

Association of CHCs
for England and Wales

ANNUAL REPORT



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The story of the past twelve months has been one of consolidating our relationships with Community Health Councils and of extending our contacts, and hopefully the influence we can exert, into other areas where the interests of CHCs can be advanced. The essential function of the Association is as a support for and complement to the work of CHCs, and the role that has developed has been threefold — as an information gatherer, a test-bed for new ideas, and an advocate for CHCs to Government, and to national bodies of every kind. Links established during our first year of operation have been strengthened, and in particular, efforts have been made to secure greater recognition by the media, with limited but detectable success. There is a long way to go, and progress is often disappointingly slow. We are nonetheless convinced that the effort is worth making, and a continuing aim will be to make

Community Health Councils a household word, and a term that carries respect with it wherever it is used.

In these aims the Association, and many individual CHCs, have been greatly assisted by the devotion and hard work of our secretary, Mike Gerrard, and our assistant secretary, Chye Choo. Their friendly, intelligent and quick response to suggestions, whether from the Standing Committee or CHCs in England and Wales, has been paralleled by their capacity to get things done and to show initiative amidst the many pressures that are upon them. Vivian Sanders, Dave Bradney and Janet Hadley have continued to make CHC News, and the information service, valuable to everyone, and are much to be congratulated on the success which obviously is achieved. There are also a number of people who have assisted working groups as required — to them all we are also deeply grateful.

CHCs and the Standing Committee

The Association is constituted as a forum for the consideration of matters of common interest among Community Health Councils, and during the course of the year it has been well used. Thirty-four motions were tabled at the 1978 Annual General Meeting, and 63 separate topics have been considered by the Standing Committee at the request of individual CHCs. These have covered all aspects of NHS hospital and community services, and a number of environmental health issues as well. Interest in family practitioner services remains at a high level and questions considered have related to all four branches of the FPS. Prior to presentation to the Standing Committee, the vast majority of these topics have been publicised in the bi-monthly newsletter circulated to members, and just short of 100 CHCs have taken the opportunity of commenting on them. This procedure has been greatly helpful to the Standing Committee and has made for better informed decisions, while enabling the debate to range among those CHCs which are interested, and giving them a stake in the eventual outcome.

The newsletter is the medium by which Community Health Councils are advised informally of decisions taken by the Standing Committee, and of matters coming forward for discussion at a later stage. It serves also as a means of informing members

of action taken or intended in implementation of Standing Committee decisions and of letting CHCs know about developments notified to the Standing Committee (e.g. from Parliament or the DHSS) which are of interest to them but may not otherwise come to their attention. Every indication is that the newsletter is a valuable medium of communication, and is received with interest. By a decision of the March 1979 meeting of the Standing Committee, member CHCs now also receive the minutes of its meetings, thus being notified formally of the proceedings.

The overwhelming bulk of action taken during the year has resulted from requests and representations made by CHCs and much of it is reviewed below in the sections headed "Annual General Meeting", "Campaigning Activities" and "Working Groups and Studies". It is of course also the case that many questions raised by CHCs are dealt with by correspondence without directly involving the Standing Committee, as being either non-contentious, or within the letter or spirit of decisions previously taken.

Annual General Meeting

The first Annual General Meeting of the fully constituted Association took place at the Royal College of Surgeons in London on 27 September 1978. Approximately 400 delegates and observers were present, and the guest speaker was Rt Hon David Ennals,

MP, Secretary of State for Social Services. A short address of greeting was given by representatives of the Association of Scottish Local Health Councils. Apart from the formal business of the meeting, 34 policy motions were tabled, and it was regrettably not possible to complete more than 12 of these on the day.

The remaining motions were referred to the Standing Committee for decision, and were considered at a two-day meeting in November. Those motions which were resolved either at the AGM or by the Standing Committee were forwarded to the Secretary of State, and were formally presented to Mr Ennals by a deputation which met him for the purpose on 26 March 1979.

This failure to complete the business of the AGM led to some criticism and many helpful suggestions from CHCs. All of these were given careful thought, and an Arrangements Committee was appointed for 1979 to oversee the preparations being made and to ensure that the business is properly discharged. This committee is assisted by a Resolutions Committee, responsible for the selection of motions for inclusion on the agenda and the order in which they are taken. These committees are likely to become permanent features.

In accordance with the wish of the 1978 Annual General Meeting, the 1979 meeting is being held in York over two days. Preliminary arrangements are also being made for the meetings in 1980 and 1981.

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Campaigning Activities

Work begun during 1977/78 was continued during this year on the following topics:

NHS PROVISION FOR THE

DISABLED. Mr Joe Hennessy and the Secretary met Rt Hon Alfred Morris, MP, Minister for the Disabled, on 9 November 1978 to present the views expressed by Community Health Councils on access, mobility, medical, dental and nursing care, aids and appliances. Two meetings subsequently took place with the Director of Supplies at DHSS, and the Association was represented at a Conference on the Reorganisation of the Wheelchair Service on 6 March 1979. General campaigning activity has continued, and the views of CHCs on the hearing aid service are to be sought in the autumn of 1979.

INNER CITIES. A meeting was mounted jointly with Islington CHC on 14 November 1978, and attended by more than 70 people from Inner Cities Partnership areas in every part of England. The meeting came to firm conclusions about the need for CHCs to get involved, and information was subsequently obtained and circulated as to the success achieved in this respect: the intention being to help councils in "difficult" areas by giving them evidence of the involvement permitted to their colleagues elsewhere, and thus enabling them to seek a more-active role if they wish. Co-ordinating work is being continued by Central Manchester CHC.

MEDICAL CARE OF THE HOMELESS. The Association responded to a suggestion by Eric Deakins MP, then junior minister at the DHSS, that more needed to be known about this problem, by collaborating with the Campaign for Single Homeless People (CHAR) on a fact-finding exercise in major towns and cities. This work is continuing, co-ordinated on the CHC side by Leeds Western CHC. The Secretary, together with Susan Jenkins, Secretary of Leeds Western CHC, visited Liverpool on 19 April 1979, and helped launch this activity with interviews on BBC Radio Merseyside and in the Liverpool press.

MANAGEMENT RESTRUCTURING.

A close watch has been kept on the restructuring of management arrangements where this has taken place, and its impact on

the local Community Health Councils. The Secretary had visited the Mersey Region and Sheffield during 1977/78 for consultation with the CHCs, and the April visit to Liverpool was used to see the situation in Liverpool and the Wirral at first hand. Lady Marre and the Secretary also visited Bristol on 2 July 1979, discussing the implications of restructuring with CHCs affected by the extensive changes made in the South Western Region. Councils in restructured areas were asked to outline their experience and responded readily, and a leaflet is to be prepared to assist those that might have to face restructuring.

PHARMACEUTICAL SERVICES. The Community Health Councils of Coventry and East Birmingham asked the Association to follow up work done previously by conducting an inquiry into various aspects of pharmaceutical services, including the location of pharmacies and the cost of drugs. This is a well researched area, and it was decided that the most useful contribution we could make is to put together a bibliography and mount a discussion seminar on the main questions raised. Prescription costs from Area to Area are meanwhile being monitored on a six-monthly basis and the information obtained will be presented to the seminar.

NHS CHIROPODY. A statement was prepared, based on observations made by CHCs over the past two years, and circulated for comment and refinement. It is hoped to produce a final statement in November 1979. Short statements were also made to DHSS on

- the future of the London Postgraduate Hospitals
 - regional secure psychiatric units
 - "Medical Manpower - The next 20 years"
 - rural dispensing and the report of the Clothier committee
- and the comments of interested CHCs were forwarded verbatim on
- the primary health care team
 - computerisation of medical records
 - child abuse registers.

Meetings took place with officials at the DHSS to put the point of view of CHCs on Hygiene of Hospital Kitchens, and the procedure for Closure and Change of Use of NHS premises. Members also took part in long-awaited meetings with the Director of the Health Advisory Service and the Chairman and Secretary of the Medical

Practices Committee. These are discussed at greater length below.

As a contribution to INTERNATIONAL YEAR OF THE CHILD, it was decided to pursue the spirit of one of the resolutions of the 1978 AGM producing evidence aimed at advancing a policy whereby mentally handicapped children would not be cared for in institutions, but rather at home or in homely surroundings. Yorkshire CHCs put on a seminar on the same subject in Harrogate on 24 May 1979, making a useful input to our thinking, and receipt of the reports of the Warnock Committee on Special Education and the Jay Committee on Mental Handicap Nursing was instrumental in setting the evidence received from Community Health Councils in context. The final statement is expected to be debated and published early in 1980.

Working Groups and Studies

Reference was made in the first annual report to studies and working groups which had been set up. The study on Casualty Services has made much progress during the year. Pat Gordon had to give up the research work after having a baby in 1978, and after some time lapse, Mrs Anthea Holme and Mrs Joan Maizels were appointed as joint researchers for the project in January 1979. The pilot study has been concluded, and the main study substantially completed. It is now expected to present the findings of the study to a conference towards the end of 1979.

Financial assistance in the sum of £5,000 was given by the Nuffield Provincial Hospitals Trust in support of the Study on NHS Dentistry. This is being carried out by the London Hospital Medical School, and has taken the form of assembling information from CHCs, FPCs and Area Dental Officers, producing a report based on the response, and circulating that report for refinement by further comment. Results from this study are expected early in 1980.

The Working Group on Communication has continued to meet, and has addressed itself principally to the implementation of the 1978 AGM resolutions on publicity for CHCs. Within this framework it has considered the use of an emblem for CHCs; a national advertising programme, and reciprocal arrangements with the media for

free publicity. The assistance and support of the DHSS has been sought in this regard, and the Group has kept in close touch with colleagues in Wales, Scotland and Northern Ireland over developments.

Activation of the Group on services for Well Women was delayed until March 1979. Response from CHCs to the first request for information was the largest yet experienced, and there is no doubt of the support for this concept among women in many parts of the country, and among a majority of CHCs. The Group (which is chaired by Mrs Joy Mostyn of South Hammersmith CHC, and apart from the Chairman and Vice-Chairman of the Association who attend ex officio, is made up entirely of women) has established a range of services considered desirable for every district together with costings, and will be making its policy recommendations later in 1979.

The Group established originally to look at aspects of the working of health authorities and CHC relationships with the NHS and the DHSS has evolved during the year into a Working Group on the Role and Development of Community Health Councils, chaired by Lady Marre (Edgware/Hendon CHC) and strengthened by the appointment of Mr D M Thomas (Cardiff CHC) to represent the interests of Welsh CHCs. It is this Working Group which sponsored the consultation with CHCs on management restructuring, and the guidance leaflet referred to above. In addition the Group has examined the regulations establishing Community Health Councils, membership and staffing; staff gradings; induction and in-service training for members and staff of CHCs, and the role of CHCs as it has evolved and as it is likely to develop in the next five years. The Group will be publishing its report for discussion among CHCs during the winter of 1979/80.

It was considered important that the Association should be equipped to respond to the report of the Royal Commission on the NHS, should a reaction be required at the time of publication. Evidence had been given verbally to the Royal Commission on 19 January 1979, when the Chairman and Vice-Chairman, accompanied by Lady Marre, Mr Thomas, Mr Graham Andrews (North Devon CHC) and Mr Leslie Rosen (Leeds Eastern CHC) presented the case "for" Community Health Councils as the consumer representative element in the NHS

structure. The Working Group took the view that CHC members and staff should be as well placed as anyone to speak authoritatively on the potential and future direction of CHCs and members have consulted with staff and members of CHCs on this subject on a number of different occasions.

Royal Commission on the NHS

Most CHCs will have been gratified by the conclusion reached by the Royal Commission, that CHCs have made "an important contribution towards ensuring that local public opinion is represented to health service management" and that what they need is additional resources, as well as by the specific recommendations for the future role of CHCs. The latter will now be the subject of debate and eventual political decisions, but we hope that the former can be accepted without controversy. We ourselves were pleased that the Royal Commission, having contrasted the view on CHCs put to it by this Association and by the Association of District Councils, then went on very clearly to endorse the separation of consumer representation from management responsibility which was at the heart of our verbal evidence.

External Relations

Pride of place among relationships with outside bodies must go to the Association of Scottish Local Health Councils and to the Association of Northern Ireland District Committees. The Vice-Chairman, together with the Secretary and the Editor of *CHC News* attended the 1978 AGM of ASLHC in Edinburgh, presenting greetings from England and Wales, and the Secretary stayed over briefly to meet members and Secretaries of Scottish Councils. The Secretary also addressed a conference on the role and development of the District Committees at Enniskillen on 10/11 November 1978, and he and Mr Rosen had a very productive meeting with representatives of ANIDC in Eastbourne in March 1979, when areas of collaboration were discussed. We are pleased to welcome visitors from both Associations to the 1979 AGM.

The annual report for 1977/78 detailed a number of national organisations with

which information is regularly exchanged. This list has been substantially enlarged to include among others the Personal Social Services Council, the Family Planning Association, the Local Authority Associations and other important professional voluntary, academic and press contacts which have been established or developed during the year. These bodies all receive the bi-monthly newsletter, keeping them abreast of the activities of the Standing Committee, and enabling them also to contribute specialist knowledge to the Standing Committee where desirable.

Special mention was made in 1977/78 of the King's Fund, and it is appropriate to do so again. Apart from meeting periodically at the King's Fund Centre, we continue to receive invitations to address courses at the King's Fund College. Regular meetings take place with members of the long-term care team at the King's Fund, and the King's Fund is interested in much of the work being done within the Association (eg on Chiropody, and on the Medical Needs of Homeless People).

Special efforts have been made during the year to develop relations with the Local Authority Associations, and with the Associations of Environmental Health Officers and Directors of Social Services. Meetings have been friendly, and the exchange of information is one that we as a small organisation find to be of great value. We are also pleased, in completing our contact with the principal political parties, to have made touch with the Liberal Party nationally and with Liberal MPs in both Houses of Parliament. An early responsibility during this new Parliament must be to renew our links with the health and social services groups in the Conservative and Labour parties also. Meetings with the Director of the Health Advisory Service and with the Chairman and Secretary of the Medical Practices Committee in May 1979 have had a significance beyond simply the campaigning issues that brought them about. Whereas the meeting with the HAS originated in the question of publication of its reports to the CHCs concerned, in fact the exchange of views spread far more widely, covering areas in which the HAS may be able to share its expertise with CHCs, and matters on which CHCs can inform the HAS. At the time of writing, this dialogue is only at an early

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stage. Subject matter for discussion with the MPC was the dispersal of single-handed GP practices. It was however possible to discuss questions such as the closure of branch surgeries, the impact of health centres, and the whole question of classification of areas as adequately or inadequately doctored relative to the age, practice preferences and method of working of the GPs operating there. As important in some senses as the content of the meetings is the increased awareness of CHCs and their viewpoint that such meeting create, and the openings they present for further exploration of matters of mutual interest.

The same can be said for dealings with the representative bodies of NHS professionals. Meetings have been held during the year with the negotiating bodies for GPs and Pharmacists, with beneficial effect. It has been agreed that the Association and the General Medical Services Committee will meet annually to discuss questions of concern on either side. This is to be welcomed, since in creating an ACHCEW/GP forum it also establishes a day to day link with the BMA. In response to an approach from the Pharmaceutical Services Negotiating Committee, we produced a paper on Pharmaceutical Services and took part in a joint meeting with other consumer representative organisations at the Pharmaceutical Society headquarters. The continuing links with the PSNC and the Society are not only useful, but extremely pleasant.

Representatives of the National Association of Health Authorities and the Society of Family Practitioner Committees have been invited to attend the Annual Meeting in York. NAHA has invited us to its annual conference dinner in 1978 and 1979, and the Society of FPCs has asked us to take part in its AGM in both years. The Society, while debating many topics also debated by CHCs and reaching similar conclusions in most instances, nevertheless came out strongly against CHC observers being admitted by regulation to FPC meetings, and took the opportunity of making comments critical of CHCs. It remains to be seen how far attitudes have developed during the intervening year. Remonstrance by the Secretary of State may have led to a few more FPCs admitting CHC observers voluntarily; what is more important is the view that FPC members have of CHCs now

that another year has passed.

Academic institutions continue to show interest in Community Health Councils and members of the Standing Committee and the staff have been asked to give talks in a number of locations. Mr Rosen and the Secretary delivered papers to the Royal Society of Health Congress in March 1979 on the achievements and the future of CHCs, and articles on the relations of CHCs to their readership have been commissioned for "Contact"; the Association of District Councils' Review, and the newsletter published by the Association of Directors of Social Services. A session of the NAIDEX conference in November 1979 is to be devoted to Community Health Councils and Disabled People. It will be chaired by the Chairman of the Association, and one of the papers is to be delivered by the Secretary.

Industrial Relations in the NHS

In common with every other interested organisation, this Association looked on with anxiety during the protracted and various industrial disputes in the NHS between October 1978 and March 1979. Substantial numbers of Councils expressed their concern publicly, sending resolutions to the Secretary of State, and urging all parties to submerge their differences in the interests of patients.

During this period we were in close contact with the National Council of Social Service and the Volunteer Centre, which were co-ordinating the response to the situation by organisations representing volunteer workers, Voluntary Services Organisers, and consumer groups. The chief concern among all these groups was that a difficult situation should not be exacerbated by ill-considered or provocative action, and this was mirrored by the Standing Committee, which having considered the many representations from CHCs, decided to leave the question on the table for six months, reverting to it in an objective manner in November 1979, for debate in terms of industrial relations rather than of industrial disputes.

As it happens, the only trade union that the Association has had dealings with during the year has been the BMA representing doctors. While valuable on its own account, this is clearly a narrow area of contact, and in

concluding the discussion at the Standing Committee, the Chairman took on a commitment to develop links and exchanges of view with the Unions in the NHS during the coming year.

CHC Centred Activities

The Association has maintained contact with the Society of CHC Secretaries during the year, meeting on one occasion, and keeping close liaison over the parallel annual meetings in York. Views of the Society have been sought on the induction and in-service training needs of CHC Secretaries, and representatives of the Association attended the Society seminar on this subject on 10 April 1979.

Members of the Standing Committee and staff of the Association and the Information Service have attended regional meetings of CHCs, conferences for new members, and meetings of individual CHCs in different parts of the country; as in 1977/78 the Chairman, Vice-Chairman and Secretary have between them visited every region in England. A substantial delegation visited Cardiff for the premiere of the Welsh CHCs' film on 6 April 1979; the Secretary was also a speaker at the Annual Meeting of the Welsh CHCs on 7 July 1979.

A number of Community Health Councils have been involved in "Good Practices in Mental Health", an international project managed in the UK by the International Hospitals Federation aimed at identifying specially worthwhile features in hospital, residential or community care from district to district. This seems to have been a particularly attractive activity for CHCs, and those involved have been involved deeply, as in Coventry and Newcastle, where two of the earliest project reports were published, both by the local CHC. The Association has been kept informed of the progress of the project by the IHF, and Mrs Ruth Bucky (Haringey CHC) and the Secretary attended a meeting designed to consider what its future might be once this phase is completed.

The persistent interest of CHCs in the health problems of physical disability also led to the contact with BASW referred to above, where, in furtherance of an annual meeting resolution on closer links between

social services and the NHS, BASW invited us to a joint meeting of several interest groups to look at the problems and possible solutions.

The concept of the Community Health Council as the "consumer's watchdog" has continued to catch the interest of the media, and representatives of the Association have taken part in discussions on complaints and consumer satisfaction on Woman's Hour and Checkpoint on BBC Radio 4, and in an important review of the probable outcome of the Royal Commission on the NHS entitled "What kind of Health Service do we need?", also on Radio 4.

CHC News and Information Service

The annual report for 1977/78 gave some background information on *CHC News* and the Information Service, and there have been no basic changes this year.

The editorial Board met in January 1979 and approved the expansion of *CHC News* from 12 to 16 pages and a rise in subscription from £2.50 a year to £3.50 (the first increase since the magazine started in 1976). Because of an industrial dispute at the printers, the January issue could not be published. To compensate for the lost issue there were 16 pages in March and the magazine increased to 16 pages on a regular basis from the April issue. The four extra pages have enabled the magazine to cover some subjects at greater length than was possible before; to carry a wider variety of articles each month, including more contributions from CHCs; and to give more space to Letters, Health News, and Book Reviews. So far about 50 people have responded to the invitation to review books for the magazine, and this seems to be working successfully.

From the September 1979 issue the magazine will move from the present printer in Chesham, Bucks, to a printer in London, the expected advantages being greater flexibility of production schedule, improved accessibility and lower cost.

The Information Service continues to receive and to answer as best it can a wide variety of queries from many sources. If there is a trend discernible it is for the complex queries to become ever more complex and to require more research than formerly. The increasing amount of information coming into the office poses

problems which will have to be faced before long, both as regards the amount of staff time required to process it, and the storage space needed to file it.

Work continues on the complex and time-consuming task of compiling the index to *CHC News*. A new directory of CHCs came out in October 1978, and a further edition, this time including the Scottish local health councils, is planned.

Finance and Membership

Finance allocated by DHSS for *CHC News* and the Information Service in 1978/79 amounted to £47,000. Taking account of the projected change of premises, some £9,000 had been permitted to be carried forward from 1977/78, and only £43,000 of the finance allocated was taken up. Total expenditure for the year was £49,904 and with receipts from sales of *CHC News* at £2,064 (largely subscriptions for 1979/80) some surplus has again been carried forward.

The Association received £28,950 in subscriptions from member CHCs, with £1,489 interest on deposit account and £2,727 from other sources. Expenditure amounted to £34,411, including a number of items of a capital nature arising from the move to new premises in August 1978. In this case some £3,000 had been carried forward and the final account is in balance.

CHC News has been given a cash limit for the present year of £58,000. The Association is budgeting for a paid-up membership of 200 (£30,000) and interest of about £1,500 with net expenditure at approximately the same level, and no change to the subscription rates.

The accounts are published separately and are available for inspection on request.

Paid-up membership at 1 August 1979 stood at 206 CHCs out of the 228 in England and Wales. Only 22 Councils are not in membership, and even with these we in most cases have friendly contacts. One Council withdrew from membership at the end of March 1979, making four which have at some time withdrawn. As a voluntary association of highly individual local members, this degree of support is creditable.

Staffing

There have been no changes in the staff of the

Association or of *CHC News* and the Information Service during the year. The work of the Secretariat has been considerably eased however by the engagement of Mr John Mather (formerly Secretary of Barnet/Finchley CHC) to give part-time support in the office, and to assist in servicing the Working Groups on Communication and the Role and Development of CHCs. His experience and willing help is of much value.

Relations with the Government

The change of Government in May 1979 has meant a slowing-up of responses from DHSS to representations we have made, while officials have adjusted to the wishes of the new administration. Satisfactory working relationships had been developed with Ministers and representatives of the Association had been invited to attend occasions such as the reception marking the 30th Anniversary of the NHS, and the launching of the kidney donor campaign in April 1979.

Close contact and periodic meetings with senior members of the DHSS are being maintained, however, and although at the time of writing no meeting with the new Secretary of State has yet been arranged, we hope shortly to meet and exchange views with Dr Vaughan. Meetings with Mr Jenkin and other Ministers while in opposition will, it is hoped, stand us in good stead, and it is naturally our intention to continue to meet with ministers at every opportunity to discuss matters of major concern to member CHCs. It is at least a favourable straw in the wind that Mr Geoffrey Pattie, MP, when presenting a private member's bill to amend the Mental Health Act at the beginning of 1979 approached the Association for support and advice.

