

Association of Community Health Councils for England and WalesDraft Annual Report 1980/81

Looking ahead to 1980/81, last year's Annual Report promised a shift of emphasis in the work of the Association. "Patients First" and the events leading up to it underlined the necessity of providing more support services for CHCs, and the story of the present year is that of the first steps towards meeting this need.

Not that the issues surrounding the health services have diminished in the period: rather they have grown sharper as one by one the basic questions have come under the spotlight. The role and membership of CHCs; their relationship to the regions and the new districts; the administration of FPCs; complaints; the planning process, and the philosophical and financial basis of the NHS itself have all been matters for debate in the past twelve months, and decisions taken this year will have an importance for many years to come. The Association has played its part in confronting them.

On the other hand, it has also been the time for pursuing initiatives in the publicity field, for attempting to put together useful services for CHCs and for reviewing the structure and organisation that has evolved over the first few years. From one side, this has been evident in the increased use of day seminars as a means of debating issues among CHCs, and in the new shape of this year's AGM. From the other, it has been reflected in the requests made by CHCs, which themselves have shown a reduction in the number of topics referred to the Standing Committee, and a greater concern with back-up services and general encouragement.

Annual General Meeting

The AGM took place at the Royal College of Surgeons in London, on 10 and 11 September 1980. Some 450 delegates participated; 23 motions were considered and 19 resolutions adopted. Each resolution was forwarded to the DHSS and/or other Government department concerned, and in addition was drawn to the attention of all interested professional or voluntary bodies. The resolution in support of the Scottish Local Health Councils was sent to every Scottish MP.

It is difficult to gauge the success of the resolutions. While in some instances, the Government's decisions have run directly counter to the decisions of the AGM, it clearly was of some importance that the contrary view was expressed, and the argument not permitted to be lost by default. In the majority of cases, the policy changes called for have not so far taken place. Again this does not invalidate the process, since the Standing Committee continues to press for the implementation of the resolutions concerned, and hopes for a measure of ultimate success.

Motions submitted, but not taken at the AGM were dealt with by postal ballot. While this procedure achieved a response from the majority of CHCs, it was widely considered to be less satisfactory than listening to the arguments in a debate, and at the conclusion, there was some difficulty in assessing the weight to be given to the votes cast.

This experiment is not to be repeated. The machinery used each year so far to consider motions held over from the AGM has been unavoidably cumbersome, and has lacked the authority of an AGM decision. The Standing Committee has therefore decided not to continue the practice, and motions not taken at the AGM this year will not receive further consideration unless referred to the Association as part of its routine business. In any event, motions will not dominate the AGM in future, as a significant part of the work is to be done in seminars which will report to

the main meeting.

The debate continues

Half of the year was spent waiting for the further review of the role and membership of CHCs. Mr Jenkin had promised. It was finally published in the first days of February 1981, and decisions on the resultant consultation are now awaited. From the selection of CHC replies to the document which were copied to the Association it is possible to extract a number of widespread areas of agreement:

- (i) that although CHCs do not play a part in national policy formation, their work is bound to be affected by national policies, and it is therefore right that they should seek to influence policy-makers in the interests of their districts, and should comment on the impact of national policies locally;
- (ii) that the existing relationship to regional health authorities is more satisfactory than any arrangement that might be made to transfer administrative responsibility for CHCs to the districts, but that there is need for a right to consultation with RHAs;
- (iii) that the advice and support CHCs give to the public concerning problems or complaints with the NHS is a real benefit, and that the ability to give this help should not be in any way diminished;
- (iv) that CHCs should have the right to attend meetings of family practitioner committees in an observer capacity;
- (v) that the membership of CHCs should not be reduced in numbers, though there is a case for change in the sources from which members are drawn, and the procedures by which they are selected;
- (vi) that members who fail to attend without good reason should forfeit their membership.

The review document challenged the need for the Association, and while the overwhelming proportion of comments received indicated support for its continuation, or asserted the right of CHCs to make this decision, it is not possible to be categorical on this point other than in terms of the number of CHCs which have continued their membership.

Meeting with the Minister

A deputation met Dr Gerard Vaughan shortly before Easter to discuss the content of the review document and to make a case in reply. The main currents of CHC thinking were already apparent by the time the meeting took place, and the arguments were put forcefully to Dr Vaughan, who seemed to accept a number of them, and professed himself as becoming converted to the cause of CHCs.

It is normal annually to meet ministers in order to discuss the resolutions of the AGM. On this occasion, Dr Vaughan wanted to concern himself mainly with the review of CHC role and membership, and agreed only to discuss the resolutions on complaints procedures in addition. The Standing Committee decided not to pursue the remaining resolutions face to face until the future of the Association was assured, but to make strong representations on complaints, both as regards the machinery for complaints against family practitioners, and with respect to hospital complaints and the exercise of clinical judgement. It is a matter of record that the Government did not accept the views of CHCs on either question, and Dr Vaughan has been notified that the subjects will be raised again at the next opportunity.

contd/3

There has in fact been a number of occasions during the year when representatives of CHCs and the Association have been able to meet Mr Jenkin, Dr Vaughan and other ministers and to exchange views with them. Contact on the whole has been frequent, and the opportunity has not been lost to make a point when necessary.

Initiatives

The Government has taken a number of important initiatives during the year. Quite apart from the reorganisation of NHS management and the creation of district health authorities, significant steps have been taken to define a new relationship between the national health service and private hospitals, to revise the policy on hospital provision in England, and to overhaul NHS planning procedures. Consequent on the formation of DHAs, the administrative arrangements for family practitioner committees are currently being reconsidered. At the same time, far reaching consultation documents have been issued on the use of hospital in-patients' money; private nursing homes; provision of NHS services to overseas visitors, and the issue of clinical trial certificates. The Association has played its part in responding to these developments.

In the welter of circulars, consultative papers and press statements covering these developments, it has regrettably been necessary to complain about the short period of time offered for consultation, and the inconsistency with which CHCs have been included. Efforts to involve CHCs in the consultation process have been only partially successful, and less than fully satisfactory to CHCs themselves. The Standing Committee finally found it necessary to adopt a resolution expressing its disappointment at the consultative procedures being followed.

On our own side, some initiatives have also taken place. A project for the International Year of Disabled People was set in motion in January, with the aim of encouraging local authorities to provide specific information on local services. Following the publication of the National Development Group's check-list and Mr Jenkin's statement to the MENCAP conference in December, a paper was prepared on the care of mentally handicapped children and young adults. After consultation with CHCs, this paper was forwarded to the DHSS and the main voluntary organisations concerned in July. The study group on London has produced a series of papers giving a distinctive slant on the problems of London and the key current issues. Interestingly, one of these papers stimulated a positive comment from Mr Jenkin, when he addressed the IHSA conference on London in April.

As indicated elsewhere, the majority of initiatives taken have been internal, aimed at providing more support and information for CHCs. Seminars were arranged in Oxford in November 1980 to look at the regulation of private nursing homes; in London in March 1981 (in conjunction with CHAR) to consider the medical needs of homeless people, and in Coventry in June to investigate the implications of the Black Report "Inequalities in Health". The seminars all enabled a useful exchange of ideas among the CHCs taking part. They were well supported, and yielded lines of thought which have been helpful in taking the subject matter further. The programme of seminars is to continue into the coming year.

Other initiatives attempted have included the establishment of legal support, professional indemnity and a current information service for CHCs. Although there has been some demand for all these services, it has not in the event been wide enough to justify their implementation. They remain on the stocks, however, in case time and renewed demand should warrant their revival. Current items under consideration are an information handbook for CHC members, and the establishment of a central catalogue of CHC-owned audio or visual information material which might be useful in promoting knowledge of CHCs and their work.

Publicity for CHCs

One of the 1980 AGM resolutions that has been followed up most vigorously called for more effective central support publicity for CHCs. The aims of the resolution have been carefully studied and it has been recognised that the publicity that can be gained is of two kinds: media coverage of the actions and decisions of CHCs on the one hand, and promotional material and features on the other.

Analysis of the first type of publicity has shown that CHCs achieve a high level of coverage by comparison with other "consumer" bodies, but that it is largely local (the local press is a rich source of column inches) and short term, and thus not highly visible. What is missing is the national publicity accompanying the publication of a major report by "Which?" or MIND, and efforts are being made to fill this gap. The problem to be overcome in doing so lies in the limitations imposed on the Association by its relationship to member CHCs and by its staff resources. The second type can only be of a general nature, promoting CHCs as the "voice" or the "link" in the same way as local publicity. Its great advantage is that it serves as a reinforcement for CHC members and staff as much as it provides information or a point of reference for the public. Provision of publicity of this kind is now a commitment.

Arising from the recommendations of a working group set up by the Standing Committee, the following publicity initiatives have been put in hand:

- a selection of posters featuring a nationally-known celebrity or celebrities is being considered
- a series of workshops for CHC members and staff on handling the media has been set up
- an application for an Open Door access TV film has been made to the BBC
- the appointment of a press consultant for the Association is under consideration
- all commercial TV companies have been contacted regarding the use of public service announcements
- the DHSS has been urged to publicise the existence and work of CHCs, and to mention CHCs in all its routine publicity
- contact has been made with the second ITV channel about its use to publicise the work of CHCs
- a major seminar on CHC publicity is to be a feature of the 1981 Annual General Meeting

The Association regularly provides background information and comment to the professional and national press, and to radio and TV programmes. CHCs are contacted as a result of recommendations from the office, resulting in a number of appearances. Not all the material coming from CHCs or the Association is attributed to its actual source, but it is no exaggeration to say that a significant part of the arguments presented by the media derives originally from a CHC perspective.

