AGM/90/6

ASSOCIATION OF COMMUNITY HEALTH COUNCILS

FOR ENGLAND & WALES

ANNUAL GENERAL MEETING

University College of Swansea

11th/13th July 1990

MOTIONS FOR DEBATE

MOTIONS FOR DEBATE

Passed with amendment

COMMUNITY HEALTH COUNCILS

1. Given the changes proposed by the White Paper "Caring for People", we feel it incumbent upon us to express our 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.

   We feel 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.

   The 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 or Private Facilities, and to provide resources to enable this to happen.

   Proposed by: Huddersfield CHC
   Seconded by: Calderdale CHC

AMENDMENT

Add further paragraph:

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

Proposed by: Stockport CHC
Seconded by:

Referred for Study

2. This AGM urges the Government if it wishes to safeguard the interests of users of NHS services to clarify and extend the rights of Community Health Councils particularly in relation to:

a) The right to visit by arrangement those parts of the premises of Family Practitioners which are used by members of the public.

b) The right to be consulted by the appropriate district health authority on the extent of care services to be provided locally, the nature and content of contracts entered into with service providers and provisions for quality control of contracted services.

c) The right to be involved in the development of quality assurance programmes generally.

d) The right to observer status at meetings of NHS Hospital Trusts and to receive copies of all agendas and supporting papers, the right to receive such information concerning the operation of Trusts as they may reasonably require, the right to meet with appropriate Trust Managers to discuss reports of rota visits and to assist any person pursuing a grievance against any service provided by a Hospital Trust and to accompany the complainants at any interviews relating to such complaints.

e) The right to visit any registered charitable or private nursing or residential accommodation where residents are in receipt of public financial support of any kind.

f) The right to delegate visiting rights to persons co-opted to CHC committees and to defray expenses such members incur in attending meetings or undertaking duties on behalf of the CHC.

g) The right to be consulted on any application by service providers to form an NHS Trust or by GPs to be given control of their clinical budget.

h) The right of CHC staff to represent complainants at FPC Service Committee hearings and to accompany them at any interviews with Health Authority staff relating to complaints if they so desire.

Proposed by: South Gwent CHC
Seconded by: Central Birmingham CHC

3. This AGM urges that:

a) a member of each CHC should be appointed as a non-executive director of the Board of each Hospital Trust within the District covered by that CHC,

b) the Chairperson of each CHC should be appointed as a non-executive member of the respective DHA to replace the Observer rights of CHCs,

c) CHCs should be represented as full members of the Liaison Groups responsible for planning and facilitating the White Paper "Caring for People in the Community".

Proposed by: North Bedfordshire CHC
Seconded by: Grimsby & District CHC

AMENDMENT

Delete (b) and insert to read:

"CHCs should maintain observer rights at DHA meetings as non-voting members."

Proposed by: Kidderminster CHC
Seconded by

NOTE: The Arrangements Committee are recommending that each of the paragraphs of Motion 3 should be voted on separately.

CARE FOR THE TERMINALLY ILL

4. 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.

Proposed by: Kidderminster & District CHC
Seconded by: Bromsgrove/Redditch CHC

5.

This Community Health Council calls on Health Authorities to address the problem of access to information and help for those caring for the terminally ill.

This CHC also recommends that each Health Authority should designate one of the professions involved in the care of the terminally ill to be responsible for communication and co-ordination. This function should include ensuring that patients and carers are informed of diagnosis and prognosis; practical aids and financial assistance to which they may be entitled; support services to enable the patient to remain in the community if that is his/her wish; and bereavement counselling provision.

Elaine Brooks

Proposed by: Leeds Eastern CHC
Seconded by:

FAMILY PLANNING CLINICS

6.

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.

Proposed by: Newcastle CHC
Seconded by: Bath CHC

AMENDMENT

Add the following:

" This AGM therefore call on H M Government to make it mandatory for each Health District to retain community-based family planning clinics, thus ensuring:

(i) the full range of family planning services is available to both men and women;

(ii) Consumer choice;

(iii) Training for General Practitioners in Family Planning Resources."

