Association of Community Health Councils for England and Wales

Draft Annual Report 1983-84

Introduction

The great virtue of the National Health Service and the root of its popularity is the sense of security it engenders among all of us regardless of wealth or status. Even the worst of its failings - uneven provision, bureaucracy, inefficiency, lack of accountability, skewed priorities, professional mystification and concentration on cure rather than prevention- have not shaken public confidence and support. For over ten years CHCs have worked to transform passive approval into active participation and health awareness.

We look to Government to make reasonable funding available, to monitor, refine, improve and, where necessary, to institute change. But gradual change is part of our national culture. Radical or rapid change, coupled with confusion about where the change is meant to lead, generates anxiety. Relatively suddenly, the NHS is discussed in terms of value-for-money, collaboration with the private sector, tighter management control and slim-line efficiency.

1983 was the year for cuts in finance and manpower within the context of routine increases. The critical question, on which ministerial explanations and the overall statistics threw little light, was whether or not we were witnessing or about to see a significant reduction in the quality of patient care. On a secondary but important level the debate concerned whether or not necessary improvements to the quality of care, particularly for the Cinderella services, would be lost in the shuffle. Change and the prospect of more change have generated downright alarm among occupational groups within the NHS and many other sectors of informed opinions but relatively mild public interest except where valued local services have been lost. Most CHCs are apprehensive about what they perceive to be a profound diminution in the quality or services, although, in many districts, self-imposed and anticipatory economies introduced before the central government axe started to swing have ameliorated or staved off the worst predictions of doom.

Close scrutiny by CHCs of their own districts probably provides the most accurate picture of what is really happening if not an accurate forecast of the future.

The tragedy has been that ACHCEW itself has not had the resources to mould local experience into a truly national picture of the state of health services and the probable outcome as national policies are put into effect. The situation cries out for objective assessment based on the views of consumers.

More concretely, the NHS talking points have revolved around the Griffiths' Report on Management, the Health and Social Security Bill, the abuse of deputising services and corrective measures, generic prescribing, the safety of medicines, the run down of long stay institutions and alternative community care.

Official ambivalence about the role and status of CHCs continues to raise issues such as insurance cover for members, time-off for public duties, attendance and representation at meetings, consultation, relations with Social Services Departments at the interface between health and social services, and public participation in health service planning. In addition, it is evident that on a regional and national basis more attention needs to be directed to the training and induction of staff and members, surveys and research techniques, public relations, inspection and monitoring procedures, lobbying and campaigning in a progressively more divided political climate and the efficient conduct of CHC business.

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Achievements of CHC members are many and varied but particularly noteworthy, judging from the reports received, has been the effectiveness of specialist working parties which deal with prominent or disadvantaged groups of consumers such as the elderly, mentally handicapped and mentally ill people, children, women and ethnic minorities.

Inside ACHCEW

ACHCEW has experienced change and the traumas associated with the retraction of government support since 1981. 1983/4 was the first financial year when it had to survive solely on the contributions of its members and income-generating services. The plans for maintaining existing services and a modest expansion, based on increasing income from other sources, proved to be unrealistic so that, when the nature of deficits likely to be incurred became clear after six months when commitments had already been entered into, attention and energy was diverted from services and agreed national activities to largely domestic matters with much soul-searching and some recrimination.

In hindsight, the struggle to maintain CHC News and the quality achieved when it was subsidised by the DHSS absorbed more time and effort than the outcome would appear to justify. CHC subscriptions to CHC News were, as a measure of its importance in conveying valuable information and comment, more than had been estimated but subscriptions from other quarters fell far short of the targets set. ACHCEW's decision-making structure did not stand up well to a conflict between maintaining an agreed service and paying for it, particularly as the management of the Association and its magazine had not been rationalised and unified when the subsidy was withdrawn.

The Editorial Board, acting as a Sub-Committee of the Standing Committee, was quick to assess the financial prospects when it began to meet regularly in the Autumn of 1983 under the Chairmanship of Dr Cliff Davies but was powerless to reverse previous decisions intended to restore the staffing establishment to a reasonable level. Certainly, the Editor could not have been left to cope with production, marketing and the information service single-handed. Crisis management, leading in this case to the need to establish an ad hoc finance sub-committee and convene a Special General Meeting, proved to be an unsatisfactory method for reaching calm decisions with due regard to the personnel and industrial relations issues which inevitably arise when lack of money compels reduction in services and staff redundancies. The time and effort of officers behind the scenes trying to resolve these problems should not go unrecognised.

Even if CHC News had been able to cover its costs, the parallel deficits incurred by ACHCEW would have represented a serious problem. The change of Secretaries involved the extra cost of one month's salary to allow for induction and a hand-over period. Another expenditure increase was due to a decision taken in the interests of efficiency to replace casual secretarial help with a full time post. The organisation of National CHC Week was productive in terms of publicity and as a vehicle for member CHCs to promote their activities but, again, costly. Another decision to appoint a development or research worker was not implemented. Against the limited increase in expenditure, efforts were made to achieve a reduction, particularly with regard to the excessive cost of office premises. A vigorous search produced an alternative which would have saved £8,000 but the prospects for an immediate move were dashed because of a planning appeal and it proved difficult to dispose of the present lease.

Staffing

Mike Gerrard's resignation as Secretary from the end of July, following his appointment as Chief Executive for the Shetland Islands, had an inevitable and profound impact on the work of ACHCEW. With the able and dedicated support of Assistant Secretary, Chye Choo, he was

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responsible for getting ACHCEW started, building up its services and creating confidence and support amongst CHCs so that, after initial scepticism about the need for a national body, 205 out of a possible 217 CHCs were in membership when he left. He also worked vigorously for CHC News mobilising the lobby to save the DHSS grant, but, when it was finally withdrawn, also did everything possible to replace it with subscription income. Mike Gerrard was highly respected in NHS circles, among Press and Parliamentarians and throughout the voluntary sector. He created an identity and role for ACHCEW and a sense of common purpose among CHC members. His knowledge of CHCs and health services issues, his energetic involvement in all aspects of ACHCEW s work and his ability to solve problems and withstand setbacks meant that his departure left a considerable gap in a critically important time.

He was succeeded by Tony Smythe at the beginning of a busy Autumn period dominated by national CHC week, the Patients Needs First conference and the emergence of internal difficulties which compelled renewed consideration of ACHCEW's role, structure and finance. Chye Choo provided vital continuity, continued to serve ACHCEW with great dedication and assumed additional burdens of administrative responsibility. Our part-time Press Officer, Judith Cook, and part-time clerical workers, Winnie Harskin, Rose Walter and Kate Allan all provided loyal support in periods of great pressure. Susan Western was appointed Secretary/PA but left at the end of March because of uncertainty generated by the financial crisis. Another casualty was the legal update service provided for ACHCEW by John Finch of Leicester University.

Sally Wiltshire was appointed Clerical Assistant for CHC News in June and Adrian Roxan, Assistant Editor, in October, which made it possible to increase the scope of the magazine from 8 to 12 pages. A high standard was sustained in spite of growing anxieties about generating sufficient income and there is no doubt that the decision to cease publication will disappoint many readers and CHC members and further inhibit ACHCEW's ability to communicate with its members and others on whose cooperation we depend.

Annual General Meeting 1983

The Annual Meeting took place at Ranmoor House, University of Sheffield, with Mr John Austin-Walker in the Chair. It was attended by 450 delegates and observers representing 184 CHCs, also by observers from the Association of Scottish Local Health Councils, District Committees for Health and Personal Services in Northern Ireland, the DHSS and the Welsh Office, guests and visitors. The guest speaker was Health Minister, Kenneth Clarke MP, who spoke on the Government's plans for the NHS and the future of CHCs. This produced an extremely lively question and answer session, not surprising in view of the fact that the growing problems of the NHS dominated the AGM. Stanley Balfour-Lynn and David Ennals debated the vital issue of private practice and the NHS at a well attended eve-of-AGM meeting.

There was a heavy schedule of Resolutions - twenty-five in all covering:-

Misuse of solvents.
Generic prescribing.
Seat belt exemption.
Care of the elderly.
Human fertilisation and embryology.
Development of the NHS.
Regional review and performance indicators.
Joint financing provision.
Community provision for mental illness and handicap.
Collaboration between health and local authorities.
NHS complaints machinery.
Membership of CHCs.

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CHC Budgets.
Inspection of general medical practitioner accommodation.
Problems with changing GPs.
Supervision of home births by GPs.
Improvement of NHS staff communications skills.
Declaration of personal financial interests.
Funding of new treatment methods.
Planning and management of building projects.
Designation under Fire Precautions Act.
Community nursing.
Community preventive health care.
Orthodontic waiting lists.
Payment of benefits to psychiatric patients.

The general feeling of those who attended this AGM was that it was well organised and purposeful. The AGM re-elected Mr John Austin-Walker to the Chair, elected Dr. Cliff Davies (Stockport CHC) as Vice-Chairman, and re-elected Alan Ham as Treasurer.

Resolutions

It will be noted that the 1983 AGM passed more than twice the number of resolutions than did that of 1982. Such a heavy schedule was bound to be affected, not only by the small staff at ACHCEW who have to service them, but by the overriding need to deal with the Association's mounting financial problems. In fact, a meeting offered by the DHSS on the AGM Resolutions did not take place as, by that time, the ACHCEW officers were too involved in the financial crisis. Not all the Resolutions, therefore, have received a response. It is noted that in some cases the response of the Welsh Office was more sympathetic than that of the DHSS, and attention is drawn to this.

Regarding solvents, the DHSS pointed out that there have been a number of Government initiatives but that the control of sales was impracticable and voluntary sales restraint was needed. On generic prescribing, the Government was in favour of substitution if a drug was as effective as its brand name equivalent but there were no plans to implement Greenfield in full. On seat belts, the DHSS view was that there was no evidence of pressure being detrimental to healed scars and that, as examination of patients for exemption did not come with a doctor's terms of reference under the NHS, he or she could charge a fee. Those very disabled or exceptionally hard up could arrange for a DHSS Board examination.

On the Resolutions relating to the care of the elderly, the NHS, mental illness and mental handicap, the NHS and community nursing, the response was that there were always calls for more money and resources in these fields. Attention was drawn to Government funding of the NHS over the last five years and it was stated that growth depended on the state of the economy.

The suggestion that funds be transferred from health authorities to social services was not favoured but steps had been taken to make it easier for payments from joint-finance to be arranged. On FPCs, it was stated that a review of the deputising services was under way and that discussions were being opened with representatives of community medical and dental staff to explore the possible application of clinical developments and that any evidence from CHCs would be helpful. On cuts in CHC budgets, the reaction was that CHCs were not in the "front line", that many underspend their budgets consistently and that the others could not expect protection at the expense of patient care.

The DHSS could not see any problems regarding changing doctors. The Resolution on home confinements had been passed to the Maternity Services Advisory Committee. Regarding Standards

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of Conduct, the Warnock Inquiry had been set up, a number of CHCs had given evidence to it, but no action could be taken until after it had reported in 1984. A new Supra-Regional Advisory Committee had been set up to advise the Minister on funding new treatment methods and arrangements were being made. On Fire Precautions, updated guidance had been issued only recently and on planning and managing new building projects, the last updating on procedures was in 1981 and a review of the Capricode Procedures was under way in light of recent experiences.