It is of course also the case that some exposure for CHCs comes from the contribution made by CHC speakers to major national conferences. Representatives of the Association have been platform speakers at the Annual Meetings of the Medical Journalists' Association, the Society of Family Practitioner Committees, the Royal Society of Health and the Institution of Health Service Administrators, as well as at other conferences called by these and similar bodies for specific purposes.

External relationships

Friendly relationships have been retained with the National Association of Health Authorities and with the Society of FPCs, notwithstanding the differences between the three bodies on issues such as the handling of complaints. Links with professional organisations have been extended

during the year by virtue of meetings with the British Dental Association and the Association of Optical Practitioners, while existing contacts with the BMA and the Pharmaceutical Society and their negotiating bodies have continued to develop. Close collaboration has been maintained with the National Council for Voluntary Organisations (for example on the question of fundraising by NHS authorities) and with the National Consumer Council, whose Patients' Charter has been presented to groups of CHCs at meetings in Peterborough and in Exeter, and who have kept in touch wherever their activities impinge on those of CHCs. The consultation document on the role and membership of CHCs gave national voluntary organisations an opportunity to put in a friendly word for the Association, and we are grateful for their confidence and support.

At the time of writing, efforts are being made to obtain more tangible benefits for CHCs from the reports prepared by the Health Advisory Service and the Health Service Ombudsman. Progress in this area is something to look forward to in the coming year.

Membership, finance and staff

() CHCs have renewed membership of the Association by 31 July 1981. In spite of the increase in subscriptions which took place in April, the vast majority of members have continued to give their support. () CHCs have for various reasons decided not to rejoin, but two which were previously not in membership have come in.

Total expenditure during the year amounted to £118,841. CHC News expenditure amounted to £69,288 while the Association spent £49,553, including the cost of the AGM. CHC News obtained its income from the DHSS (£66,296) and from sales (£1,790), while the Association received £32,250 in subscriptions, £1,748 in interest and £6,759 in payments for the AGM and for seminars. The accounts have as usual been examined by the DHSS auditors, and the audited statement is available for inspection on request.

There has been one change of staff during the year. Rose Walter left at the end of April, following a long period of illness in the family. After a gap of one month, we welcomed Winnie Harskin who has replaced Rose as part-time secretarial assistant to the Association.

The search for premises has continued during the year. A conscious decision was taken not to look at premises on which a large premium or commission payment was required, and to be extremely particular about any alternative location considered. A number of properties have been viewed, but to the present no decision has been reached.

CHC News and Information Service

(To be supplied by the Editor)

Constitutional Review

In parallel with the Government's review of the role of CHCs, the Association invited a review of its own functions. A paper entitled "How ACHCEW Works" was circulated to CHCs, and a working group set up to examine the response, and to make any recommendations for amendment to the constitution or standing orders that it considered necessary. The Group reported to the Standing Committee in July, and its recommendations are to be considered at the AGM.

contd/6

Prospects for the future

Very shortly, the Government will be making clear what it is offering CHCs for the future, and what it expects of them. The Association and its members will already have decided their relationship for the period. It is unlikely that either will be placed under any further pressure during the lifetime of the present Government, as with the management reorganisation taking place, and the preoccupations which must follow, ministers will be concerned with other matters. The opportunity therefore exists for a period of relative calm, in which different methods of collaboration can be tested and the most suitable division of labour for the time worked out. The workload placed on the Association and the resources available to cope with it must come under scrutiny; the implications of this for member CHCs and for the Standing Committee must also be looked at with care. The likelihood is that there will be (slightly) fewer CHCs in the country than there are now. The financial demands that can be made on them are limited, and the total possible finance to work with is therefore definitively restricted. The conundrums to be resolved will require a measure of patience and trust among all concerned - and above all a commitment on the part of the Association to the continued progress of its members.

Chairman's conclusion

(To be supplied by the Chairman)

Appendix

- (i) Officers of the Association and members of the Standing Committee 1980/81.
- (ii) Secretary/Observers.
- (iii) Editorial Board of CHC News.
- (iv) Working Groups on Future Hospital Provision in England; Publicity; the NCC Patients' Charter; the Role and Membership of CHCs; the Review of the Constitution; the NHS in London.
- (v) Staff.