Proposed by: Oldham CHC
Seconded by:

GP DEPUTISING SERVICE

7. This Annual General Meeting should call 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.

Proposed by: Pontefract & District CHC
Seconded by: Wakefield CHC

MATERNITY SERVICES

8. 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.

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

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

Proposed by: Southampton CHC
Seconded by: Winchester CHC

9. ACHCEW, 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.

Proposed by: West Birmingham CHC
Seconded by: Torbay CHC

MEDICAL WEIGHING & MEASURING EQUIPMENT

10. This AGM calls upon the Government to introduce legislation to introduce legal controls to cover weighing and measuring equipment used by the medical profession, at the earlist opportunity.

Proposed by: Rotherham CHC
Seconded by: Barnsley CHC

Remitted to S. Committee

REGISTRATION OF RESIDENTIAL AND NURSING HOMES

11. This AGM asks the Secretary of State to introduce new regulations with regard to the planning and registration of residential and nursing homes which would:-

(a) empower Social Services and Health Authorities to refuse registration on the grounds of inadequate available GP cover;

(b) introduce standards of staff training, qualifications and experience which homes would have to meet in order to achieve registration.

Proposed by: Barnsley CHC
Seconded by: Tameside CHC

AMENDMENTS

(i) Add new paragraph:

Passed

"(c) empower Planning Authorities to reject planning applications for such homes on the basis of advice from either Social Services or Health Authorities that the size of the projected establishment, or other factors implicit in the application, would not be compatible with current concepts of good community care, or would jeopardise other facilities already providing satisfactory services in the community."

Proposed by: Lancaster CHC
Seconded by

(ii) Add:

"(c) require that a complaints procedure be accepted and followed to provide for independent consideration of complaints within guidelines to ensure that residents cannot be victimised for making complaints to the authority;

Passed

(d) require owners and managers of such homes to accept certain basic rights of residents, including the right to independent medical advice or treatment, the right to independent financial advice or assistance, the right to a minimum of 4 weeks notice before discharge from the home."

Proposed by: Wakefield CHC
Seconded by:

(iii) Add new paragraph at end:

"It also calls on the Secretary of State to extend registration arrangements to cover private and voluntary agencies providing personal care in non-residential settings."

Proposed by: West Lambeth CHC
Seconded by:

COMMUNITY CARE

12. This AGM calls upon the Association to remind the Department of Health of the need for standard criteria and monitoring of the Community Care legislation to ensure a national base line to guarantee a nationwide standard of good quality care.

Proposed by: Weston CHC
Seconded by: Oxfordshire CHC

13. This Annual General Meeting 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 Annual General Meeting, therefore, calls upon Her Majesty's 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.

Proposed by: Airedale CHC
Seconded by: ~~Great Yarmouth~~ Cardiff CHC

PERSONAL ALLOWANCE OF RESIDENTS IN NURSING/RESIDENTIAL HOMES

14. 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.

Proposed by: Leeds Western CHC
Seconded by: West Berks CHC

ACHCEW STANDING COMMITTEE

15. 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.

Proposed by: Canterbury & Thanet CHC
Seconded by: South Bedfordshire CHC

HEALTH AUTHORITY MERGERS

16. This Conference notes:

a) that CHCs have traditionally been coterminous with district health authorities,

b) that health authority mergers are a likely consequence of the implementation of the proposals outlined in the white paper "Working for Patients".

This Conference believes:

a) that Community Health Councils should relate to identifiable communities,

b) that health authority mergers should not be mirrored by CHC mergers.

This Conference instructs Standing Committee to:

a) prepare a policy statement on CHCs and mergers,

b) negotiate with appropriate bodies to safeguard CHC provision in the face of health authority mergers.

Proposed by: Islington CHC
Seconded by: Central Birmingham CHC

REGIONAL ASSOCIATIONS OF CHCs

17. The Conference 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 of 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.

Proposed by: Blackpool, Wyre & Fylde CHC

Seconded by: