or publicly run) to supply any CHC which is required to monitor the care of patients being treated by that service with the relevant terms of such contracts so as to facilitate accurate monitoring.

Resolution 21 - 1992

COMMUNITY HEALTH COUNCILS - OBSERVER STATUS

This AGM declares that if Community Health Councils are to fulfil their statutory role as guardians of user and public interests in the NHS, CHC observers at meetings of District Health Authorities and Family Health Services Authorities must have statutory right to participate in debate (though not to vote) at Authority meetings. This must include the right to attend any Authority meetings or parts of meetings held "In committee" other than those parts of such meetings where the Authority, acting as employer, discusses named members of staff. CHC observers should be asked to withdraw from meetings on other occasions only in exceptional circumstances, the reasons for which must be made quite explicit.

This AGM urges the Government to introduce statutory regulations to this effect including the right of a CHC to ask the Secretary of State to adjudicate if it considers that its observers are being unreasonably excluded from any part of District Health Authority or Family Health Services Authority meetings.

Resolution 2 - 1991

This AGM reaffirms ACHCEW policy on observer status for CHCs at meetings of District Health Authorities and Family Health Services Authorities, and further declares that if Community Health Councils are fully to represent user and public interests in the National Health Service, they must have the statutory right to participate (though not to vote) at meetings of NHS Trusts. This must include the right to attend any Trust meetings or parts of meetings held 'In Committee' other than those parts of such meetings where the Trust, acting as an employer, discusses named members of staff. CHC observers should be asked to withdraw from Trust meetings on other occasions only in exceptional circumstances, the reasons for which must be made quite explicit.

This AGM urges the Government to introduce statutory regulations to this effect including the right of a CHC to ask the Secretary of State to adjudicate if it considers that its observers are being unreasonably excluded from any part of a Trust meeting.

Resolution 4 – 1992

This AGM calls upon HMG to give CHC Observers at meetings of NHS Trust Boards and of Health Authorities the statutory right to participate in discussions.

Resolution 14 – 1998

COMMUNITY HEALTH COUNCILS – PARTNERSHIP ARRANGEMENTS

This Annual Conference of the Association of CHCs for England and Wales, calls upon the Secretary of State for Health, to instruct Health Authorities and Social Services Departments, to include CHCs in the new partnership arrangements currently being formulated, following publication of Partnership for Action and Modernising the NHS.

In reminding the Secretary of State of his commitment in HSC1998/139 to ... "making governing arrangements of NHS organisations more representative of local communities" and "accountable and open to users and the public and ...shaped by their views", Conference requests the Secretary of State to ensure, that Health Authorities and Local Authorities are not permitted to deviate from national policy on accountability to the public.

Resolution EM1 – 1999

COMMUNITY HEALTH COUNCILS - PREMISES

This AGM calls on the Secretary of State to take steps to ensure that all Community Health Council premises are accessible to people with disabilities, in line with Patient's Charter Standard "Physical Access to Services". Additional funding to complete such works or increased rental for alternative premises should be provided in addition to the annual budget of any CHC needing to take such steps under this motion.

Resolution 8 – 1993

COMMUNITY HEALTH COUNCILS – PRIMARY CARE GROUP BOARDS

This Association believes that for a serving member of a CHC to be at the same time a member of a Primary Care Group Board inevitably creates a conflict of interest.

The Association regrets the guidance given by the Department of Health in HSC 1998/230 paragraph 19.

It calls upon the Secretary of State immediately to issue fresh guidance indicating that serving CHC members appointed as lay members of Primary Care Group Boards will be expected to resign from the CHC.

It further calls upon the Secretary of State to seek an amendment to the Community Health Council Regulations 1996 (SI 1996 No. 640) to include in paragraph 7 membership of a Primary Care Group Board as a disqualification for membership of a Community Health Council.

Resolution 8 – 1999

COMMUNITY HEALTH COUNCILS - PUBLIC AWARENESS OF CHCs

This AGM deplores the lack of public awareness of CHCs, even after 23 years, despite considerable efforts on the part of the CHCs themselves.

This AGM requests:

(i) That every opportunity is taken by the NHS Executive, the Department of Health and Local Health Authorities to refer the public to CHCs in literature, press releases and media issues; and to ensure that reference to the local CHC - giving the address and contact telephone number - is required in all information leaflets issued by anyone offering NHS services, i.e. to include Trusts, GPs, Dentists, Pharmacists and Opticians.

(ii) That the Standing Committee endeavours to research possible leads to get CHCs mentioned in 'soap operas' - either through membership opportunities or by assistance in a complaint - and in general 'health' documentaries made for radio and TV.

(iii) That the name "Community Health Council" be retained and promoted.

Resolution 9 - 1997

COMMUNITY HEALTH COUNCILS - REGIONAL ASSOCIATION OF CHCs

This AGM calls upon ACHCEW to negotiate with the Secretary of State to amend the CHC regulations so as to ensure that in all Regions there will be a Regional Association of CHCs which would :-

(a) Be composed of not more than two representatives of each CHC, but with powers of co-option to either the Association itself or to committees or working parties of the Association.

(b) Be required to keep under review those services which are provided for the benefit of people throughout the Region or in a Sub-Regional area served by two or more District Health Authorities.

(c) Have the right to access to information which may be reasonably required in discharging its responsibilities.

(d) Have the same rights to consultation and appeal on any proposed significant variation in Regional or Sub-Regional services as those of the individual CHCs in whose Districts the Regional or Sub-Regional services concerned are located.

(e) Be entitled to an allocation of resources in staff, accommodation and funding similar to those of the average Community Health Council in the Region and funded in addition to the individual CHCs.

Resolution 17 - 1990

COMMUNITY HEALTH COUNCILS - RELATIONSHIP WITH HEALTH AUTHORITIES

This AGM commends the Standing Committee for their success in lobbying for the positive position taken by Mr Stephen Dorrell, Parliamentary Under Secretary of State for Health, in his letter dated 14 February regarding CHCs relationships with Health Authorities.

This AGM asks Standing Committee to build on this achievement by undertaking the following action :-

(a) To urge the Department of Health to issue immediate guidance to add weight to the recommendations contained in Stephen Dorrell's letter.

(b) To urge for legislation which restores and improves the statutory rights of CHCs in their relationship with Purchasers. Any legislation should include the following rights: improved access to information, automatic observer status on District and Regional Health Authorities, membership of appropriate Health Authority working groups, etc.

(c) To urge for guidance and to call for legislation to enhance the relationship between CHCs and Provider Units, e.g. access to information, statutory consultation by Provider Units with CHCs over substantial changes in provision, improved access to information, automatic observer status on Trust Boards and Management Boards of Directly Managed Units, membership of appropriate Provider working groups.

(d) To urge the Department of Health for a substantial increase in the funding for CHCs in recognition of the vital function which CHCs perform and also to enable CHCs to carry out the additional work resulting from the NHS reforms and the Patient's Charter.

(e) To assist this process, this AGM calls on the ACHCEW Standing Committee to establish, if necessary, a sub-group to explore these issues in detail.

Resolution 2 - 1992

COMMUNITY HEALTH COUNCILS - RELATIONSHIP WITH NHS EXECUTIVE

This AGM, noting:

a) The degree of interference in their operation to which some CHCs are being subjected by the NHS Executive Regional Offices to which they relate, as reported to the ACHCEW Standing Committee;

b) The Concern and dissatisfaction felt and expressed by CHC Chairs and Members in these situations at this unprecedented interference with their attempts to perform their important statutory public duties;

c) The establishment by the NHS Executive of the 'CHC Policy and Liaison Group' to which ACHCEW is denied access, no valid reason being given as recently as 1 July 1996; and

d) The concern felt by members of the Standing Committee following a presentation by 'Insight' Management Consulting on 'The Review of Resourcing and Performance Management in CHCs'

resolves to seek an urgent public assurance from the Secretary of State for Health that the direct relationship that now exists between the NHS Executive and individual CHCs is not intended to interfere with or erode the independence of those Councils, and will not be allowed so to do.

Resolution EM1 - 1996

COMMUNITY HEALTH COUNCILS - RESOURCES

This AGM recognises that many CHCs are under-funded and under-staffed for the workload expected of them and calls upon the Department of Health to ensure that CHCs are provided with the necessary resources, including improved staffing levels which fairly reflect the increasing demands upon them as well as appropriate accommodation costs, so that a good standardised level of service can be provided across England and Wales. These resources should be related to the population served taking into account the distribution of areas of high dependency. Specific ring-fenced allocations should be provided to RHAs to cover CHC budgets and these should include a standardised element for the training of CHC staff and members.

Resolution 1 - 1991

This AGM notes with concern the ever increasing workload expected of CHC Chief Officers and their staff and seeks commitment from the new regional bodies that this will be addressed as a matter of urgency. The outcome must be adequate funding for both office and research staff to facilitate the specialist work that is required of an effective CHC.

Resolution 29 - 1995

COMMUNITY HEALTH COUNCILS - RIGHTS TO CONSULTATION

This AGM calls on the Government to strengthen the public's rights to "detailed information on local health services", by clarifying the responsibility of all NHS bodies to consult the public and representative local bodies, such as CHCs, on changes to services.

CHCs have become increasingly concerned that provisions for consultation on changes in the NHS have been diluted both by the lack of public accountability of NHS Trusts and claims by Authorities that major changes are 'management issues' on which they are not required to seek public views.

This AGM believes that a national standard on accountability - set out in legislation - should apply to all NHS bodies, Regional, District and Family Health Service Authorities and NHS Trusts to cover the following :-

- Consultation on all major changes planned in services purchased or provided for people in a locality, and all changes which affect the local accountability of any service.

- That any consultation process should involve a stay on any proposed change for a period of 3 months, excluding major holidays, with provision for varying this period with the agreement of local interested bodies.

Resolution 9 - 1993

This AGM notes that some CHCs have encountered a situation in which a number of local health authorities and GP Fund-holders have each moved the contract for a small number of patients from one local hospital to another. Further, some CHCs have encountered a situation where GP fundholders are considering employing their own therapists to provide services, thus reneging on verbal contracts with community hospitals. Taken together, these small changes could add up to a serious loss in income for district and community hospitals, resulting in proposals to close local services.

If a single authority had proposed to move this total number of patients then there would have been a requirement for public consultation, but because the moves were split between a number of purchasers, no individual authority was compelled to consult publicly on the effects of these changes.

Significant overall changes in the provision of local health services have therefore the CHCs, who only had the opportunity to comment on the subsequent proposal to close parts of the hospital.

