

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

TWELFTH ANNUAL GENERAL MEETING : 10 - 12 July 1989

Minutes of the Annual General Meeting

held at the University of Warwick

Present: 480 delegates, observers, guests and visitors.
182 CHCs were represented.

Mrs Wyn Pockett, Chairman of the Association, in the Chair.

1st Plenary Session - Monday 10 July 1989 4.15 - 5.45pm

1. CHAIRMAN'S INTRODUCTION

Wyn Pockett welcomed representatives of member CHCs to the University of Warwick and to the largest ACHCEW AGM/Conference ever. She also welcomed the guests and observers, including the representatives of ACHCEW's sister organisations - the Association of LHCs in Scotland and the Association of District Committees in Northern Ireland, and representatives from the National Association of Health Authorities, the National Association of Citizens' Advice Bureau, the Office of the Health Service Commissioner, the Health Education Authority, the Health Visitors Association and the Department of Health.

2. GUEST SPEAKER - MR ROGER FREEMAN, PARLIAMENTARY UNDER-SECRETARY OF STATE FOR HEALTH

Roger Freeman MP, Parliamentary Under-Secretary of State for Health, addressed the AGM/Conference and answered questions on the Government's White Paper "Working for Patients". He outlined those areas where he hoped there was general agreement and indicated the objectives, which the Government was seeking to achieve.

2nd Plenary Session - Tuesday 11 July 1989 9.45am - 12.45pm

3. APPOINTMENT OF TELLERS

The Secretary-Observers to the Standing Committee (Ann Covell, Danny Davies, Graham Girvan, Dag Saunders and Judy Thomas) were appointed as Tellers for the meeting.

4. REPORT OF THE ARRANGEMENTS COMMITTEE AND ADOPTION OF AGENDA FOR THE MEETING

Hywel Wyn Jones, Vice-chairman of the Association and Chairman of the Arrangements Committee, presented the report of the Arrangements Committee, explained the proposed structure of the AGM, and outlined the rules of debate and procedures to be followed.

He reported that three emergency motions had been submitted: the first from the North Western Regional Association of CHCs concerning the process whereby hospitals were expressing interest in self-governing status; one from Ogwr CHC and the Welsh Association of CHCs concerning the composition of the new NHS Policy Board; and the third from Greenwich CHC, concerning the state of midwifery services. He reported that Standing Committee had referred the first of these to one of the seminar/workshops on the NHS White Paper, and had recommended that the second of these be accepted on to the AGM agenda together with an amendment to it proposed by the Standing Committee. He also recommended that the third motion be accepted on to the agenda.

Greenwich CHC then moved the reference back of the report of the Chairman of the Arrangements Committee, in respect of the recommendation not to accept their emergency motion to the agenda of the AGM. The reference back was put to the vote and CARRIED. Accordingly, it was agreed to accept the emergency motion from Greenwich CHC on to the agenda.

The report of the Chairman of the Arrangements Committee and the AGM agenda were then accepted by the meeting.

5. RECEIPT OF THE MINUTES OF THE 1988 ANNUAL GENERAL MEETING

The minutes of the 1988 Annual General Meeting were AGREED as a correct record.

6. RECEIPT OF THE MINUTES OF THE SPECIAL GENERAL MEETING HELD ON 10 APRIL 1989

The minutes of the Special General Meeting held on 10 April 1989 were AGREED as a correct record.

7. ELECTION OF HONORARY OFFICERS

The Chairman reported that there were three valid nominations for the post of Chairman : Mrs Ann Cheetham, nominated by Burnley, Pendle and Rossendale CHC; Cllr Hywel Wyn Jones, nominated by Canterbury and Thanet CHC; and Mrs Rita Lewis, nominated by Dewsbury CHC. The three candidates then addressed the meeting for three minutes each and the Director explained the voting procedure.

The Chairman then reported that, under Clause 7(b) of the Constitution, the Standing Committee were nominating Ross Thomson to continue as Honorary Treasurer. This was ENDORSED by the AGM.

8. RECEIPT OF ANNUAL REPORT FOR 1988/89

The Director introduced the Annual Report for 1988/9, reviewing the activities of the past year and highlighting some of the issues that would be facing ACHCEW in the year ahead. The AGM AGREED to adopt the Annual Report without dissent.

