

ANNUAL REPORT 1977/78

June 1977—
August 1978
Association of
Community Health
Councils for
England and
Wales

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Formation of Association

Following the decision in November 1976 to form an Association, the business of preparing the first General Meeting was put into the hands of a provisional standing committee, under the chairmanship of Mr Leslie Rosen. The General Meeting, which adopted a constitution and standing orders for the Association and agreed that it should formally come into being, took place at the Friends' Meeting House, Euston Road, London NW1 on 15 June 1977.

Mr Gordon Bessey (East Cumbria) was elected Chairman, Dr Rod Griffiths (Central Birmingham) Vice-Chairman and Mr Norman Swift (Bury) Honorary Treasurer. Mr Mike Gerrard took up his post as Secretary in September 1977. We think we have been remarkably fortunate in our choice of Secretary, who has been strongly supported by Miss Chye Choo.

The Order making possible the establishment of the Association (Statutory Instrument 1977 No. 874) was laid before Parliament on 23 May 1977 and came into operation on 13 June, providing for the formation of the Association, eligibility for membership, method of operation, financing and the presentation and audit of accounts. Statutory Instrument 1977 No. 1204 subsequently came into operation on 15 August establishing the Association as a statutory entity.

Membership

At the time of its formation, 162 Community Health Councils had opted for membership of the Association, and this number advanced to 184 by 31 March 1978. The Department of Health undertook to meet all the costs of the Secretariat during 1977/78, and no subscription was levied on member councils.

From 1 April 1978, however, a subscription of £150 per annum agreed at the General Meeting became a condition of membership. To the date of this report 192 councils have taken membership for the current financial year, and have paid their subscriptions in full.

Finance

The work preparatory to the formation of the Association was initiated by the Department of Health through the medium of King Edward's Hospital Fund for London, and throughout the period of this report, the Association has been housed at the King's Fund Centre.

All costs were met by the King's Fund up to 30 September 1977, when the Association became financially independent.

Finances for the half-year to 31 March 1978 were worked out against estimates taking account of removal to independent premises during the financial year. In the event this did not happen, but it was possible to carry the removal allowance unspent over to 1978/79, and this has been most helpful.

CHC News has been published by the Association since 1 October 1977. The full cost of *CHC News* and the associated information service to CHCs is met by the DHSS, which will continue to do so for the foreseeable future. The activities of the Secretariat on the other hand are financed entirely out of member CHCs' subscriptions. In 1977/78 a sum of £33,000 was provided by the Department of Health to cover both areas of expenditure for the half-year. For the present year, the DHSS has set a cash limit of £47,000 for *CHC News* and the information service, while £23,000 is allocated to cover the costs of the AGM, the expenses of the Standing Committee, accommodation and salaries for the Secretariat.

The Accounts of the Association are published separately, and are available for inspection on request. Any surplus of subscription income over budgeted expenditure in any year can be used to finance (e.g.) research work, conferences, etc., or set aside to help maintain the existing level of subscriptions during subsequent years.

The Association banks with Williams and Glyn Ltd, Camden Town Branch, maintaining current and deposit accounts, thus earning interest on income received in advance of requirement.

Personal

It is not possible to overstate the extent of help and support given to the Association in its infancy by the King's Fund. The provision of premises, and the free use of all the accompanying facilities has been an invaluable advantage, and the Standing Committee has wished to record its gratitude on more than one occasion, and certainly in this report. Thanks are due to Mr Graham Cannon, Director of the King's Fund Centre, and all the staff for their co-operation and encouragement over the period, which have enabled the Association to move confidently to premises of its own.

Special mention should also be made of Mr Pat Torrie, Director of the King's Fund College, who began it all, and Mr John Pater, who took over the responsibility and saw the Association through to formal establishment, before finally taking a well-earned retirement. Coupled with their names is that of Ruth Levitt, founder-editor of *CHC News*, who is now enhancing the NHS competence of the School for Advanced Urban Studies at Bristol, but still very much a close friend.

The congratulations of the Association are extended to Mr Idris Davies, Chairman of Anglesey CHC and the Welsh Association of CHCs, who has been an active member of the Standing Committee, and who has been appointed Chairman of Gwynedd Area Health Authority. We wish him well in this challenging new responsibility.

Review of the Year

This review, necessarily brief, falls into four parts: key decisions taken in the early days which have influenced the subsequent

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working of the Association; matters raised by CHCs and issues tackled during the period; the development of relationships, contacts and collaboration with other bodies; and the landmarks for progress to date.