This AGM is very concerned that this amounts to a severe reduction in public accountability within the local NHS, and that the ability of the public and of CHCs to assess and influence changes in local health care is being undermined.

This AGM therefore calls on the Standing Committee to make representations to the Secretary of State for Health to address the failure in the public consultation process that arises when there are alterations in the purchasing policies of a number of health authorities and/or GP Fund-holders, with no right of public consultation, and leading to significant changes in the overall provision of local health services.

Resolution 10 - 1993

This AGM calls on the NHS Management Executive to issue guidelines to require that Draft Health Care Commissioning Plans on which consultation with Community Health Councils is held, should state :-

(a) The present state of the service
(b) The proposed changes
(c) The effect of the proposed changes on the existing service
(d) Such guidance should also stipulate that all plans should be in plain English, and in other minority languages where appropriate.

Resolution 11 - 1993

This AGM calls upon the Secretary of State for Health statutorily to instruct local Self-Governing NHS Trusts to enter into formal consultations with local Community Health Councils and other local interested bodies about proposals for substantial development or substantial variations in services, allowing a sufficient prescribed time of three months by which comments and views are sought.

Resolution 15 - 1993

COMMUNITY HEALTH COUNCILS - ROLE OF CHCs

This AGM asks the Government for a Statement of Commitment to and recognition of the role of the CHC as the independent and impartial user representative. This AGM also calls for an increase in resources to enable CHCs to continue their role in giving information, advice, assistance and in advocacy, together with monitoring standards and safe-guarding users' interests and also in the future broadening their remit to cover all aspects of health care in the community.

Resolution C - 1989

Given the changes proposed by the White Paper "Caring for People", this AGM feels it incumbent to express dismay that Community Health Councils have not been given a broader remit with regard to representing the interests of users of services provided by or commissioned by Health Authorities, Local Authorities or both.

This AGM feels that CHCs have built up a reputation for representing the patients/residents in NHS establishments. Under the new proposals CHCs will have no right to visit those patients/residents in privately contracted and Local Authority establishments to take up issues on their behalf or to be consulted over proposed patterns of provision.

This AGM requires the Government to review this situation urgently, to allow CHCs to visit and monitor the full range of provision of services on behalf of the patients/residents whether in directly managed services, NHS Trusts of Private Facilities, and to provide resources to enable this to happen.

Community Health Councils should have access to information on facilities available wherever NHS patients are treated.

This AGM urges that CHCs should maintain observer rights at DHA meetings as non-voting members.

Resolution 1 - 1990

This AGM expresses grave concern at the leaked draft proposals from the Department of Health for imposing new constraints on the role of CHCs, and deplores the lack of confidence in CHCs shown by Regional General Managers and civil servants in the associated correspondence.

It believes that the safeguarding of users' rights within the new health service management structures will require a strengthened role for CHCs based on improved funding, rights of access to information and decision-making structures of both 'providers' and 'purchasers', a clear advocacy role, and an independent establishing body.

It calls on the Secretary of State to repudiate the proposals in the leaked document and to enter into negotiations with the ACHCEW Standing Committee for strengthening CHCs in the ways outlined above.

Resolution 19 - 1990

This AGM feels Community Health Councils should have the right to visit and monitor all premises and services where their District Health Authorities have placed contracts for NHS

patients. This right should apply to directly managed services, NHS trusts and private facilities.

Community Health Councils should also have access to information about facilities where NHS patients are treated, where this information is necessary for their proper monitoring role.

Resolution 26 - 1990

This AGM is concerned about the public's awareness of Community Health Councils in the light of the recently published Patient's Charter which made only a passing reference to the role of CHCs.

As the statutory body representing the interests of users of national health services, this AGM calls upon the Government to redress this imbalance.

Following the vast changes that are taking place within the NHS this AGM calls upon the Department of Health to give greater support to CHCs and to fund a major campaign to raise public awareness of CHCs.

This campaign should be accompanied by a real increase in the levels of staff and resourcing of CHCs in order to meet the increased demands which would result from it.

Resolution 1 - 1992

This AGM expresses its concern about the comment made by the Parliamentary Under Secretary of State for Health that suggested :-

(a) It is the responsibility of CHCs to prove to Purchasers their legitimacy.

(b) The implication that patients are suffering as a result of expenditure on CHCs.

This AGM believes that Purchasers do not have the right to choose who they are accountable to. The independence of CHCs is not compatible with the conditional approval of Purchasers.

The commitment of unpaid lay members to representing their local communities should not be denigrated in any way.

Resolution EM2 - 1992

Following the recent NHS reforms, this AGM looks forward to the NHS Management Executive Guidance, to be issued later this year, on the relationships between CHCs and purchasers and providers.

However, to enhance and strengthen the role and duties of CHCs, this AGM calls on the Government to legislate for new statutory duties for CHCs, giving them comprehensive monitoring rights to cover all services provided for NHS patients. This will include rights of consultation and access to all DHA units, Trusts, FHSA services (including GP Fundholders), and where health and nursing care are provided within the Voluntary, Independent and Private sectors.

Resolution 14 - 1993

COMMUNITY HEALTH COUNCILS - CHC STAFF

This AGM notes that a number of CHC officers are leaving their posts often to take up similar employment but with a greatly increased salary with RHAs DHAs and FHSAs. Whilst welcoming this career development for staff, this AGM believes that this will place CHCs at a disadvantage in recruiting high quality staff in the long term. This AGM notes that the honoraria paid to some DHA Chairs now exceeds the salary of most CHC officers.

This AGM therefore instructs ACHCEW to liase with the Society of CHC Staff in bringing this to the attention of the Department of Health as a matter of urgency, in order to safeguard a means of effective user representation in the NHS.

Resolution 4 - 1990

COMPLAINTS PROCEDURES

In the spirit of the National Health Service Review Working for Patients, this AGM calls on the Secretary of State to take this opportunity to review health service complaints procedures taking the following aspects into account :-

1) The need to reduce the time taken between finalising the initial investigation of complainants and the hearing of the subsequent appeals or tribunals, including investigation by the Health Service Commissioner.

2) That in those cases where legal representation is permitted to ensure that both parties are able to obtain legal representation in the sure knowledge that the costs they incur will be met.

3) That every possible action is taken to ensure the complete and obvious impartiality of all members of Service Committees.

4) That a representative from the local Community Health Council be invited to observe the proceedings of Service Committees in the same way that a representative from Local Professional Committees is.

5) That in cases where racial minorities are involved due cognisance of language and cultural differences is taken when deciding the composition of the Hearing Committee and when considering the evidence presented.

Resolution 4 - 1989

COMPLAINTS PROCEDURES - CHC ROLE

This AGM endorses the principles of the recommendations contained in the Wilson Report, "Being Heard". In doing so, we commend to the Secretary of State the work currently undertaken by CHCs in providing an informed, confidential, independent advice, conciliation and advocacy service to complainants.

This AGM believes that this service is applicable to both Stages One and Two referred to in the Wilson Report. Therefore, we ask the Secretary of State to give urgent consideration to the need to place this service, that is now accepted practice for all CHCs, on a statutory

basis so that CHCs are given official standing as a major and valuable resource for NHS complainants.

Resolution EM3 - 1994

COMPLAINTS PROCEDURES - COMPLAINTS ARRANGEMENTS REVIEW

This AGM welcomes the announcement by the Secretary of State for Health that there is to be a wide-ranging review of NHS complaints arrangements.

This AGM notes that CHCs have had nearly twenty years experience of advising and assisting complainants and that this experience suggests that the existing arrangements are deeply flawed as far as patients are concerned.

This AGM urges the secretary of State to appoint people to the review team who can reflect the wide experience of CHCs in handling complaints.

This AGM further calls on the Standing Committee to :-

a) Collect information on a common basis from CHCs about the complaints they handle; and

b) Submit evidence to the review team that calls for a new NHS complaints system that is user-centred and accepts the emotional and practical needs of complainants, by being speedy, impartial and unified (so that all complaints can be accessed through one door), but also meets the needs of the NHS in being a part of effective quality assurance.

Resolution EM2 - 1993

COMPLAINTS PROCEDURES - INDEPENDENT PROFESSIONAL/CLINICAL REVIEW

This AGM notes the second and third stage complaints procedure whereby dissatisfied patients can have their complaint reviewed by two independent medical consultants at the discretion of the Regional Medical Officer.

This AGM is concerned that there is no lay input to independent professional/clinical review. This is in contrast to complaints procedures in most other professions, e.g. Law, Accountancy, etc.

This AGM calls upon the Dept of Health to make the necessary legislative changes to ensure that an independent Lay Assessor is part of the assessment team, i.e. two professional consultants and one lay person.

Resolution 1 – 1993

CONSULTATION

This AGM believes that existing formal consultation procedures must be improved if there is to be "effective two-way communications with the community", and the public are to "have influence in the design and delivery of health services", in accordance with Government Policy ("Consulting and Involving the Consumer"). As a way forward, this AGM urges the NHS Management Executive to extend the existing procedures to include the following :-

a) Publicise the results of the consultation.
b) Make available to the public full copies of comments received.
c) Provide proof that public opinion has received sincere consideration.
d) Discuss the outcome of the consultation with the public, if asked to do so.
e) Be willing to revise their plans, including those for Trust status, in the light of public opinion.
f) Allow time for the plans to be revised.
g) Provide convincing reasons for not revising their plans, when they have been asked to do so by the public.
h) Issue regular progress reports until the plans are fully implemented.
i) Provide monitoring reports once the plans are implemented.
j) Offer a second round of consultation if plans are not to proceed as originally agreed.
k) Produce all consultation documents, plans and reports in appropriate languages.

Resolution 5 - 1992

CONSULTATION ON STRATEGIC MATTERS

This AGM notes that since the abolition of regional health authorities, there is no mechanism for ensuring an overall strategic perspective on tertiary services, and decisions are being taken in isolation, with no coherent planning. Individual health authorities are now responsible for major consultations, yet there is no consistency - in some cases it is lead purchasers, in others it is the authority/ies in whose area the current provision lies. There is no way of ensuring that CHCs in areas with a significant number of referrals are consulted.

This AGM, therefore, calls upon the NHS Executive urgently to issue clear procedures for consulting on regional, sub-regional and national services.

Resolution 12 - 1997

DENTISTRY - DENTAL TREATMENT

This AGM is concerned about the current confusion surrounding access to NHS dental treatment. This AGM believes the changes in entitlement to free treatment, the decline of Community Dental Services, and the dentists' reaction to the new dental contract, have served to act as a deterrent to people requesting dental treatment.