The Welsh Office response on seat belts was that people on low incomes in Wales could apply for free medical examinations from their GPs. On planning and management of new buildings, an Inquiry had been set up by the Welsh Office in 1981 to try and prevent difficulties arising and, following its report, improvements in procedures were implemented. On fire precautions, the Welsh Office was taking part in a complete review of these throughout Wales and, on preventive medicine, it proposed setting up a Health Advisory Committee for Wales in 1984 to look at the province's specific health needs. CHCs were involved in the process of establishing it.

Standing Committee

The Standing Committee met five times, one more meeting than had been planned, a special meeting being called on February 1 1984 to discuss ACHCEW's financial crisis. On every occasion, including this, the Committee had a crowded agenda and a large volume of business to deal with. Meetings are now regularly held at the YWCA in Great Russell Street, London WC 1.

During the last year, Community Health Councils suffered several sudden deaths which were reported to the Standing Committee: Cllr Stanley Allison, Chairman of Chorley and South Ribble CHC and member of the Standing Committee; Mr John Fryer, Secretary of Scunthorpe CHC; Mrs Angela Cohen, Assistant Secretary of Barnet CHC; Mr Bill Evans, Secretary of Cardiff CHC and Mr E Davies, Secretary of Meirionnydd CHC.

The work of the Standing Committee has been dominated by a number of main issues. Concern over deteriorating standards within the NHS caused by cutbacks resulted in the calling by ACHEW of the Special Conference, Patients' Needs First on November 15. National CHC Week had begun the day before and this also was time-consuming. Overriding everything by the end of the year was the very serious financial position in which ACHCEW found itself in its first year without DHSS funding. This resulted first in the setting up by the Standing Committee of a Financial Sub Committee whose members were John Butler (S.E. Thames), Gladys Monk (Wales), Sheila Laws (Midlands), Cliff Clulo (Merseyside) and Edgar Evans (Secretary/Observer, Weston). Its remit was to look into the continuing financial viability of ACHCEW and of CHC News.

Following the July 1983 Meeting a paper on CHC Relationships, prepared by Mike Gerrard, was circulated to member CHCs. The response was slight but the issues and the need to establish priorities remain.

A Special General Meeting was called on February 25 to discuss the crisis, a report on which follows. A further Committee of Enquiry was then set up to look into the continuation of ACHCEW, as resolved by the Special General Meeting and this comprised Dr Alan Berson (N.E.Thames), Mr John Butler (S.E.Thames), Mrs Gladys Monk (Wales), Mrs Eva Mullineaux (Yorkshire) and Mr Edgar Evans (Weston) as Secretary/Observer.

Greater London Association of Community Health Councils

In October 1983, 27 London CHCs agreed to form the Greater London Association of CHCs, with the main aims of the Association being to defend and improve the NHS in Greater London;

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to identify the health needs and support the health interests of Londoners and to provide a forum for the exchange of views and information, and the discussion of policy between the CHCs in Greater London.

A grant from the Greater London Council to ACHCEW has enabled us to employ a team of 3 workers to carry out the necessary research into the health needs of Londoners, to purchase equipment and to cover expenses.

The Research Team is currently examining the effects of the cuts in public spending on services provided by the NHS, local authorities and the voluntary sector, and the development of services to meet more effectively and equitably the needs of the local population.

After discussion with CHC Secretaries in Greater London, the highest priority that has emerged, is the need to develop a community care strategy.

The GLACHCs meets regularly and two Committees, one looking at Policy and Planning matters for the Association, and the other specifically concerned with the research, have been established.

The research team employed by ACHCEW (although the Standing Committee has agreed to seek the transfer of the grant to GLACHCs which could then assume full responsibility for the project) comprise: Andrew Thompson - Senior Researcher/Coordinator, Peter Stanley - Research Assistant and Antonia Byatt - Clerical Assistant. In the initial stages of the project, it has been accommodated at the premises of Islington CHC.

Evidence

Significant issues earlier in the year were ACHCEW's response to the Government's Police and Criminal Evidence Bill and Data Protection Bill. On the former, support was given to the stance of the BMA and on the latter, ACHCEW representatives met officers from the Home Office to put ACHCEW's point of view and to press for a code of practice to cover medical information. Although both Bills "fell" due to the June 1983 General Election, similar draft legislation came again before Parliament.

In July ACHCEW was invited to submit views to the Griffiths Inquiry on the management of the NHS by the end of September, a very short timescale. This was only one instance of the DHSS requiring a response which gave little or no chance for member CHCs to be fully consulted, and many CHCs have complained about this. 71 CHCs replied to the request on Griffiths and the response was then abstracted by Dr Cliff Davies and circulated in Standing Committee News. A group from ACHCEW had an informal meeting with the Griffiths' team. At the end of January ACHCEW was asked to submit evidence to the House of Commons Social Service Committee, by Easter. In view again of the timescale and of ACHCEW's domestic problems, the Standing Committee decided that member CHCs should send evidence direct to the Committee with copies to ACHCEW.

Individual CHCs submitted views direct to the Minister of Health on deputising services. His initial response was to call for wide-ranging reforms but he has since retreated on this. The Committee therefore continues to keep a watching brief on the issue.

The Standing Committee appointed representatives to the Committee on the Training of Pharmacists and designated a group to respond to the paper on ante-natal and post-partum care put out by the Royal College of Midwives.

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Very many subjects concerned the Standing Committee during the year and these included:-

Rural dispensing
The Körner Committee Reports
Backlog of Service Committee Cases
Central Register for new Medical Techniques
NHS Complaints Procedure
Well Women's Centres
Prison Medical Services
Privatisation
Residential services for the mentally handicapped
CHCs and ethnic minorities
Computerising Hospital Waiting Lists
General Opthalmic Services

Special General Meeting

The meeting was held on February 25 at the Royal Commonwealth Society in London and was chaired by John Austin-Walker. It was attended by 265 delegates from 158 member CHCs and decisions were taken by large majorities giving the Officers and Standing Committee a clear mandate for action.

The Chairman opened the meeting pointing out that two motions included votes of no confidence in the Officers and expressed the need for a vote of confidence in order to continue. A motion to accept the offer of resignation by the Officers was defeated.

While very many issues were raised and thrashed out, occasionally in a somewhat heated manner, two clear decisions came out of the Meeting. One was that ACHCEW should continue in some form or another and the second that CHC News should cease publication as it was not economically viable.

During the debate on the subject of increased subscriptions by ACHCEW members, the Vice-Chairman, Dr Cliff Davies, resigned.

Finally, a motion moved by Canterbury and Thanet CHC was passed overwhelmingly:-

1. That, as an interim measure for the financial year starting 1 April, 1984, member CHCs should pay to ACHCEW alone the total payments which they made to ACHCEW and CHC News together in the current financial year, plus any such additional payments which any member CHCs feel able to contribute for the purpose of maintaining ACHCEW as an on-going concern publishing an expanded Standing Committee Bulletin and that CHC News be wound up as soon as this can be arranged; and

2. That this Association instructs the Standing Committee to immediately appoint a Committee of Inquiry to review and make proposals concerning:-
   a. the future staffing,structure and financial basis of ACHCEW including future level of subscriptions; and
   b. the future roles and functions of the Standing Committee and the Officers and staff of ACHCEW together with any such matters pertaining to the operation of ACHCEW as the Committee of Inquiry, the Standing Committee or member CHCs think fit;

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the Committee of Inquiry should solicit and take into account the views of member CHCs before preparing its report which shall be considered at the forthcoming AGM of ACHCEW in order that agreed proposals shall be implemented with effect from the financial year starting 1 April 1985. This was carried by an overwhelming majority.