Key decisions: the five decisions enumerated below have to an important degree set the tone for the year's work:

- ☐ Honorary Officers of the Association must be nominated representatives from the regions, and if they lose this status they can only continue to hold office in a non-voting capacity.
- ☐ There will be no executive or inner group of the Standing Committee: all business will be conducted by the full committee.
- ☐ For the present, all CHCs whether or not members will be treated as equals and will have equal access to information, news and investigative work done on behalf of the Standing Committee.
- ☐ The Association will take on long-term study projects, where it can advance the interests of CHCs by taking an objective look at the principles underlying the issues of greatest importance on which they are engaged.
- ☐ A newsletter will be circulated after each Standing Committee meeting informing CHCs of what took place and what subjects are due for discussion at the next meeting, and inviting their comment on any of the topics covered.

The watchword has been the involvement of all CHCs and all members of the Standing Committee on an equal footing in the work attempted; the success of this policy has been evident from the response of CHCs on questions as varied as the Closure of Pharmacies and the management of Ambulance Services.

Issues tackled: All the work taken on by the Association during the year has been initiated either at the request of CHCs, or in response to approaches from the Department of Health. A considerable number of questions had already been forwarded to the Association for debate in advance of the first meeting of the full Standing Committee, and the rate of flow has not diminished over the subsequent months. As with the Information Service, a record has been kept of all incoming representations from CHCs, and the most important topics have been (in order of incidence):

1. Family Practitioner Services. Access to: costs of; quality of; emergency cover; complaints procedures; relations with FPS.
2. NHS regulations and statutory procedures. Consultation machinery; closure/change of use; management standstill/restructuring; RHA as establishing authority for CHCs; eligibility for services and benefits.
3. Medical etc. procedures. Prevention; screening; drugs and their effects; casualty services; admissions and discharge; care of children; the handicapped and disabled.
4. NHS Premises. Access to; standard of; hygiene; specialist units; health centres; catering; postgraduate hospitals.
5. Application of resources to NHS. General funding; funding of long-stay hospitals; "slippage" and carry forward of revenue and capital; joint financing; repayment of hotel charges.
6. Paramedical Services. Aids and Appliances, access to; quality, speed of response. Chiropody; domiciliary care; hearing; amputation; elastic support tights.
7. Operation of CHCs. Staffing; membership; information and publicity; complaints; research; surveys; relationships with Association.

Some progress has been made on almost all the questions listed — they remain under consideration, and continuing work on them will form much of the activity during the coming year as well.

The method of dealing with matters raised by CHCs has varied. In the majority of cases the Standing Committee has considered the question as presented, and either come to a view or sought further

information. Sometimes, the subject has been one on which it is felt that the comments of interested CHCs would provide the best material for further consideration, and discussion papers have been prepared and circulated, or a direct request for CHC opinion has been made. Examples of the former are

- NHS Provision for the Disabled
- Health Centre Development
- and of the latter
- Closure of Pharmacies
- Closure and Change of Use Procedure
- FPC Service Committee Hearings.

In every case, the statements submitted by CHCs have been examined by the Standing Committee or a working group which has reported to the Standing Committee. Submissions made to the DHSS or elsewhere have been in the form of recommendations based on evidence from CHCs or a simple statement to cover the evidence, which has been submitted verbatim.

Certain questions have been brought to the attention of the Association by the Department of Health. In every case it has been made plain that individual CHCs have the right to be consulted and that the Association is not an intermediary, and that remains policy. Questions originating from the DHSS have however been circulated to CHCs on a consultative basis, and these include

- The implementation of the Court Report
- Management of Ambulance Services
- Changes in Social Services Responsibility.

Long term studies are being mounted on Casualty Services (an internal study under the chairmanship of Mr D. M. Thomas, Chairman of Cardiff CHC, and being researched by Pat Gordon, former Secretary of Hackney CHC) and NHS Dentistry (with external research and financial assistance).

A permanent working group on Communication (chaired by Cllr R. Stephenson, East Surrey CHC), has met twice, and ad hoc working groups have met to produce papers or statements on

- Closure of Pharmacies (Chairman, Mr Leslie Rosen — Leeds Eastern CHC)
- Closure and Change of Use Procedure (Chairman, Mr Mike Gerrard)
- FPC Service Committee Hearings (Chairman, Lady Mary Marre — Edgware/Hendon CHC)
- Implementation of the Court Report (Chairman, Mr Henry Guterman — Tameside CHC)
- Management of Ambulance Services (Chairman, Mrs Joy Mostyn — South Hammersmith CHC)

Additional working groups have been set up to look at the development of services for well women, and on the organisational side, the method of working of AHAs, and what should be the guiding principles in the complex of relationships between CHCs, the Association, RHAs and the Department of Health. The latter is obviously an area of great importance, with long term implications for CHCs and the public, and demands careful thought.

Contacts and Relationships: The year has been spent creating and building on links with other bodies. Most importantly, the Association has tried to cement relations with CHCs, and the Chairman and Secretary have been active in visiting and speaking to CHCs and Regional groupings in every part of England and Wales. The opportunity of giving support and assistance to the Association of Scottish Local Health Councils and its members has been welcomed, and this Association will be represented at the Scottish AGM.

Links have been established with the National Association of Health Authorities and the Society of Family Practitioner Committees, whose collaboration on matters of common interest can be worth more than its intrinsic value alone.

Contact with professional and trade union organisations nationally has been limited, but constructive and cordial where it

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has taken place. National voluntary organisations, and bodies with parallel functions to the Association's in different spheres, have become close collaborators, and among those with whom information is now regularly exchanged are:

National Council of Social Service
National Consumer Council
MIND
Age Concern
Royal Association for Disability and Rehabilitation
Volunteer Centre
Consumers' Association.

The Association has been asked during the year to nominate people to serve on the executive of two of these bodies, but has declined to do so, on the grounds that although the closest continuing contacts and collaboration with all of them is a main objective, advancement of the interests of CHCs must be the paramount activity, overriding any others. Invitations have also been received to nominate potential members to the consumer councils of the nationalised industries, and representatives of the Association have been appointed to serve on

the Health Education Council
the Prescription Pricing Authority
the Silver Jubilee Committee on Access for the Disabled
the Disabled Living Foundation Advisory Panel
the South East Regional Association for the Deaf

and on DHSS working parties on the Management of Psychiatric Hospitals and the Confidentiality of Records. In his capacity as Chairman of the Association, Mr Bessey is also a member of the Central Health Services Council, the principal advisory body to the Secretary of State.

The appointments referred to above have brought members and secretaries of CHCs in different parts of the country into the work of the Association, and enabled them to make use of their own experience and skills in these specialist areas. It will continue to be the policy to make use of the aptitudes of CHC members and staff both in appointments to outside bodies and in the work of committees or study groups of the Association.

Landmarks to date: In some senses, the key decisions taken by the Standing Committee have been among the most important landmarks of the year, as they have influenced every other action taken. Four other events however must be regarded as particularly significant.

The formation of the Association provoked a statement from the Conservative Parliamentary Opposition Spokesman on Health, Dr Gerard Vaughan, which was essentially critical. This was followed by a debate in the House of Commons, during which scepticism was expressed on both sides. Mr Bessey had responded to the original statement by writing to Dr Vaughan to clarify some areas of uncertainty, and after the debate, he and the Secretary met Mr Patrick Jenkin, Shadow Social Services Secretary, and subsequently the Health and Social Services groups of backbenchers from both main parties. These meetings have been particularly useful in establishing the purpose of the Association (and of CHCs) with Members of Parliament, and have served to develop potentially important contacts. It should be mentioned that the Association has not so far met the Secretary of State officially, and no formal meetings with ministers have in fact been held. The Chairman and Secretary have however met all the ministers with health responsibilities informally on a number of occasions, and an official meeting has been sought with the Minister for the Disabled to present the views expressed by CHCs on the discussion paper circulated.

Early in December, the opportunity arose for the Chairman and Secretary to meet Sir Patrick Nairne, Permanent Secretary at the Department of Health, to discuss the initial targets of the Association and the relationship it hopes to enjoy with the Department. This meeting also was valuable in facilitating dealings with the DHSS and putting the Association "on the map" in its various sections.

The paper submitted to the Royal Commission has had an impact on its own. Apart from the warmth of its reception by the Royal Commission and the opportunity provided to enlarge on it verbally and as additional evidence has come forward, its significance lies in the fact that it was the first time CHCs had combined to produce material for the use of the Association, and that it thus set an encouraging precedent on which it has been possible to build in the ensuing months, and which will form the basis for much of the most effective work to be done in the future.

Finally, on the question of observer attendance at Family Practitioner Committee meetings, the Standing Committee has come out forthrightly in support of the many CHCs which have demanded it as a right. This important decision puts the Association in the front line along with member CHCs in seeking to establish the legitimacy of their aspirations in the mind of FPCs, and again has major significance for future action.

Premises

As a footnote to the review section of the report, one obvious landmark in the history of the Association has been the move to independent premises. Reference has been made elsewhere to the support given by the King's Fund. There were many advantages to using the King's Fund Centre for premises, including the remarkable opportunity it provides for meeting influential and interesting people from every part of the world. The loss of this is part of the price paid for moving to ground floor premises at 362 Euston Road in mid-August. The Secretariat and *CHC News* now both work from 362 Euston Road, and will welcome CHC members and staff visiting London and wishing to call in. The premises are held on a 10 year lease at £5,500 p.a. rental, with one rent review due in 1980, and in accordance with members' wishes are completely accessible to disabled visitors, with level access at both entrances.

CHC News and Information Service

The *CHC News* and Information Service was transferred officially from the King's Fund to the Association on 1 October 1977, but it has continued to function much as before. The information service provides factual information and advice to CHC staff and members and others (including the media, voluntary organisations, and the general public). The number of queries each month ranges from around 60 to over 100. All inquiries are analysed each month according to the category of inquirer and subject of query, and by CHC and region. Subject categories with consistently high numbers of queries include addresses, publications, distribution of *CHC News*, publicity, and general information on CHCs, but inquiries on certain topics tend to bunch together — for example, inquiries on dental services and boundaries have increased recently. The Information Service does not speak on behalf of CHCs in general, or of any individual CHC.

The magazine provides a forum for CHCs to communicate with each other and an information resource. The aim is to achieve, each month, a balance of subject-matter between items on CHC activities, the NHS, and health matters in general, of authorship between the editorial staff, CHC staff and members, and other outside contributors, and of regional coverage. Though *CHC News* is in no way the mouthpiece of the Association, there is a large amount of daily contact and co-operation between *CHC News* and the Secretary and his Assistant, and the magazine does of course report on the Association's activities from time to time. When *CHC News* and Information Service came under the Association's wing the Secretary became responsible for the conduct of all the Association's business, including the Information Service. To clarify the respective areas of responsibility and to give recognition to the editorial independence of *CHC News*, it was decided to set up an editorial board, of which the Secretary and the Editor are both members, and to which the Editor is accountable for all work on the

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magazine. Guidelines drawn up in April this year confirm the status of *CHC News* as "a newsgiver without inhibition by the Association", non-partisan but aiming to provide discussion and comment on matters of general concern to CHCs as well as matters under consideration by the Standing Committee. The Secretary has overall responsibility for the Information Service, which is provided "by broad participation by editors and Secretary".

There have been changes in the form and content of *CHC News* lately and some new regular features have been introduced (these can now be identified by the uniform style of the headings). It is hoped that from July the usual pattern will be as follows: Letters (p.2); Comment (old-style editorial, but perhaps sometimes written by a named contributor from outside the office) and Health News (p.3); double-page centre spread on a major topic (pp.6 and 7); Book Reviews and Books Received (p.8); Healthline (a selection of queries received and answered by the Information Service) and Parliament (p.10); Scanner (old-style Notes) (p.11); News from CHCs (p.12).

For some time lack of space in the magazine has meant that not all the useful and interesting material available can be published, or in the detail that would do it justice. Because of changes of editorship and the consequent undermanning the proposed expansion of *CHC News* from 12 to 16 pages has had to be deferred, but the editorial staff are still eager to go ahead with this, perhaps from January 1979. This would enable them

- (1) to increase the proportion of material originating from CHCs;
- (2) to cover a wider range of subject-matter each month;
- (3) to investigate important issues in greater depth;
- (4) to increase the number of smaller items covered (e.g. notes of reports and surveys), and to give more detail.

It is not expected that the workload would increase relative to the increase in size, as less editorial time would need to be spent in shortening items to fit the available space and in choosing between competing claims on space.

The members of the editorial and information staff share the workload between them and all take their turn at producing different parts of the magazine and in carrying out the various routine office tasks. Decisions on the content and style of the magazine and on the running of the office are wherever possible taken jointly as the result of group discussion.

Miss Ruth Levitt gave the magazine and information service an excellent start and we regretted her departure. Her colleagues, Mr Dave Bradney and Ms Janet Hadley, made an admirable contribution throughout the year and sustained the high standard during the demanding period when there was a change of editor. Miss Vivian Sanders joined the team as editor on 1 June 1978.

Perspectives for the coming year

There is no doubt that CHCs will continue during the coming year to make the Association aware of the organisational requirements to make them more effective in doing their work. For example, it is already planned to look into CHC membership regulations at the November meeting of the Standing Committee. They will be raising broad policy issues and will also be reaching behind the wording of NHS regulations, health circulars, legislation, etc. to examine what they actually mean in terms of people affected by them, and advocating change as a result. Experience gained in this first year should greatly facilitate the handling of these matters; the crucial question will be the effectiveness with which they can be presented and argued.

Closer links with Scottish Local Health Councils and District Committees in Northern Ireland are hoped for during the coming year, and every occasion will be used to collaborate with them and to offer support where it might be appreciated. The small, but regular number of overseas visitors to the office will continue to receive a welcome, and the opportunity to learn more about CHCs. Their visits provide a refreshing chance for self-examination from a new angle, and are always worthwhile.

Association of Community Health Councils for England and Wales 1977/78

Members of the Standing Committee

Chairman: Mr G. S. Bessey (East Cumbria CHC, Northern Region)
Vice-Chairman: Dr R. K. Griffiths (Central Birmingham CHC, West Midlands Region)
Honorary Treasurer: Mr N. Swift (Bury CHC, North Western Region)
Mr H. F. Thomas (Durham CHC, Northern Region)
Mr J. L. Rosen (Leeds Eastern CHC, Yorkshire Region)
Mr Kenneth Henderson (Scarborough CHC, Yorkshire Region)
Mr A. Goodson (South Lincolnshire CHC, Trent Region)
Mr F. Haynes (Central Nottinghamshire CHC, Trent Region)
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Dr J. S. S. Fairley (West Essex & District CHC, North East Thames Region)
Mrs R. Bucky (Haringey CHC, North East Thames Region)
Mr J. E. Austin-Walker (Greenwich CHC, South East Thames Region)
Mrs V. Harris (Maidstone CHC, South East Thames Region)
Cllr R. V. Stephenson (East Surrey CHC, South West Thames Region)
The Rev F. J. M. Evans (West Surrey & North East Hampshire CHC, South West Thames Region)
Mr A. P. Ridley (Portsmouth CHC, Wessex Region)
Mrs E. Collins (High Wycombe CHC, Oxford Region)
Mr D. A. V. Harper (Gloucester CHC, South West Region)
Mr G. E. Andrews (North Devon CHC, South West Region)
Mr Bruce Meredith (Dudley CHC, West Midlands Region)
Mrs G. I. Bourne (Crewe CHC, Mersey Region)
Cllr G. Sampey (Macclesfield CHC, Mersey Region)
Mr H. Guterman (Tameside CHC, North Western Region)
Cllr W. D. Evans (Carmarthen-Dinefwr CHC, Wales)
Mr Idris Davies (Ynys Mon-Anglesey CHC, Wales) — to 30.6.78
Mr W. G. Davies (Montgomery CHC, Wales)
Mr D. M. Thomas (Cardiff CHC, Wales)
Mr Henry Williams (Clwyd South CHC, Wales) — from 30.6.78

Secretary Observers

Mr J. Hennessy (Durham CHC, Northern and Yorkshire Regions)
Mr P. Topham (Blackburn CHC, North Western and Mersey Regions)
Mr D. Saunders (Salop CHC, West Midlands and Oxford Regions)
Mr J. Holden (King's Lynn CHC, Trent and East Anglia Regions)
Mr M. Quinton (Bristol CHC, South Western and Wessex Regions)
Mr A. Brookes (Brighton CHC, South East and South West Thames Regions)
Mr B. Taylor (South West Herts CHC, North East and North West Thames Regions)
Mr E. Griffiths (Llanelli-Dinefwr CHC, Wales)

Editorial Board of CHC NEWS

Dr R. K. Griffiths (Chairman)
Mr G. S. Bessey
Mr Idris Davies (to 30.6.78)
Mr N. Swift
Mr B. Taylor
Miss Vivian Sanders
Mr M. A. Gerrard

Staff

Secretary: Mike Gerrard
Assistant Secretary: Chye Choo
Editor of CHC News: Ruth Levitt (to 31.12.77)
Rick Rogers (to 13.4.78)
Vivian Sanders (from 1.6.78)
Assistant Editors: Dave Bradney
Janet Hadley

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