This AGM calls upon the Government to produce clear information about access to NHS treatment. Furthermore the Government should direct FHSAs to provide up-to-date information about the services available locally.

This AGM believes that these mechanisms will attempt to clear the current misunderstandings and encourage people to seek dental treatment on a regular basis.

Resolution 3 – 1993

This AGM urges the Government to introduce free dental check-ups and dental treatment to people of pensionable age.

Resolution 5 - 2000

DENTISTRY - RIGHTS TO ACCESS

This AGM deplores the erosion of access to comprehensive NHS dentistry. In his letter to ACHCEW on 20 November 1995, the Minister of Health wrote that "the Government remains committed to an accessible high quality NHS dental service, and to providing a stable and secure future for NHS dentistry". This AGM calls upon the Minister to meet the specific commitments in his own letter. We call upon the Government to address the problem of provision and to restore patients' rights to access to NHS dentistry.

Resolution 29 – 1996

This AGM regards with extreme concern the practice amongst dental practitioners to only accept children as NHS patients if their parents are registered privately.

This practice is nothing other than sharp practice, and should have no place in a modern health service. It has the greatest impact on the poorer sections of our society, and runs counter to the Government's intention to reduce inequalities in the nation's health.

This AGM calls on the Association of Community Health Councils for England and Wales to co-ordinate during 1999 a national survey of dental practitioners and identify and publicly name those practices that are holding to ransom their local communities when it comes to the provision of dental services.

Resolution 10 – 1999

DENTISTRY - THE FUTURE OF

This AGM is alarmed by the decision of the ballot conducted by the British Dental Association to advise all dentists not to accept new NHS adult patients and by the General Dental Practitioners Association to advise their members to cease all NHS treatment for non-exempt adults. This comes at a time when CHCs have been increasingly reporting problems in many areas in people finding an NHS Dentist.
This AGM deplores a situation where patients have become a bargaining counter in a dispute between the Government and the profession.

This AGM believes that patients are entitled to expect access to local NHS dental treatment.

This AGM therefore calls on the Government and the professional bodies to take urgent steps to resolve their dispute and to ensure that such access is available in all parts of the country.

Resolution EM1 – 1992

DISABILITY BENEFITS

This AGM notes with concern and disappointment the refusal of the Secretary of State for Social Security to agree that doctors' fees for medical reports to Disability Benefit Appeal Tribunals can be met by either the Benefits Agency or the Independent Tribunal Service.

In view of the inequity thus created we urge the Government to:

a) Re-consider this matter with a view to providing an equitable solution.

b) Undertake a complete review of GP charges for services to individual patients.

Resolution 2 – 1999

DISABLED PERSONS ACT

This AGM notes that Monday 8 July 1991 is the fifth anniversary of the Disabled Persons (Services, Consultation and Representation) Act receiving the Royal Assent.

This AGM resolves to send a message of support to the delegation from "Act Now", who will be making representations to the Prime Minister and the Secretary of State for Health on that day calling on them to reverse the Government's recent decision not to implement Sections 1, 2 and 3 of the Act.

This AGM places on record its belief that the principles underlying the Act are essential to any concept of community care. This AGM deplores the decision of the Government not to implement the legislative requirement that would have given disabled people the right to appoint a representative of their choice, the right to a full assessment of their needs for services (together with an explanation of the decisions taken) and the right to be able to put forward their own views on what their needs are.

Resolution 38 - 1991

DRUGS – THE USE BY PATIENTS IN HOSPITAL OF

This AGM feels that it is important not to waste any NHS resources and is concerned that there is undue waste and/or duplication of drug prescription for patients admitted to hospital, as many patients already have several drugs which they need either for their general health or for their current acute situation.

Whilst it is appreciated that some prescription drugs may be found to be unnecessary or may interact with new drugs that the patient requires in their present situation, this AGM believes that wherever possible drugs, already prescribed for the patient, often paid for by the patient (and legally owned by the patient) should be used while they are in hospital. This AGM believes there is no need for them to be either confiscated or destroyed, and a new set prescribed for the patient use in hospital, with the attendant cost to the NHS.

This AGM also deplores the practice in some hospitals of returning to the patient only 7 days supply of their own drugs, when they may have brought in , and had confiscated, nearly a month's supply.

Resolution 4 - 1998

ELECTRO CONVULSIVE THERAPY

This AGM recognises the significant concerns of patients, survivors, relatives, professionals and others about the use of electro-convulsive therapy. While some survivors report it as helpful or lifesaving to them, many others view it as a damaging and threatening tool of psychiatric oppression. Particular concerns on ECT are expressed about its use, its administration, its risks and side-effects, its effectiveness and consent to treatment.

This AGM welcomes the national audit programme on ECT undertaken in Scotland in 1996 by the Clinical Resources Audit Group for the Scottish Office.

This AGM calls upon the Department of Health and the Welsh Office to establish national audits in England and Wales of electro-convulsive therapy. These should take full consideration of patients' and survivors' views, and have full patient and survivor involvement in the groups that undertake the audits.

This AGM, also calls upon the Government to give all patients (whether or not detained under the Mental Health Act) a legal right to be offered and to be given a second opinion where ECT is considered as a treatment of choice.

Resolution 5 – 1997

FHSA SERVICE COMMITTEE APPEALS

This AGM requests that the Secretary of State take steps to ensure that Family Health Service Authorities give reasons to the patient for decisions reached when cases are disposed of by service committees without an oral hearing. Further, this AGM asks the Secretary of State also to ensure that when an appeal from a Family Health Service Authority Service Committee is heard by the Secretary of State, the Patient is given reasons for the decision reached by the Secretary of State.

Resolution 8 - 1992

This AGM notes the inequity of access to legal advice at appeals to the Secretary of State from FHSA Service Committees, where practitioners may be legally supported via their defence organisations and patients are largely denied this legal expertise. This situation is inconsistent with the philosophy underpinning the Government's Patient's Charter initiatives.

This AGM asks that the Government review this situation with a view to giving patients equality of access to appropriate legal advice at these appeals.

Resolution 2 - 1993

FAMILY PLANNING

This AGM regrets the decrease in community-based Family Planning Clinics nationally and believes that community Family Planning Clinics can offer essential services which are not always provided by GPs. This AGM therefore calls on HM Government to make it mandatory for each Health District to retain community-based family planning clinics, thus ensuring :-

a) The full range of family planning services is available to both men and women.
b) Consumer choice.
c) Training for General Practitioners in Family Planning Resources.

Resolution 6 - 1990

GP FUNDHOLDERS

This AGM notes with concern that the widening and deepening of GP fundholding will adversely affect strategic planning and public accountability in the purchasing of health care. In the light of this, this AGM calls upon the Secretary of State for Health to ensure that the demands on fundholders to hold regular meetings in public, to consult the public on their purchasing intentions and to submit their contracts to quality monitoring should be at least as rigorous as for health authorities. Fundholders should have relationships with CHCs comparable to those already existing with other purchasers and providers.

Resolution 4 - 1995

GP FUNDHOLDERS AND CHCs

This AGM rejects the NHS Management Executive assertion that CHCs have no role in the use of fundholding GPs of "their " funds to secure hospital services for their patients.

This AGM calls upon the Secretary of State to establish CHC rights of access to information on, and for monitoring of, the manner in which exchequer money allocated to fundholding GPs for the purpose of purchasing services is used, similar to those afforded CHCs in relation to expenditure by DHAs as purchasing authorities.

Resolution 5 - 1991

GP FUNDHOLDERS - STANDARDS OF SERVICES

In view of the increased duality of the GP fundholder role, i.e. becoming both purchaser and provider, this AGM is not satisfied that there is adequate monitoring of GP fundholders' activities by Family Health Services Authorities, in particular, services other than general medical services provided by GP fundholders. Examples of this are ophthalmology, physiotherapy and minor surgical services.

This AGM recommends that the Department of Health put a clear obligation on FHSAs to monitor the standards of all services provided by GP fundholders including services other than primary care and for the results of such monitoring to be publicly available, and to conduct a careful review of GP fundholders provider functions and the ongoing effect on the funds of other providers such as hospitals.

Resolution 7 - 1992

GP FUNDHOLDERS - SURPLUSES

This AGM calls upon HM Government to amend legislation on GP Fundholding to require any savings generated by Fundholding Practices to be paid to the local District Health

Authority to be used for the development of healthcare against identified needs and within a broader and more public accountable health strategy.

Resolution 8 - 1994

GP – APPOINTMENT WAITING TIMES

This AGM notes with concern that some patients are experiencing unacceptably long Waits for routine GP appointments. Bearing in mind the increasing burden on primary cares services, and in the absence of any national guidance on acceptable waiting times for GP appointments, we call upon the Government to:

a) Conduct a national audit of GP appointment waiting times

b) Set standards governing maximum acceptable waiting times.

c) Address any resource implications resulting from its findings.

Resolution 6 - 1999

GPs - FINANCIAL INDUCEMENTS

This AGM urges the Government to legislate to prevent the offering of financial inducements by private nursing homes to General Practitioners to refer patients to those homes.

Resolution 6 - 1993

GPs - DOCTOR'S DEPUTISING SERVICES

This AGM urges the DoH to amend the existing regulations in respect of Doctor's Deputising Services so that any deputising doctor acting on behalf of a general practitioner is held responsible for their own actions.

Arrangements should be made whereby the medical Service Committee of the Family Practitioner Committee can investigate a complaint lodged by an aggrieved patient or relative without requiring the patient's own doctor to be the "respondent".

Resolution 5 - 1989

This AGM calls upon HM Government to amend current legislation in order to make doctors, who are deputising for a General Medical Practitioner, personally liable for their own acts and omissions in relation to contractual responsibilities for a patient, in addition to and without prejudice to the responsibility presently carried by the patients own General Practitioner.

Resolution 7 - 1990

GPs - MISCONDUCT

This AGM urges the Secretary of State to ensure that Medical Practitioners found guilty by the General Medical Council of "Serious Professional Misconduct" be suspended with immediate effect rather than being allowed to practice during an often lengthy appeals process.

Resolution 1 - 1994

GPs - OUT OF HOURS TREATMENT CENTRES

This AGM notes with concern the absence of consultation by Health Authorities on proposals to establish GPs' out of hours treatment centres.

This AGM believes that the establishment of such centres is a substantial development and therefore requires consultation.

This AGM therefore calls upon the Secretary of State to ensure that Health Authorities consult CHCs on all such proposals.

Resolution 4 - 1996

GPs - PATIENTS REMOVED FROM GPs' LISTS

This AGM is aware that the number of patients who are 'struck off' each year continues to rise.

In December 1994, the General Medical Services Committee of the British Medical Association (BMA), recommended to GPs that when they remove patients "they should also consider sending a brief letter to the patient informing them of the removal and a brief outline of the reasons".

Whilst applauding this action by the BMA, this AGM is aware that it is not mandatory. It also does not allow patients to challenge the reasons given.

This AGM, therefore, urges the Secretary of State to amend the Terms of Service for Doctors, by requiring GPs to write to patients, explaining why they have been removed and establishing an independent appeals process.

Resolution 20 – 1997

Whilst it may be acceptable for patients to be removed from GP's lists and excluded from other forms of treatment for a variety of reasons, this AGM calls for the numbers of patients by their GP to be released regularly in summary form. Having access to the information should be part of the new open information policy of the NHS. Each health authority should publish a minimum set of summary statistics about de-registration on a quarterly basis to allow monitoring of public access to health services.

This AGM reaffirms that such exclusions from treatment cannot be justified on the grounds of discrimination and believes that there should be no discrimination in the provision of health care based on age, gender, colour, social class, race, physical disability, religion, sexuality, profession, financial circumstances or the diagnosis of illness.

This AGM supports changes to GPs' national terms of service which would address de-registration and also provide a remedy which can be sought should an individual consider that there has been discrimination. The key changes identified are:

(a) a mandatory explanation to the patient regarding the cause for de-registration

(b) an obligation on the GP to provide regular return to the health authority including causes of de-registration

(c) an independent appeal and review system.

Resolution 2 - 1998

GPs – PATIENT REPRESENTATION AT INTERVIEWS

This AGM calls on the Department of Health to make it an obligation on Health Authorities to include patient representation on interview panels for General Practitioners.

The NHS White Paper: *Modern and Dependable* promotes patient participation at all levels. Therefore, to include patient representation in the decision-making process for the appointment of General Practitioners would be ideal in facilitating patient involvement in general practice.

This AGM calls on the Department of Health to:

(a) place an obligation on Health Authorities to include patient representation on interview panels for General Practitioners;

(b) for the Department of Health to explore ways in which GP Partnerships could involve patient representatives in interviews for a new partner.

This approach would not only facilitate patient/doctor partnerships, but would offer added value, for arguably a practice in which patients have been involved in 'designing' stands an Increased chance of achieving good uptake rates for preventative services, and embracing the social, environmental and economic indicators of health.

Resolution 1 - 1998

GPs - PATIENTS' RIGHT TO CHOOSE

This AGM recognises that the patient's freedom to change their GP is meaningless if she/he is unable to register with the GP of her/his choice.

We therefore call upon ACHCEW to investigate possible mechanisms to guarantee the patients' right to choose a GP.

Resolution F – 1989

GPs – PRIMARY CARE GROUPS

This AGM is concerned that the administrative costs of Primary Care Groups/Local Health Groups are funded at the expense of direct patient care. We call upon the Secretaries of State for Health and for Wales to:

a) Monitor the administrative costs of Primary Care Groups/Local Health Groups and Primary Care Trusts.

b) Publish the administrative costs of each PCG/LHG and PCT every year.

c) Require the Department of Health to set management costs for PCGs, in line with current arrangements for Health Authorities.

Resolution 4 - 1999

GPs - PRIMARY CARE SERVICES

This AGM notes the Government's intention to base most primary care services in GP practices, and expresses its extreme concern with this policy.

This AGM notes that GPs have virtually no accountability to the wider community or to Health Authorities.

This AGM further notes that the Government's primary care policy contradicts the 'WHO Health for All' objectives which promotes a range of primary care services based on need and local accountability.

This AGM demands:

a) That primary care services are developed according to the local community needs and priorities, rather than the needs of GPs.

b) Legislation to create direct accountability of GPs to local Health Authorities.

c) That Health Authorities are given the authority to commission primary care services from GPs according to local expressed needs.

d) That CHCs are formally given the right to be consulted about the services commissioned from GPs.

Resolution 3 - 1996

GPs - PUBLIC ACCOUNTABILITY OF PRIMARY CARE

This AGM notes the Government's commitment to a primary care led NHS and the move to locate more services and NHS resources in the general practice setting. This AGM expresses its concern that this shift of services and resources is not supported by the development of a robust or enforceable public accountability framework.

This AGM calls upon the Standing Committee to campaign for greater public accountability within primary care, including the introduction of CHC statutory rights to visit GP practices, and have access to information relating to the provision and development of primary care services.

Resolution 17 - 1997

GPs – SCRUTINY, CONTROL AND PERFORMANCE MEASUREMENT

This AGM calls on the Government to:

a) end the independent contractor status of GPs and introduce a system of salaried GPs within the National Health Service;

b) introduce an effective system of measuring doctor performance – the effect of their care on the health of their patients – and make that information public to enable patients to judge the quality of the service provided to them for themselves;

c) end self regulation by doctors;

d) introduce a system of independent public scrutiny of the outcome of the work of doctors.

Resolution 1 – 2000

HEALTH AUTHORITIES

This AGM requests the Department of Health to amend SI 1985 No 304 so that Special Health Authorities are included amongst those bodies which must consult with CHCs, on any proposals which may result in any substantial developments of or variation in local health services.

The AGM further requests that CHCs should be adequately funded by Regional Health Authorities to take on these additional responsibilities.

Resolution 1 - 1989

This AGM notes with concern the devolution of purchasing responsibilities for specialist low-volume national and regional services to district health authorities, which brings into question the future of some vital patient care. This AGM calls on HM Government to ensure that specialist services provided on a national basis are purchased by one authority for the whole of the United Kingdom, and that regionally-based specialist services are purchased by a small number of lead authorities on behalf of all other authorities within a Region.

Resolution 6 - 1994

This AGM calls upon ACHCEW to support the national campaign to promote a Health Authority (Access to information) Bill and to seek its extension to include Family Practitioner Committees.

Resolution 3 - 1989

This AGM expresses its deep concern at the proposal contained in the Government's White Paper "Working for Patients" to exclude from membership of the Health Authorities members appointed by local authorities.

The AGM considers that elected representatives from local authorities play an important role in the democratic process and are important vehicles for bringing grassroots experience to the attention of the respective authorities on behalf of the general public to whom they are directly responsible and who have elected them through the ballot box.

This AGM calls upon the Secretary of State to reconsider his proposal to no longer give a right to local authorities to appoint members to health authorities.

Resolution 23 – 1989

HEALTH CARE PROFESSIONALS – RECOGNITION OF QUALIFICATIONS

The AGM notes with concern that, provided their professional qualifications are recognised by the registration bodies in this country:

(a) it is not a requirement that newly qualified health care professionals from other EU countries undergo any probationary period of supervision in this country even in circumstances where those qualifying in the UK do;

(b) other than by local decision of their employer, there is no general requirement for health care professionals from other EU countries to undertake any familiarisation training with NHS regulations and procedures;

(c) there is substantial inconsistency in approach on these matters, between the different registration bodies, due in part to the statutory frameworks within which they operate.

In view of the serious impact these inconsistencies can have on services provided to the public, the AGM considers this matter requires urgent action from the Government (in partnership with the EU where necessary) to ensure that all health care professionals working in the UK are subject to regulatory requirements which ensure consistent application and high standards of:

(a) clinical skill, training and supervision;

(b) knowledge of the regulations and procedures under which health care provided in this country; and

(c) the necessary knowledge of English.

Resolution 10 – 1998

HEALTH INEQUALITIES

ACHCEW supports the recommendations of the Acheson Committee published in its report on Inequalities in Health and notes that not all those recommendations have been enthusiastically adopted by the government.

ACHCEW supports in particular recommendation 3, namely:

We recommend policies which will further reduce income inequalities, and improve the living standards of households in receipt of social security benefits. Specifically:

a) 'We recommend further reductions in poverty in women of child-bearing age, expectant mothers, young children and older people should be made by increasing benefits in cash or in kind to them.

b) We recommend uprating of benefits and pensions according to principles which protect and, where possible, improve the standard of living of those who depend on them and which narrow the gap between their standard of living and average living standards.

c) We recommend measures to increase the uptake of benefits in entitled groups.'

ACHCEW calls upon the government to adopt this recommendation.

Resolution 3 - 2000

HEALTH PROMOTION

The Association of Community Health Councils for England and Wales call upon Government to audit the work being carried out by health promotion teams and Health Authority Departments of Public Health in view of the significant costs involved and the complete failure of some of this work to improve the situation. An example of this is the failure of the campaign to stop the continuing rise in teenage pregnancies.

Such an Audit should be completed before the end of the 1999-2000 financial year and the report made public. Campaigns which have not achieved their targets should be redesigned to incorporate the collaborative strategies which have been more effective in other countries (e.g. the Netherlands and teenage pregnancy) with similar problems.

Resolution 11 - 1999

HIV & DOCTORS

This AGM proposes that patients/public are not automatically informed when an HIV positive doctor is identified, unless there is evidence that his/her patients have been put at significant risk. Evidence to date indicates that no patient has ever been at risk and the automatic disclosure of information both panics the public and continues to support an unnecessary negative approach to HIV.

Resolution 7 – 1997

HOSPITALS - CHAPLAINCY

In recognition that British is a multi-faith, multi-cultural society, this AGM requests the Secretary of State for Health and the Joint Committee for Hospital Chaplaincy to consider a revision of the guidelines for the appointment of chaplains within the NHS to ensure that appropriate representation for all relevant faith communities is taken into consideration by Regional and District Health Authorities so that the spiritual needs of members of all faith communities may be appropriately met.

Resolution 10 – 1991

HOSPITALS - CHILDREN

This AGM notes that hospital care for children is moving away from overnight admission, towards an increasing use of day-care facilities such as emergency clinics and paediatric day-care units for surgery and other procedures. While supporting the principle that children should only be admitted to hospital as inpatients when day-care would be inappropriate, we have concerns that families, especially those who are vulnerable, may not receive adequate support to help them cope with the responsibility of caring for their sick children at home. This AGM calls upon the government:

i) to investigate the needs of families required to care for sick children at home and the most effective way of supporting them;

ii) to ensure that the quality of care received by sick children at home is not compromised through lack of support for them and their families.

Resolution 8 – 2000

HOSPITALS - DISCHARGE

This AGM recognises the danger to patients which arises from too early a discharge from hospital. It considers that the likelihood of such incidents is exacerbated by pressure on hospitals to increase the throughput of patients without increasing staffing levels or other resources. This AGM therefore calls upon HM Government to sponsor a national programme of research into the incidence of inappropriate discharge, including the extent to which this leads to readmission to hospital.

Resolution 8 - 1995

HOSPITALS - FOOD

This AGM is concerned about the plight of hospital patients who fail to receive assistance in helping them to eat. This can lead to lethargy, debility and malnutrition.

This AGM calls on the Department of Health to ensure the implementation in all NHS hospitals of their "Health of the Nation Nutrition Guidelines for Hospital Catering" and in particular that :-

a) Patients needing assistance with eating and drinking must be helped whilst their meals are hot and appetising (paragraph 9.6).

b) Patients at risk of malnutrition should be reviewed as agreed in their individual care plan (paragraph 12.2).

c) Local groups should be set up to implement the guidance and should include patient representatives (paragraph 13.2).

d) Patients with sensory disabilities should be clearly identified by ward staff in order to facilitate communication between staff and patients at meal and drink times and at ordering times.

Resolution 11 – 1996

HOSPITALS - HUNGRY IN HOSPITAL

The AGM:

(i) congratulates the staff at ACHCEW on the excellent report 'Hungry in Hospital';

(ii) notes the very strong and supportive public responses to it;

(iii) and now calls upon the government to take action to re-establish that it is the responsibility of the qualified nurse in charge of the ward to ensure that the patient is adequately fed.

Resolution 3 – 1997

HOSPITALS - JUNIOR DOCTORS' HOURS

This AGM instructs ACHCEW to convey to the Secretary of State for Health its serious anxieties at the failure to achieve significant progress in reducing the working hours of junior doctors. Even acknowledging that it has now been agreed to pilot schemes aimed at dramatically cutting the hours worked to 72 a week, junior doctors are working for an average of 86 contracted hours a week with many rostered to work over 100 hours per week.

As representatives of users of the NHS, it is a cause of great concern that fatigue and low morale caused by excessive working hours puts patients' lives at risk, a view confirmed following a recent study which found that junior doctor fatigue was a factor in approximately 30% of peri-operative deaths.

Resolution 10 - 1989

HOSPITALS – LOCATION OF

This AGM:

a) Believes that many district general hospitals are under threat because of the interpretation of Royal College guidelines that, in their laudable aim for excellence, favour large catchments.

b) Believes that there is a strong case for a degree of compromise in rural and semi-rural areas, such as the former coal field areas, when determining the nature and scale of acute hospital services to be provided locally.

c) Calls upon the Department of Health to set up a national debate on the future of acute general hospital provision in order that patients and carers may influence change as well as professionals. Access and equity are central pillars of the White Paper 'The New NHS. Modern and Dependable'.

Resolution 3 – 1999

HOSPITALS - MIXED SEX WARDS

This AGM is concerned that the trend towards hospital wards housing patients of both sexes prejudices the first National Standard in the Patient's Charter namely, "respect for privacy, dignity and cultural beliefs". This AGM believes that all patients, with the exception of young children and patients in Intensive Care Units should be offered the choice of accommodation in a single sex area with segregated toilet and bathroom facilities without delaying their treatment or otherwise reducing its quality.

Resolution 2 – 1994

HOSPITALS – PATIENT DIGNITY AND RESPECT

In the light of Government requirements for Trusts to be more patient\user orientated in their delivery of services, the Association of Community Health Councils for England and Wales demands action in the field of patient dignity and respect. Patient confidentiality at the bedside is still compromised by the lack of privacy afforded during intimate discussions about medical and social history, diagnosis and treatment. This excuse for a meaningful

transfer of information is further compounded when relatives or carers are involved. The whole process is both insensitive and demeaning.

We demand that the Government instruct Hospitals and Trusts to ensure that private facilities are used by staff to communicate with patients and relatives about their diagnosis and treatment.

Resolution 2 - 2000

HOSPITALS - TAX ON VOLUNTEER CAR SERVICE

This AGM is totally opposed to the recent decision to tax hospital car service volunteer drivers mileage allowances. We call upon HM Government to instruct the Treasury that this punitive tax penalty is damaging to thousands of volunteer drivers up and down the country and should be withdrawn.

Resolution 14 – 1992

HOSPITALS - WAITING LISTS

This AGM welcomes the announcement in the press this morning that it is intended to introduce the publication of waiting lists based on the place where a waiting patient lives.

It deplores, however, the decision to stop the publication of hospital waiting lists. This is, moreover, contrary to the recommendation of the cross party Health Committee of the House of Commons.

This AGM urges the Secretary of State to publish FULL clarification of the implications and likely effects of this change, and to consult Health Authorities and CHCs about the proposed stoppage.

Resolution 39 - 1991

HOSPITALS - WAITING TIMES

This AGM notes with concern the steady inroads that private medicine is making into the NHS, as patients and their carers are increasingly driven by distress and suffering into having to use private medicine, because the waiting times set by the Department of Health in the Patient's Charter are too long.

This AGM therefore requests the Secretary of State for Health to aim to reduce the waiting time from GP referral to hospital treatment to that of the best in Europe, reducing this waiting time to a maximum of three months by 1997, taking full account of the need to balance this with the clinical priorities for each patient.

Resolution 9 - 1994

LEARNING DIFFICULTIES – NATIONAL STRATEGY

This Conference notes with concern the absence of any clear plans to develop a national strategy for people with learning disabilities. This conference calls on the government to identify as a priority the development of a National Service Framework for services for

people with learning disabilities, developed in active consultation with user groups, care groups, voluntary organisations and CHCs.

Resolution 7 - 2000

LEARNING DISABILITIES – RESIDENTIAL CARE

This AGM notes the contents of EL(98)3 on Learning Disability services which states that "as community care has been established for people with learning disabilities there has been no concern that the emphasis on a social model of care could lead to neglect of their health needs which, for some people, are extensive".

This AGM therefore calls upon the Department of Health to undertake a comprehensive review as to whether the model of residential care generally adopted for people with learning disabilities, in all cases meets their needs.

Resolution 7 - 1998

LONG TERM CARE - HEALTH SERVICE COMMISSIONER RULING

In the light of the findings by the Health Service Commissioner (Case No: E 62/93-94) on the failure of a health authority to provide long term care for a chronically ill patient who had been discharged to a private nursing home without adequate free provision being made, this AGM calls upon the Secretary of State to provide clear guidelines to health authorities on their responsibilities to provide continuing care for seriously incapacitated patients.

Resolution 5 – 1994

LONG TERM CARE – ROYAL COMMISSION

This Conference welcomes the report by the Royal Commission on Long Term Care, published in March, 1999, entitled 'With Respect to Old Age'.

However, Conference notes the Government's delay – which already stands at nearly four months – in issuing a response to the report.

ACHCEW therefore urges the Government to make a statement, before the summer recess, clearly indicating their intentions regarding the Royal Commission's recommendations.

Resolution EM2 – 1999

MAKING TRUST BOARDS ACCOUNTABLE TO LOCAL COMMUNITIES

This AGM welcomes the recent statement by the Secretary of State on steps being taken to ensure that Trust Boards are more representative of local communities, NHS users, patients and carers, and that he has asked local authorities and local MPs to put names forward.

This AGM would, however, urge a wider process for obtaining local nominees - that includes a specific role for Community Health Councils in making nominations.

We would also urge that CHCs are given a formal role in assessing the local involvement and commitment to the NHS of potential nominees, and in monitoring the process by which appointments are made.

Resolution EM1 – 1997

MATERNITY SERVICES

This AGM opposes the continuing and growing number of closures of small GP Maternity Units.

This AGM believes that the safety and cost benefits of such Units have been demonstrated and that many women, given an informed choice, prefer the relaxed and friendly atmosphere in small GP Maternity Units to the hectic pace of many DGH Consultant Maternity Units. This AGM believes that the closure of small GP Maternity Units is not in the interests of patients and restricts patient choice. The closure of small GP Maternity Units means that women will have a choice of either giving birth in a DGH Maternity Unit or of a home birth; since home births are virtually impossible in many areas, many women have no choice in childbirth at all.

Resolution 13 - 1989

This AGM instructs ACHCEW to convey to the secretary of State for Health its serious anxieties at the failure to recognise the critical contribution that midwives make to the health of the nation.

Despite support by the all-party House of Commons Social Services Committee, there has been insufficient flexibility to take account of the needs of the maternity services in the clinical regrading exercise.

In many parts of the country maternity services are in crises and this AGM is concerned for the safety of mothers and babies and Britain's declining position in European perinatal mortality rates.

This AGM demands that the Secretary of State for Health establishes an independent enquiry to look into the operation of midwifery services in the United Kingdom.

Resolution B - 1989

There is an increasing demand by pregnant women in the 'low risk category' to seek the continuing care through the ante-natal, birth and post-natal period of childbirth by a team of experienced midwives.

This AGM is seriously concerned at the lack of schemes to provide this service within the NHS.

This AGM urges DHAs to set up patterns of care so that expectant mothers may receive the care they require.

Resolution 8 - 1990

This AGM, aware that in other countries in Europe pregnant women are routinely tested for toxoplasmosis and for Cyto Megalo Virus (CMV), either of which can cause harm to the foetus, and that these tests can be undertaken without additional inconvenience for the women concerned, calls upon HMG to make these tests routine in the NHS.

Resolution 9 – 1990

MEDICAL ETHICS

This AGM calls upon the Dept of Health to ensure that all clinical research is conducted to the highest of such a strategy :-

a) That no clinical research may be undertaken before the approval of the relevant Local Ethical Committee has been obtained;

b) That every Local Ethical Committee should have at least two lay members, and the corresponding CHCs should have the opportunity to nominate at least one of those members;

c) That advice and training should be provided to all Chairmen and members of Local Ethical Committees concerning both the procedural and the substantive aspects of their tasks, and

d) That a national advisory body should be established to secure these objectives and to produce, after appropriate consultation, guidelines for the conduct of research and of all new or controversial forms of treatment.

This AGM instructs the Standing Committee to set up a working party to consider the needs of lay members on Ethics Committees with regard to information and training and also to develop a standard protocol from the consumer view.

Resolution 9 – 1989

MENTAL HEALTH SERVICES – COMPULSORY TREATMENT ORDERS

This AGM does not believe that Mental Health compulsory treatment orders used in a community setting are consistent with the principles of user involvement and respect for individual dignity now underpinning general NHS care. We further believe that the existing provision for compulsory detention in circumstances in which an individual is deemed to be in danger of harming himself/herself or in danger of harming others is an appropriate public safeguard and that this provision should not be extended to compulsory treatment in the community. However, we call for the establishment of an independent Mental Health Service to protect the rights of patients whenever compulsory detention or treatment is being considered.

Resolution 7 – 1999

MENTAL HEALTH SERVICES - DISCHARGE POLICY

This AGM is greatly concerned by the discrepancy between discharge policies for mentally ill patients and for those physically ill. For those who are physically ill, there will be discharge assessments set up as a result of community care. By contrast, mentally ill patients may be

discharged as homeless into bed and breakfast accommodation, apparently merely because there are not enough beds to meet requirements. This AGM therefore calls upon the Department of Health to increase, as soon as possible, the numbers of mental health beds in those areas where there is a need.

Resolution 23 - 1994

MENTAL HEALTH SERVICES - USER EMPOWERMENT

In the light of the new community care proposals for mental health, this AGM recognises the need for service users to be meaningfully involved at all stages of service development. Community Health Councils should work to ensure :-

a) that individual service users can take real decisions about their own care.

b) that service users and user organisations are fully involved in the planning, provision, managing and monitoring of mental health services.

Within this framework, ACHCEW will work to promote user empowerment in mental health services as a priority objective for local CHCs under the care in the community reforms. This AGM also recognises the need to promote user empowerment as good practice in mental health and will seek to ensure that the Department of Health take this into full consideration within the Community Care Plans.

Resolution 8 - 1991

MENTALLY DISORDERED OFFENDERS - PRISON MEDICAL SERVICE

Given :-

a) the re-organisation of the Prison Service following the Woolf Enquiry Report,

b) the concern expressed in a recent report published by the National Association for the Care and Resettlement of Offenders that the number of mentally disordered people in prison is increasing, many not diagnosed,

c) the current review of Health and Social Services for mentally disordered offenders being undertaken jointly by the Dept of Health and the Home Office,

d) the increasingly recognised need for long term medium Secure Units for mentally disordered offenders within the Health Service,

e) the grossly inadequate conditions and lack of qualified staff in most prison hospitals, many of whose patients are mentally disordered and include unconvicted remand prisoners and illegal immigrants as well as offenders,

this AGM believes that the climate is right for ACHCEW to renew pressure on the relevant authorities to bring about the integration of the Prison Medical Service into the NHS, with all the implications for standards and CHC monitoring that that implies.

Resolution 24 - 1991

MENTALLY DISORDERED OFFENDERS - REGIONAL SECURE UNITS

This AGM, while welcoming the Reed Committee's recommendations for regional provision for seriously mentally disordered offenders, and recognising that the current purchaser/provider system does not guarantee funding for Regional Secure Units, calls upon the Government to :-

a) Separate these units from the purchaser/provider system.

b) Arrange their funding through Regional Health Authorities.

c) Arrange for the monitoring of agreed standards of provision.

Resolution 17 - 1992

NHS BUDGETS

This AGM notes:

a) The Secretary of State's recent announcement of his intention to conduct a comprehensive review of NHS spending with "nothing ruled out".

b) The recent establishment by the government of a NHS Efficiency Task Force.

c) And welcomes the government's budget announcement that an additional £1.3 billion is to be given to the NHS. However, conference is concerned that this money will be insufficient to solve the underlying cash crisis in the NHS and will not be available in order to solve this year's financial crisis.

This AGM calls on the government to take careful account of the fact that:

a) The year end balance for 96/97 of the NHS recently revealed a deficit of more than £300 million - £185.8 million deficit for Health Authorities and £123 million deficit for Trusts. This cumulative financial crisis has been worsened by the previous government's arbitrary decision to require Health Authorities to achieve financial balance within one year rather than two.

and

b) Expenditure on the NHS as a proportion of GDP remains one of the lowest in the European Union.

This AGM considers it imperative that the government should:

a) Fully involve and genuinely consult staff, service users, representatives bodies, including trade unions, CHCs and voluntary organisations and the wider general public on the review of NHS spending. The review should include a thorough assessment of the health needs of the people of this country.

b) Invite CHC and other user representation onto the NHS Efficiency Task Force.

c) Put an immediate moratorium on the current round of cuts in the NHS which Health Authorities and Trust are currently required to make in order to achieve a balanced budget by the end of 97/98.

d) Increase the amount of NHS expenditure to a level comparable to other countries in the European Union.

Resolution EM3 - 1997

NHS - CHARGES AND FEES

In view of the fact that patients who have an adverse reaction to prescribed medication cannot claim a refund and must pay for a second prescription, this AGM calls upon the Dept of Health to introduce a system whereby those patients who have had a reaction from drugs prescribed are able to claim a refund of the prescription charge to avoid having to pay twice.

Resolution 11 - 1989

NHS - CHARGING FOR NHS SERVICES

This AGM reaffirms its belief in the founding principles of the National Health Service in particular the provision of services free at the point of delivery. This AGM is concerned that the Government is to give consideration to additional charges for NHS services and will oppose any attempt to introduce such charges.

Resolution EM2 - 1997

NHS - COMPLAINTS PROCEDURES

This AGM requests HM Government to confer upon CHCs the statutory duty to assist complainants through NHS complaints procedures and to make it a right of all patients to receive support, advice and advocacy from the local community health council with any complaint that they have about the NHS and its services. All community health councils should be adequately resourced and staffed specifically to undertake this statutory duty.

Resolution 2 - 1996

NHS - CONTINUING CARE

This AGM notes the publication of the Department of Health's guidance on NHS Continuing Care. The guidance specifically permits variations in levels of service between different parts of the country. It explicitly allows hospitals to implement discharge, without the patient's consent, to "the patient's home or alternative accommodation ..... a charge may be payable by the person." While the guidance provides for an appeal panel, it gives the health authority the right to decide not to convene a panel.

This AGM believes that the Government has no mandate to restrict access to NHS continuing care in the way it is proposing. It therefore resolves to call on the Secretary of State to withdraw the guidance and issue a revised document consistent with the principles of a comprehensive National Health Service, free at the point of delivery and available on the basis of clinical need, not ability to pay.

Resolution 2 - 1995

This AGM considers that on grounds of equity and justice, access to NHS funded continuing care should be available on the same basis to all residents in England and Wales. In consequence, it welcomes the First Report of the Health Committee of the House of Commons on "NHS Responsibilities for Meeting Continuing Care Needs", endorses its recommendation that the nationally set framework for NHS funded long-term care should include clear national eligibility criteria, and urges the Secretary of State to take immediate action to prepare such criteria and to require their application.

Resolution 9 - 1996

NHS - CONTINUING CARE - DISABLED YOUNG ADULTS

This AGM believes the responsibility for meeting the health care needs of all people with physical or learning disabilities who are profoundly dependent on the skills of health care staff should fall to the NHS and not local authorities.

Resolution 10 - 1996

NHS - DISTRIBUTION OF RESOURCES

This AGM recognises that the formula being utilised to allocate resources to Regions and Districts in England and Wales to purchase services for their residents does not reflect the differing health needs of the populations of those Regions and Districts, and in particular does not take sufficient account of the effects of social deprivation on health status. It also recognises that the effect of the formula is significantly to reduce the resources available to purchase health care for many Regions and Districts which already have some of the worst health records in the country.

This AGM calls upon HMG urgently to reassess the method chosen to allocate funds to Regions and Districts in England and Wales, and to implement a different method of allocation which truly reflects the health needs of each of those Regions and Districts.

Resolution 6 - 1992

NHS - FUNDING

This AGM notes that over the last decade the NHS has faced, in real terms an overall decline in the funding available for it to meet health care needs.

This AGM recognises that the introduction of contracting, or any other "reform" to the structures of the NHS, cannot act to improve public health or health care services without adequate funds being available to the health authorities purchasing NHS services.

This AGM believes that the future of the NHS, and of the public's confidence in it, can only be assured by adequate funding that :-

- meets the real costs of inflation
- meets the specific costs of medical inflation
- is targeted towards reducing inequalities in public health and health care provision

- allows for positive health measures through health promotion and education to be developed rather than the NHS being primarily an acute service

- allows for Community Care proposals to be fully implemented; and

- allows for the greater demand arising from the increase in the elderly population

This AGM therefore calls on HMG to make available adequate funding to the NHS to redress the effects of its continued under-funding of the service. ACHCEW will publicise its views on the funding of the NHS services widely and work with others in campaigning to convince the Government of the need for a change in policy.

Resolution 17 – 1991

This AGM believes that year on year efficiency savings within the Health Service are no longer possible without serious detriment to patient care. The AGM calls upon the Government to remove entirely the requirement for compulsory efficiency savings, with immediate effect.

Resolution 3 - 1998

NHS - FUNDING FORMULA

This AGM endorses the research carried out by South Birmingham CHC on the NHS Funding Formula, and welcomes the publication by the Centre of Health Economics at the University of York of its discussion paper "No Need to Weight Community Health Programmes for Resource Allocation?" which was based on that research.

This AGM calls upon the Secretary of State to ensure that the funding formula is reviewed, so that the importance of weighting for community health and preventative programmes is properly recognised, and that the formula is equitable and reflects the actual costs faced by Health Authorities in meeting the needs of their resident populations.

Resolution 7 - 1996

NHS - HOMEOPATHY

This AGM supports the provision of homeopathy within the NHS and urges all Purchasing Authorities and GP Fundholders to use the powers granted to them under the NHS Reforms to facilitate referral accordingly, where it is considered to be clinically appropriate.

Resolution 7 - 1994

NHS - INTENSIVE CARE PROVISION

This AGM is concerned that the emphasis on reducing waiting times and the drive for greater efficiency in terms of numbers per money spent is resulting in a situation of full bed occupancy which cannot deal with emergencies.

Furthermore, this AGM deplores the way in which hard pressed clinicians in Accident and Emergency Departments are forced to spend precious time attempting to locate vacant intensive care beds for patients who are seriously ill or injured. The shortage of ITU beds

has resulted in patients having to travel hundreds of miles across the country to receive appropriate medical treatment. This has caused unnecessary trauma and distress to patients and relatives and is unacceptable within a modern NHS.

This AGM therefore calls upon the Department of Health to conduct a comprehensive review of the intensive care and high dependency requirements in each Health Authority area and on the basis of these findings to make a commitment to allocating sufficient resources to fund the development and maintenance of the agreed levels of service provision identified for each area.

Resolution 6 - 1996

NHS - NATIONAL CRITERIA FOR HEALTH CARE

This AGM condemns the current NHS system which permits individual Health Authorities and GP Fundholders to develop markedly different policies in respect of the same conditions and treatments.

Patients from different parts of a region may find themselves in adjacent hospital beds with the same health problem, and yet be undergoing very different treatment regimes as determined by the policies and resources of their local purchaser.

For example, the provision of the new haemophilia treatment Recombinant Factor VIII, the availability of fertility services and, of course, continuing care, differs from place to place.

The current system has created a massively inequitable distribution of health resources and a plethora of policies which grants certain treatments to some but not to others.

The AGM calls on the Department of Health to end these vast inequalities by devising national criteria for care based on sound evidence, which care should be resourced evenly and fairly.

Resolution 8 – 1997

NHS – PHARMACEUTICAL REGULATIONS

This Conference calls on the Welsh Assembly and the Secretary of State for Health to review the NHS (Pharmaceutical Services) Regulations 1992 and introduce new regulatory procedures for the sector which take into account the development of primary and community care, clinical developments and changes in the wider NHS environment.

Resolution 9 – 1999

NHS - POLICY

This AGM views the recent appointment of prominent industrialists to the new National Health Service Policy Board and the exclusion of a nurse representative and a patient representative as a further indication of the Government's subordination of the needs of the service to business and commercial interests, and calls upon the Secretary of State to rectify these omissions.

Resolution A - 1989

NHS - PRIVATE FINANCE INITIATIVE

This AGM notes that:

a) The PFI has delayed or blocked many NHS capital developments.

b) The cost to the NHS of the PFI process is substantial, running into several £100,000 per project before any work commences.

c) There is a 16.6% cut in 1996/7 NHS capital resources.

This AGM believes that:

a) The question of who owns NHS property is of central importance. If private companies own and run hospitals, their primary concern will be to ensure profits for shareholders.

b) Private finance will tend to flow to where it will make the best return, not where it is most needed.

This AGM calls on Standing Committee to place concerted pressure on the Department of Health to:

a) Review the impact of the PFI on capital development in the NHS.

b) Consider suspending the application of the PFI to the NHS due to its negative impact on capital development.

c) Ensure there is no reduction in capital investment in the NHS through the public purse.

Resolution 8 – 1996

This AGM notes that hospitals built under the Private Finance Initiative (PFI) have extra capital costs which can only be met largely at the expense of clinical budgets and service capacity. Under the PFI, new hospitals have:

a) many fewer beds – on average 28% fewer.

b) high throughput ratios – over 90 patients per bed per year, up from 54.

c) hundreds of staff redundancies – 1,000 for every 200 million investment.

d) proportionately fewer trained nurses

e) subsidies worth millions of pounds, at the expense of publicly owned hospitals and community service elsewhere.

In view of national evidence that acute bed closures and staffing shortages have gone too far, this AGM considers the NHS cannot afford the Private Finance Initiative. It, therefore, calls upon the Government to abandon it as a principal means of capital investment.

Resolution 12 – 1999

NHS - QUALITY STANDARDS

This AGM believes that the continuing Government policy of requiring Health Authorities and GP Fundholders to make efficiency savings in hospital and community services is leading to a reduction in the quality of care for patients.

According to the Government publication, 'Compendium of Health Statistics 1995', the growth of resources for hospitals in recent years has failed to keep pace with the increase in hospital activity. This has led to a "significant increase in efficiency".

This AGM believes the pressure to become more efficient is leading to reduced quality of care.

This AGM therefore calls on the Government to fund health services in a way that ensures quality standards are not compromised by efficiency drives.

Resolution 21 - 1996

NHS – R&D PROGRAMME

This AGM:

(a) welcomes the government's stated intentions to seek the views of patients and their carers about the health services they receive and to involve patients as partners, not merely subjects, in future research work;

(b) draws the government's attention to the wealth of surveys and research projects regularly carried out by CHCs with health service users to elicit consumer views on the health services in their area; and

(c) seeks closer CHC involvement in NHS research and development involving consumers and, specifically CHC representation on the Standing Advisory Group on consumer involvement in the NHS R & D Programme.

Resolution 12 - 1998

NHS - REPEAL OF SECTIONS 157/9 OF ROAD TRAFFIC ACT

This AGM moves that HM Government be called upon to repeal Sections 157-159 of the Road Traffic Act 1988. This AGM states that the billing procedure of charging road users for accidents is a contradiction of the NHS that treatment is free at the point of need to all.

All people are entitled - as of right - to full and free treatment of injuries no matter how received and the singling out of one group carrying out normal daily activity of using a motor vehicle is discriminatory.

Resolution 11 - 1995

NHS - STAFFING

This AGM notes that there is a shortage of registered sick children's nurses (RSCNs) within the NHS, and that this fact has been recognised by the Audit Commission in its report "Children First".

This AGM calls upon the Government to take steps to increase the number of RSCN training places, and to ensure that local plans for children's services can be effectively implemented.

Resolution 3 - 1995

This AGM calls upon the government to develop a national strategy to facilitate an urgent increase in the number of training places for general and paediatric intensive care nurses.

Resolution 13 - 1996

NHS – TRAVEL COSTS

This AGM, recognising the Government's aim to develop a primary care led NHS, is concerned that current arrangements only allow financial assistance with travel costs for people in receipt of income support, or with low income entitlement, whilst travelling to a hospital. Many previously 'acute' services will in future be provided in community settings and the arrangements for financial assistance need widening to ensure that patients who in future receive NHS treatment in their locality rather than a hospital, have the same rights to assistance with travel costs to the extent that they are not disadvantaged by any new arrangements. This AGM calls on the Department of Health to implement the necessary changes.

Resolution 8 - 1998

NHS - TRAVEL COSTS FOR PATIENTS' FAMILIES

This AGM believes that, if the NHS really means business, then it is important that patients should be enabled to maintain contact with their families. This AGM believes that where a patient is placed in a distant hospital for a lengthy period (as with a psychiatric secure unit) the immediate family should be assisted with their travel costs. This AGM notes with concern the results of research commissioned by Action for Sick Children which demonstrated the hardship experienced by some families in meeting the travel costs of visiting their sick child in hospital, especially those with chronically ill children who may be treated in a distant hospital for long periods.

This AGM urges the Government to reconsider its disappointing response to the request of Action for Sick Children and Contact a Family in their campaign "Too dear to visit" for the establishment of a fund for the reimbursement of the visiting costs of the immediate family, where they are on low incomes.

Resolution 9 - 1995

NHS - WHISTLEBLOWING

This AGM notes that NHS staff who contact CHCs to express concerns about services and patient care may face disciplinary action as a result. CHCs, as the statutory representative

of the patient in the NHS, have a legitimate right to such information to assist in the monitoring of services.

This AGM calls on the Secretary of State for Health to issue Guidance which allows NHS employees to bring to the attention of CHCs their concerns about services and patient care without the threat of disciplinary action being taken against them.

Resolution 12 - 1994

NHS - "WORKING FOR PATIENTS"

This AGM, in re-affirming the Resolution passed at the Special General Meeting :-

- stresses the need for CHCs to be consulted on the planning of local core services.
- calls for clarification on the future of the ambulance and transport services and for discussions to take place at national and local levels with a view to improving these services.
- states the need for adequate resources, to enable Councils to fulfil the expectations of monitoring and quality assurance of services, that the public have a right to expect.
- expresses concern at the process by which "statements of interest" have been obtained from hospitals, without public debate or discussions with CHCs.
- urges member CHCs to ensure that their local communities, and their MPs, are made aware of these issues.
- urges Regional Associations/groups of CHCs to monitor the plans and proposals of their RHAs.

Resolution D - 1989

This AGM believes the proposals in the Government's White Paper "Working for Patients" would be detrimental to the comprehensive nature of NHS services within each community.

For this reasons, this AGM believes that all CHCs should oppose any attempts by district hospitals and for community services to opt for "self-governing" status as services within each community will be considerably fragmented.

This AGM welcomes the proposal that the Government will take into account the size of population, age, morbidity and mortality rates etc in deciding the level of funding for the regions, but calls upon it to recognise that the NHS is still underfunded and is disappointed that the White Paper ""Working for Patients" fails to address this problem particularly when administrative costs are likely to rise.

This AGM believes that ACHCEW should campaign to inform the public, parliament and the press about the consequences that many of the proposals contained in the White Paper will have for the health of the nation.

This AGM fears that if proposals in the White Paper "Working for Patients" were implemented, community health services will be unable to provide adequate health care

services and that choice to users will be restricted by contracts formed by hospitals and those GP practices which hold their own budgets.

This AGM deplores the fact that the White Paper "Working for Patients" makes no mention of community and health promotion services and believes that this will lead to further fragmentation of services and destruction of valuable links between health services and other statutory and voluntary agencies.

Resolution E - 1989

Building on the Parliamentary Under Secretary of State for Health's interest in CHCs' comments on the White Paper "Working for Patients" and his offer to meet CHC representatives, this AGM instructs the officers of the Association to meet with the Under Secretary forthwith in order to promote CHCs' views on the White Paper and a range of related issues including the panel of Inquiry and Griffiths Report.

Resolution H - 1989

This AGM resolves to campaign to force the Government to withdraw the proposals in "Working for Patients" (sic), to enter meaningful discussions with user and provider interests and to subject any radically new proposals emanating from those discussions to properly validated tests before considering whether to suggest that they be implemented generally throughout the NHS.

Resolution G - 1989

NURSES - SHORTAGE

This AGM is concerned that shortages of qualified nursing staff in hospitals and nurses in training are compromising the ability of nurses to ensure that patients receive the quality of care they need while in hospital.

This AGM calls upon the Department of Health to initiate a comprehensive review and develop a plan of action to remedy the shortfall and its consequences.

Resolution 16 - 1998

ORGAN DONATION

There is a huge improvement in quality of life following organ transplantation, especially the kidneys, and the potential for significant cost savings. This AGM therefore requests the Department of Health:

(a) to instigate a national review of how effective Acute Trusts and Health Authorities are in obtaining donors.

(b) to note, in particular, the success rates of Intensive Care Units and Neurological Centres in obtaining cadaver organs for transplant.

(c) to identify what Health Authorities are doing to positively promote protocols aimed at increasing the rate of organ transplantation in all acute hospitals.

(d) to monitor such policies and rates of success and compare them both at Regional and National levels.

Resolution 9 – 1999

The AGM notes with horror today's reports that relatives of a deceased person have been able to impose restrictions on to who their relative's organs may be donated, and welcomes the Secretary of State for Health's condemnation of the incident.

The Association calls upon the Secretary of State for Health to take steps to review urgently the present legal framework for organ donation so as to ensure that organ donation is made without imposition of discriminatory conditions by either the donor or next of kin.