DHSS Reassurance

"The future of CHCs is not at any risk whatsoever" was what Health Minister Kenneth Clarke told the AGM in Sheffield last July. He went on to say that he wished for close and continuing contacts with CHCs and valued "your role as consumer watchdogs". He repeated this at the Patients Needs First conference. However, in view of his Department's attitude towards the funding of ACHCEW, it can only be surmised what his attitude might be after the Government review of the role of CHCs (and especially their relationship with DHAs) once they have settled into the latest re-organisation.

Patients' Needs First

This special conference, hosted by ACHCEW, took place on November 14 during National CHC week at the Central YWCA in London and was chaired by John Austin - Walker.

It was attended by many organisations, as well as CHC members. The speakers were: David Hencke, Social Services Correspondent of The Guardian, on DHSS sratistics;Jean Davies of the National Association for the Welfare of Children in Hospital, on child health; Brian Rix of MENCAP, on the needs of the mentally handicapped; Health Minister, Kenneth Clarke, on Government policy; Professor Peter Townsend on low income groups and health; Dame Elizabeth Ackroyd, on patients as consumers; and Frank Dobson MP on Labour's policy for the NHS.

The Minister's defence of Government policy provoked Liverpool CHC to present him with a pair of rose-coloured spectacles following his statement that Liverpool had too many hospital beds when the CHC felt the city had 300 less than needed. All the speakers were listened to with interest and those who attended felt they learned a good deal and that the consumer movement had an important role to play in the National debate on the NHS.

Each speaker held a question and answer session, including the Minister, and there was no shortage of participants queuing up to take part.

The Conference was well attended by both national and specialist press and its purpose was well summed up by John Austin-Walker when he said: "This is the opportunity for the representatives of the patients to speak on behalf of the patients and for their voice to be heard in this debate about the NHS. The NHS is too important a subject to be left to politicians. Indeed, I think that politics is too important a subject to be left to politicians. We in the community have the right to be heard".

National CHC Week

On the whole, National CHC Week proved successful but it is felt that it is an event which should only be run every two or three years. It certainly produced widespread publicity for CHCs at both a local and a national level which was one of its aims. Events varied from exhibitions, displays, competitions and the Manchester CHCs tied it in with their "Thank You" month for NHS workers event. What it did do was provide a focus for CHC activity and an opportunity to bring their work more into the public eye. The main national event of the week was the Special Conference on Patients' Needs First. ACHCEW's publicity material, syndicated articles and press releases were widely used.

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Promotional Material

It was decided to initiate a series of brochures to assist in promoting the work of CHCs and the first Your Community Health Council and You was published to coincide with National CHC Week and has been widely taken up.

Another - Your CHC and Primary Care is finished and awaiting decisions concerning the future of ACHCEW before it can be printed and two others are in the pipeline, one on CHCs and rural services and the other on CHCs and the inner cities.

National Consumer Council

A survey was undertaken by the NCC on the information needs of CHCs through a questionnaire sent out to members of ACHCEW. The results have been analysed and a Report will be published jointly by the NCC and ACHCEW.

Relations with Outside Bodies

There has been good contact with a number of other organisations. The National Consumer Council's survey and report on the Information Needs of Community Health Councils should prove useful outside the immediate interests of CHCs as it shows, all too clearly, the tremendous disparity in the ease with which CHCs can obtain information. Some DHAs offer routinely information that others refuse point blank to part with. Both Age Concern and RADAR responded to the suggestion that they should loan staff to ACHCEW to help with the assessment of the work of CHCs with the elderly and disabled. Other bodies with which we have built up good contacts include the National Council for Voluntary Organisations, REACH, CLEAR, the Local Government and Health Rights Project (renamed the Community Rights Project), the 1984 Campaign for Freedom of Information, MIND, the Socialist Health Association (with particular reference to the Health and Social Security Bill), the Nuffield Centre, Leeds, NAHA, the Pharmaceutical Society, the College of Health, the King's Fund, Channel 4, Local and Health Ombudsmen, the Welsh Office and the DHSS. The Patients' Needs First conference was particularly helpful in enabling us to make contact with a wide range of consumer, voluntary and other organisations as well as all the political parties and the TUC.