We have also achieved a foot in the parliamentary door in that Mr Frank Haynes (Central Nottinghamshire CHC and a member of the Standing Committee) was elected MP for Ashfield, and has pledged his support and assistance in the House of Commons.

Representatives to other bodies

It is pleasing to report that during the year Mr Gordon Bessey, Chairman of the

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Association, was appointed to an official working party considering a code of practice for organ transplantation from dead to living persons and that Mr Leslie Rosen sat as a member of a working party looking into the information that should be given to patients with prescribed medicines.

In addition, the Association was invited to nominate persons for consideration for membership of the

General Medical Council
Health Education Council

Medicines Commission and other Medicines Control Committees

Nationalised Industry Consumer Councils. All these invitations were accepted.

Contacts overseas

Brief reference was made in the report for 1977/78 to overseas visitors to the office. During the year we have received visitors from USA, West Germany, Japan and Australia, and the Secretary has given talks to groups of doctors and administrators from Holland and Canada on courses at the King's Fund. Copies of this report are being sent on request to the Department of Health, Education and Welfare in Washington as well as to Canada and Australia, and it can reasonably be said that CHCs have an interested, if small, international following. We shall continue to welcome new contacts from abroad.

Conclusion

From the activities section of this report it will be evident that many pots will be coming to the boil during the autumn and winter of 1979/80. Our main responsibility during this period will be to ensure that they do not boil over one after the other, and that both CHCs and the Association staff will have the time to cope with them in a logical, considered way. It will also be necessary to begin to show results, and in the major political debate consequent on the report of the Royal Commission on the NHS, to maintain a level-headed approach but to be firm in support of the reasonable aspirations of Community Health Councils, and to put their point of view without compromise.

It is unlikely that we shall now achieve any greater membership, so we have arrived at the point of greatest authority in the statements we make. The remaining imperative is that this authority is now put to the best use in the interests of Community Health Councils and the users of the NHS.

Appendix

Association of Community Health Councils for England and Wales 1978/79

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)

Members of the Standing Committee

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)

Cllr F Haynes (Central Nottinghamshire CHC, Trent Region) - to May 1979

Mr G S Sharpe (North-West Leicestershire CHC, Trent Region) - from May 1979

Mr A S Watts (Norwich CHC, East Anglia Region)

Lady M Marre (Edware and Hendon CHC, North West Thames Region)

Mrs J Mostyn (South Hammersmith CHC, North West Thames Region)

Dr J S S Fairley (West Essex and 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)

Mr E W Nobbs (East Dorset CHC, Wessex Region) - from July 1979

Mrs E Collins (High Wycombe CHC, Oxford Region)

Mr G E Andrews (North Devon CHC, South West Region)

Mr D A V Harper (Gloucester CHC, South Western Region) - to March 1979

Count Charles de Salis (East Somerset CHC, South Western Region) - from March 1979

Mr Bruce Meredith (Dudley CHC, West Midlands Region)

Mrs G I Bourne (Crewe CHC, Mersey Region)

Cllr G Sampey (Macclesfield CHC, Mersey Region)

Mr J W Ballard (Oldham CHC, North Western Region)

Mr W G Davies (Montgomery CHC, Wales)

Cllr W D Evans (Carmarthen CHC, Wales)

Mr D M Thomas (Cardiff CHC, Wales)

Mr Henry Williams (Clwyd South CHC, Wales)

Secretary Observers

Mrs Joy Gunter (Dewsbury CHC, Yorkshire and Northern Regions)

Mr Bob Payne (Rotherham CHC, Trent and East Anglia Regions)

Mr Barrie Taylor (South West Herts CHC, North West and North East Thames Regions)

Mr Peter Fletcher (Chichester CHC, South East and South West Thames Regions)

Mr David Emerson (Bath CHC, Wessex and South Western Regions)

Mr Dag Saunders (Salop CHC, Oxford and West Midlands Regions)

Mr Tony Richards (St Helens & Knowsley CHC, Mersey and North Western Regions)

Mr Arwyn Griffiths (Llanelli-Dinefwr CHC, Wales)

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Working Party on Well Women

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