9. RECEIPT OF FINANCIAL REPORT AND AUDITED ACCOUNTS FOR 1988/9

The Treasurer introduced the financial report and the audited accounts for 1988/9 and answered questions. The AGM AGREED to accept the financial report and audited accounts for 1988/9, together with the budget for 1989/90 and 1990/1.

10. SUBSCRIPTIONS FOR 1990/91

The Treasurer introduced and explained the paper on subscriptions for 1990/1. There were two options, the first of which would uprate existing subscriptions and budget bands by approximately 5%, and the second of which would set subscriptions as a brief percentage of a CHC's budget to a maximum and a minimum. He reported that the Standing Committee were recommending the second option. After a vote, it was AGREED that subscriptions for 1990/1 would be set at a level equivalent to 1.45% of a CHC's total budget for 1989/90, subject to no CHC paying a subscription below £250 and no CHC paying a subscription above £850.

11. POLICY STATEMENT ON EQUAL OPPORTUNITIES

The Director introduced the draft Equal Opportunities Policy Statements for the Association and the draft model Equal Opportunities Policy Statement for CHCs. During the discussions comments were made about this work needing to be of a continuing nature and that a greater emphasis needs to be given to training and monitoring. It was also pointed out that the statements failed to mention class and position of people who have recovered from mental illness. The AGM AGREED to adopt the Equal Opportunities Policy Statement for the Association and to commend the Model Equal Opportunities Policy Statement to member CHCs.

12. REPORT OF THE PANEL OF INQUIRY: "EFFECTIVE CHCS FOR THE 1990S"

Ross Thomson, Treasurer of the Association and Chairman of the Panel of Inquiry established by the 1987 AGM, introduced the Panel's report, "Effective CHCs for the 1990s", and answered questions on the points contained in it. After debate, it was AGREED overwhelmingly to endorse the Report for wider discussion with the Department of Health and other interested parties.

13. MOTIONS FOR DEBATE

Camberwell CHC and Riverside CHC seconded motion 1 and it was AGREED that:

"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.

Conference further request that CHCs should be adequately funded by Regional Health Authorities to take on these additional responsibilities".

(Resolution 1)

Harrow CHC proposed and the North West Thames Liaison Committee of CHCs seconded motion 2, as follows:

"This AGM regrets the erosion of community participation in health care decisions created by the recent withdrawal of consultation rights on DHA Short Term Programmes (HC(88)43) and calls for these rights to be restored and extended".

It was proposed, however, that this motion be remitted to the Standing Committee and this was AGREED by the AGM.

Ogwr CHC proposed and the Welsh Association of CHCs seconded their emergency motion on the NHS Policy Board, as follows:

"This AGM views the recent appointment of prominent industrialists to the new National Health Service Policy Board and the exclusion of a nurse representative as a further indication of the Government's direction in prioritising business and commercial interests to that of the needs of the service".

The Standing Committee then proposed an amendment, as follows:

"After "a nurse representative" add "and a patient representative". Add at end after "need of the service" : "and calls upon the Secretary of State to rectify these omissions" ".

and this was AGREED. However, under Standing Order 25, the mover with the consent of the seconder and the meeting agreed that the wording be adjusted. The motion was then AGREED as follows:

"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)

Greenwich CHC proposed and Bexley CHC seconded their emergency motion on the operation of midwifery services in the UK and it was AGREED that:

"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 conference is concerned for the safety of mothers and babies and Britain's declining position in European perinatal mortality rates.

This conference 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)

3rd Plenary Session - Tuesday 11 July 1989 2.15 - 3.45pm

14. GUEST SPEAKER - PROFESSOR JOHN STEWART

Professor John Stewart (former Director of the Institute of Local Government Studies at the University of Birmingham) addressed the AGM and answered questions on the theme "How can the NHS be made more user-friendly?"

15. MOTIONS FOR DEBATE (continued)

Central Nottinghamshire CHC proposed and Sheffield CHC seconded motion 3 as follows:

"This AGM calls upon ACHCEW to support the national campaign to promote a health authority (Access to Information) Bill".

Lancaster CHC then proposed and Salford CHC seconded amendment to motion 3, and this was AGREED as follows:

"After "....Health Authority (Access to Information) Bill" add ", and to seek its extension to include Family Practitioner Committees." "

Motion 3, as amended, was then AGREED as follows:

"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)

South West Thames Regional Association of CHCs proposed and Wandsworth CHC seconded motion 4 as follows:

"In the spirit of the National Health Service Review Working for Patients, this AGM of ACHCEW 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 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".

Barnsley CHC then proposed and Rotherham CHC seconded an amendment to Motion 4, and this was AGREED as follows:

"After paragraph 3 insert new paragraph 4 reading:

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".

"Existing paragraph 4 will then become paragraph 5".

Motion 4, as amended, was then AGREED as follows:

"In the spirit of the national Health Service Review Working for Patients, this AGM of ACHCEW 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)

4th Plenary Session - Wednesday 12 July 1989 9.15am - 10.45pm

16. ELECTION OF HONORARY OFFICERS (Continued)

The Chairman announced the result of the ballot for Chairman of the Association for 1989/90 as follows:

Ann Cheetham	38 votes
Hywel Wyn Jones	105 votes
Rita Lewis	25 votes

She therefore declared Hywel Wyn Jones elected Chairman of the Association for 1989/90.

The Chairman reported that there were four valid nominations for the post of Vice-Chairman : Mrs Kath Currie, nominated by Great Yarmouth and Waveney CHC; Mrs Jean Keen, nominated by Harrow CHC; Mrs Rita Lewis, nominated by Croydon CHC; and Tim Murphy, nominated by Torbay CHC. The four candidates then addressed the meeting for three minutes each and the Director explained the voting procedure.

17. MOTIONS FOR DEBATE (continued)

The Director reported that, following a count of the papers received for the balloted motions, the motions selected for debate were numbers 23, 29 and 31.

A point of information was raised concerning the quality of the facilities available for disabled delegates at the University and it was suggested that a wheelchair user and/or a sight impaired person should visit prospective venues for ACHCEW conferences.

The motions from the seminar/workshops on the NHS White Paper were then discussed. The motion from workshop I was moved and duly seconded and AGREED as follows:

"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)

The motion from workshop II was moved and duly seconded and after some slight adjustment to the wording, was AGREED as follows:

"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 fulfill 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 hospital, 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 plans and proposals of their RHAs".

(Resolution D)

The first motion from workshop III was moved and duly seconded, as follows:

"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 reason, 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 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 the destruction of valuable links between health services and other statutory and voluntary agencies".

The Welsh Association of CHCs then moved and Torbay CHC seconded an amendment to this motion as follows:

"Delete paragraphs 2,3,5 and 6. In paragraph 4 delete 'campaign to' in the first line and add after 'nation' in the last line:

"and campaign to force the Government to withdraw its current proposals, to enter meaningful discussions with user and provider interests and to subject any radically new proposals emanating from these discussions to properly validated tests before considering whether to suggest that they be implemented generally throughout the NHS." "

After debate, the amendment was put to the vote and was LOST. This motion, unamended, was then AGREED by the AGM.

(Resolution E)

The second motion from workshop III was moved and duly seconded and AGREED as follows:

"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)

It was then moved that Standing Order 20 be suspended to enable the Welsh Association of CHCs to move a motion along the lines of their amendment to the first motion from workshop III and this was AGREED.

Hounslow and Spelthorne CHC moved and Airedale CHC seconded motion 6, as follows:

"This AGM of ACHCEW believes that 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".

Oldham CHC then moved and Tunbridge Wells CHC seconded an amendment to Motion 6 as follows:

"Revise motion to read:

"This AGM of ACHCEW believes that continuing care of elderly, disabled or otherwise handicapped people should be based upon a professional medical assessment of the care needs with a regard to personal choice of location and nature of care.

To enable this choice we urge the Government to devote the same amount of money and resources towards providing that care in a person's own home as it does in either private residential or nursing homes, in addition to any other state benefits that the patient or their family within the same household may receive." "

This amendment was put to the vote and LOST. Motion 6, unamended, was then AGREED by the AGM.

(Resolution 6)

5th Plenary Session - Wednesday 12 July 1989 2.15pm - 4.00pm

18. ELECTION OF HONORARY OFFICERS (continued)

The Chairman announced the results of the ballot for Vice-Chairman of the Association for 1989/90 as follows:

Kath Currie	15 votes
Jean Keen	5 votes
Rita Lewis	94 votes
Tim Murphy	41 votes

She therefore declared Rita Lewis elected Vice-Chairman of the Association for 1989/90.

South West Durham CHC proposed and North Birmingham CHC seconded motion 10 and this was AGREED as follows:

"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 National Health Service, 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)

East Birmingham CHC proposed and Bristol CHC seconded motion 11 and this was AGREED as follows:

"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 Department 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)

Oxfordshire CHC proposed and Southampton CHC seconded motion 12 and this was AGREED as follows:

"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)

Great Yarmouth and Waveney CHC proposed and Central Nottinghamshire CHC seconded motion 13, as follows:

"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 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 gave no choice in child birth at all".

West Birmingham CHC then proposed and South Birmingham CHC seconded an amendment to motion 13, as follows:

"Add a further paragraph:

"By the same token, the establishment of GP Maternity Units within DGH Maternity Units would offer a welcome increase in choice to women from Districts where there are at present no other GP Maternity Units." "

This was put to the vote and LOST and motion 13, unamended, was then AGREED by the AGM.

(Resolution 13)

Standing Order 20 having been suspended in the previous session, the Welsh Association of CHCs proposed and Torbay CHC seconded their motion on the NHS White Paper and this was AGREED as follows:

"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)

South Bedfordshire CHC then proposed an emergency motion arising from the speech to the AGM by Roger Freeman MP. This was seconded by Milton Keynes CHC and eight other CHCs and this was AGREED as follows:

"Building on the Parliamentary Under Secretary for Health's interest in CHCs' comments in the White Paper "Working for patients" and his offer to meet representatives the 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)

Weston CHC proposed and Somerset CHC seconded motion 23 and this was AGREED as follows:

"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 grassroot 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.

The 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)

Central Birmingham CHC proposed and South Birmingham CHC seconded motion 29 and this was AGREED as follows:

"This AGM notes with concern 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)

Cardiff CHC proposed and South Gwent CHC seconded motion 31 and this was AGREED as follows:

"This conference 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 and to ensure people receive a high standard of care that meets their needs and desires.

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

(Resolution 31)

Wakefield CHC proposed and South Birmingham CHC seconded motion 5 and, after debate, this was AGREED by 53 votes in favour and 45 votes against, as follows:

"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)

East Yorkshire CHC proposed and Dewsbury CHC seconded motion 7 and this was AGREED as follows:

"This AGM calls upon the Departments 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 to help who may well be vulnerable to exploitation and/or 'at risk'".

(Resolution 7)

Motion 8 was then remitted to the Standing Committee at the requests of its proposers, Rochdale CHC.

West Birmingham CHC proposed and Bexley CHC seconded motion 9 as follows:

"ACHCEW calls upon the Department of Health to ensure that all clinical research is conducted to the highest ethical standards, and believes the following to be important components of such a strategy;

- a. that no clinical research may be undertaken before the approval of the 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".

The North West Thames CHCs Liaison Committee the proposed and Shropshire CHC seconded and amendment to motion 9 and this was AGREED, as follows:

"Add at end:

"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." "

South bedfordshire CHC then proposed and North West Hertfordshire CHC seconded a further amendment to motion 9, as follows:

"Replace part (b) with the following:

"That every local ethical committee should have an equal number of lay and professional members working under a lay chairman and the corresponding CHC should have the opportunity to nominate half the lay members." "

After debate, the amendment was LOST and motion 9, as amended, was then AGREED by the AGM, as follows:

"ACHCEW calls upon the Department of Health to ensure that all clinical research is conducted to the highest ethical standards, and believes the following to be important components of such a strategy:

- a. that no clinical research may be undertaken before the approval of the relevant Local Ethics Committees has been obtained;
- b. That every Local Ethical Committee should have a 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 Ethics 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)

20. ARRANGEMENTS FOR 1990 ANNUAL GENERAL MEETING

The Chairman announced that the 1990 Annual General Meeting had been provisionally arranged from Wednesday 11 July to Friday 13 July 1990 at the University of Swansea and this was AGREED by the AGM.

21. CONCLUSION OF BUSINESS

The Chairman concluded the business by thanking Chye Choo, the other ACHCEW staff, and the Arrangements Committee for the tremendous amount of work that had been put in prior to and during the AGM. She also thanked the speakers, the guest participants, Coventry CHC and the staff of the University.

She then handed over the Chair to Hywel Wyn Jones. The new Chairman then thanked Wyn Pockett for the huge contribution she had made during her three years as Chairman of ACHCEW and this was endorsed by acclamation.

The AGM then concluded.