Resolution EM4 – 1999

PATIENT CONFIDENTIALITY

This conference deplores the actions taken by the General Medical Council in changing its advice to doctors on their duties to maintain patient confidentiality. In particular we believe that:

a) the GMC are remiss in failing to advise doctors to seek the express permission of patients before disclosing information from their medical records for the purposes of medical research, education, clinical and financial audit and for other administrative purposes.

b) the advice that patient's implied consent to disclosure can be inferred from their failure to object to the release of information is legally and ethically wrong.

c) the practice of using leaflets and notices in waiting rooms to inform patients of disclosure from their records is inadequate, especially when many patients will not see notices, or will not be able to read or understand them.

d) advice that patients' objections to disclosure can be overridden when a fraud is being investigated could lead to unlawful disclosures on the part of doctors.

We call on the GMC to halt the issue of this guidance and to rewrite it so as to provide adequate safeguards for patient confidentiality and to protect doctors who may otherwise face challenges of having acted illegally in disclosing information in line with GMC guidance.

Resolution EM3 - 1999

PATIENT CONSENT

1. This AGM calls on the NHS Executive to issue strict national guidelines on Patient Consent Forms, in both primary and secondary care settings, stating that:

(i) where a health professional is not experienced in administering the intended procedure or treatment, the same principles shall apply to the circumstances in which the patient's consent must be sought and obtained as would apply for consent to a procedure or treatment to be carried out by a trainee;

(ii) where a health professional is not experienced in administering the procedure or treatment for which consent is being sought, this fact must be disclosed on the consent form;

(iii) consent forms must include information clearly explaining who will administer the treatment for which consent is sought, i.e. naming the consultant or other health professional;

(iv) if it is intended that treatment will be carried out by someone other than the consultant, and who is not under the direct supervision of a consultant, the prior consent of the patient to be treated by that person must be obtained and the patient has the right to withhold consent to be treated by that person;

(v) Where secondary care services are to be carried out in general practice, the consent form should indicate that the patient has had his/her right to receive the procedure in the secondary setting fully explained.

Resolution 1 - 1997

PATIENT'S CHARTER - APPOINTMENT TIMES

This AGM believes that the expectation in the Patient's Charger for nurses, health visitors and midwives to operate appointments for home visits within a two hour time band could lead to some patients suffering. It will mean that these professional staff may not have the flexibility they need to spend more time with some patients than others. Furthermore, some patients are distressed by the idea of an "appointment" implying "something might be wrong" and could find late arrival distressing.

This AGM therefore calls upon the Secretary of State to allow the professional person to use his/her discretion regarding appointments in order to enable the needs of patients and carers to remain paramount.

Resolution 13 – 1995

PHARMACISTS – EMERGENCY CONTRACEPTIVE PILLS

This AGM urges the Department of Health to allow pharmacists to dispense emergency contraceptive pills without a prescription.

Resolution 6 – 2000

PHARMACISTS - REMUNERATION

This AGM notes the Government's proposed new system of remuneration for pharmacies dispensing NHS prescriptions. The proposals have a minimum number of prescriptions per pharmacy per month of 2,000 below which level the remuneration amounts are substantially reduced. This will effectively and dramatically reduce the income of pharmacies dispensing less than 2,000 items per month.

This AGM notes that many pharmacies will be rendered non-profitable and will be forced to close. Such consequences will adversely impact upon people living in rural areas and people living on the fringes of large cities and towns many of whom may be elderly or people with young children for whom access is critically important.

This AGM calls on the Dept of Health to withdraw its proposed new system of remuneration to pharmacies for dispensing NHS prescriptions in recognition of the serious consequences of these proposals.

Resolution EM1 - 1993

PHARMACISTS - 24 HOUR SERVICE

This AGM urges the Department of Health to ensure that 24 hour general pharmaceutical provision is made available, close to and in line with, the development of GP out of hours services. This will ensure that comprehensive service provision is available to patients when it is needed.

PRACTITIONERS THAT ARE UNFIT TO PRACTISE

This AGM notes with concern recent examples highlighted in the media of Health Service practitioners becoming unfit to practise. In these instances the practitioners were able to practise and put patients health at risk long after their unfitness was demonstrated. This AGM expresses its unhappiness at the apparent inability of the NHS and other authorities to deal adequately with the very small numbers of incompetent practitioners and protect patients' interests. This AGM, therefore, instructs the Standing Committee to:

(i) Pursue the matter of protecting patients with the Department of Health, NHS Executive, General Dental Council, General Medical Council and the NHS Confederation.

(ii) Examine existing powers and procedures available to the NHS and professional regulatory bodies to deal with practitioners who become unfit to practise, or fail to fulfil their contract with the NHS, and to recommend improvements.

(iii) Consult with CHCs and other representatives of patients/users, e.g. National Consumer Council, Consumers Association and the Patients' Association, and to enlist their support.

(iv) Publicise this issue with the media and public.

This AGM believes that it is a fundamental duty of CHCs to protect patients' interests and, in view of recent cases, this should be a priority for the Association.

Resolution 2 - 1997

PRESCRIPTION CHARGES

This AGM urges the Dept of Health to reconsider and extend the category of medical exemptions for prescription charges to include those people who require long term medication.

Resolution 4 – 1991

This AGM is concerned that the payment for prescribed drugs is not equitable. Besides children and the elderly there are listed exemptions, for example, diabetics' needs, but this does not apply to sufferers of other chronic illnesses, e.g. arthritis or hypertension. Another inequality is where a pre-packaged course contains two separate types of tablet and attracts two charges whereas a compound tablet attracts only one charge. We call upon the Government to review the exemptions urgently in order to make equity paramount.

Resolution 4 - 2000

PRIVATE HEALTH CARE

This AGM notes with concern that the removal of large areas of health service provision such as private nursing homes and optical services from the NHS also removes consumers from access to NHS complaints procedures, leaving them to pursue grievances based on civil law and statutory rights, without access to help from CHCs.

This AGM therefore calls upon ACHCEW to examine the role of CHCs in respect of the provision of private health care.

Resolution 29 - 1989

PRIVATE RESIDENTIAL AND NURSING HOMES - CHC POWERS

In order for Community Health Councils to be effective in representing people living in residential and nursing homes, and those using primary care services, this AGM urges the government :-

a) to extend the statutory powers of CHCs to give them the right to enter nursing and residential homes, and GP's premises;

b) to agree a set of procedures which require home managers and GPs to give CHCs information about the services they offer to patients.

Resolution 16 – 1994

This AGM calls on the Department of Health to review the position of patients living in Nursing Homes.

At the present time these patients have no official representation from Community Health Councils unless their Nursing Home placement has been NHS funded.

Patients in Nursing Homes are more often than not elderly, vulnerable and disempowered. They may hold back from complaining about inadequate or inappropriate care for fear of victimisation.

This AGM expresses its grave concern about this group of patients, and calls on the Department of Health to:

(a) Extend CHCs' rights to cover patients in nursing homes, irrespective of the source of their funding;

(b) Increase the resources available to CHCs to allow them to carry out these extra duties.

Resolution 15 – 1998

PRIVATE RESIDENTIAL AND NURSING HOMES - COMPLAINTS PROCEDURES

This AGM notes :-

1) That regulations implementing the Registered Homes Act 1984 for private nursing and residential homes made no reference to the provision of a procedure for residents and/or nearest relatives to make complaints about the care and services provided by an establishment, other than regarding matters concerned with a possible breach of the regulations.

2) The increased expectations by the public and the Government regarding the provision of opportunities to make complaints about services provided.

and proposes that the Government should revise the regulations to :-

a) Extend a person's right to make a complaint, as set out in the Patient's Charter, to cover all residential and nursing homes in the private and public sectors.

b) Require registration authorities to set out a model complaints procedure for use by homes within each registration area, including a formal appeal mechanism to be used where complaints cannot be resolved satisfactorily after reasonable discussion with the home.

Resolution 5 - 1993

PRIVATE RESIDENTIAL AND NURSING HOMES - PERSONAL ALLOWANCES

The Social Security Income Support (General) Regulation 1987 includes an amount in respect of personal expenses for individuals in independent residential and nursing homes. The Regulations do not prescribe how that allowance is to be used. This AGM asks the Secretary of State for Social Security to ensure that this personal allowance ('pocket money') is for the private use of such residents and is not to be used to supplement the payment of accommodation charges and wherever possible is paid direct to the resident.

Resolution 14 – 1990

PUBLIC CONSULTATION

This AGM is concerned that public consultation, required to be undertaken by Trusts and Health Authorities where there are proposals for substantial changes in services, are frequently perceived as empty exercises when the subsequent implementation takes no

account of comments and criticism expressed during the consultation. This AGM therefore calls on the Secretary of State to require that results to be published show summarised views and that reasons be given for decisions contrary to views.

Resolution 20 - 1996

RESPITE AND DAY CARE

This AGM notes with concern the contraction of provision for respite and day care. With the implementation of the Care in the Community Act, responsibility will be placed on Local Authorities.

This AGM therefore instructs Standing Committee to bring pressure to bear upon the Minister responsible to ensure access for all age groups to locally based services.

Resolution 19 - 1991

RESTORATION OF FREE EYE TESTS

This AGM asks the government to restore free eye tests, in particular for the elderly, as it believes that eye tests are a cost effective screening for illnesses and should be promoted.

Resolution 38 - 1997

SCHOOL NURSING SERVICES

This AGM is concerned that the school nurse is being under-valued and the role is in danger of being marginalised in the reorganisation of Children's Services by clinical directorate. We call on the Government to ensure that the health provision for school children is reviewed jointly by all statutory and voluntary agencies and the role of the school nurse in health promotion, counselling, child protection, special needs care and routine health monitoring is acknowledged, and that appropriate training is developed for these essential services provided by the school nurse.

Resolution 16 - 1992

SPEECH AND LANGUAGE THERAPISTS

This AGM notes with concern the unacceptable strains which recent legislative changes and the dramatic rise in the numbers of children with educational statements have placed on speech and language therapy services causing problems throughout the country. Of the one in five children entering school with a communication problem, many with an education statement are not getting the level of service required while many more with a clinical need but no statement are getting no NHS service at all.

This AGM calls on the government to increase the funding available for specialist speech and language therapists posts and to clarify the Code of Practice so that responsibility for speech and language therapy is properly defined; thus ensuring that both children with special educational needs and others in mainstream schools can receive the speech and language therapy for which they have been clinically assessed.

Resolution 12 – 1996

TERMINALLY ILL PATIENTS – FINANCIAL ASSESSMENT OF

This AGM is concerned at the practice of financially assessing terminally ill patients on their transfer from hospital to nursing home palliative care. In view of the distress this causes to patients and relatives at a traumatic time, some means should be found to obviate this requirement.

Resolution 5 - 1998