Special Reports

There were several issues raised during the year on which CHCs were asked for their reactions and subsequently a report was circulated.

Stillbirth and Perinatal Death Association's campaign to set minimum standards for the burial of stillborn babies by Health Authorities:

This covered the vexed topic of hospitals burying stillborn babies for parents who accept the offer without realising the implications and at a time when they are deeply distressed. It was alleged that from two to 50 babies could be buried together or sometimes babies were buried with adults in a common grave. If true, this could upset parents later when they do find out and the Association wanted maternity units to provide an information sheet to show parents clearly what they were choosing. Of the 50 CHCs who replied, 34 wanted ACHCEW to take up the issue and they also felt it essential that parents received good counselling and support at such a difficult time and that an information sheet would be helpful. They felt there was a real need for ACHCEW to support a campaign to set minimum standards. A small minority (6 CHCs) did not think it was an issue ACHCEW should take up and one said the

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Stillbirth Association s letter contained "allegations of unsatisfactory practice totally unsubstantiated by proof". As it was not possible to discover whether this was a local or a general problem, further action was deferred.

Chiropody Provision

Mersey Region raised the issue of chiropody provision for people on low incomes, that is the priority groups - the elderly, handicapped, expectant mothers and school children. Health Authorities are left to interpret "elderly" and "handicapped" and subsequent CHC responses illustrated how shortages in the service have prevented expansion, created waiting lists and compelled more restrictive definitions of priority groups. Some people, in desperation, have been forced into private treatment which they cannot afford. Mersey felt priority groups should include all on supplementary benefit. ACHCEW examined definitions of handicap and investigated the practicality of expanding the service to all on low incomes rather than specific priority groups. 53 CHCs responded to the request for views and information on this topic and a further 20 more replied after the initial report had been drafted. A full report was circulated.

Prescribing of Drugs Following Discharge from Hospital

This topic was raised at the May Standing Committee and concerns the practice prevalent in some Health Districts of asking patients to attend their own GP for prescriptions of drugs needed as follow-up treatment after discharge from hospital. It was agreed to find out from CHCs how widespread this problem was. 43 CHCs replied showing a wide variation in policy. In some Districts two weeks supply of drugs is given; in others one, others refer the patient direct to their GP. In Bloomsbury Health District alone, the two major teaching hospitals had totally different policies and each of the three postgraduate hospitals has its own policy. CHCs were very divided as to which policy they preferred varying from "from the patient's viewpoint it is the best method financially and convenient when GPs prescribe" to "drugs prescribed through GPs mean higher costing medicines since they are not subject to the same restrictions on generic drug prescribing as are hospitals".

Joint Planning and Joint Funding

The Standing Committee decided to obtain CHC views with the aim of mounting a seminar and calling on the DHSS to initiate a major review on this subject. This was prompted by Bromley CHC s suggestion of a code of practice on the lines that part of joint funding should be used for experimental projects with preference given to schemes sponsored by voluntary organisations; that joint funding should only be used when a project could not be funded in any other way and that joint funding projects should not have revenue consequences. 54 CHCs replied and CHC perceptions underline the need not to embark on a course which might lead to more restrictions. There were strong arguments in favour of increasing CHC involvement/ influence. The wish for a seminar was overwhelmingly supported although opinion was divided as to its purpose and finally, a tactical point to be considered, if a code were to be drawn up, what was the likely response of the DHSS?

Körner Report

The reaction of CHCs was analysed in detail by Dr Alan Berson of Bloomsbury CHC to enable ACHCEW to make a response. In brief, ACHCEW welcomed the main goals of Körner on the subject of information, noting it is impossible to plan future services or analyse present ones, without suitable sources of information. But the Association had many reservations and detailed

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the information gaps in a wide range of areas. It was felt the Report did not go sufficiently into the need for combined information, for instance from local authority sources and voluntary organisations, or at different levels within the NHS. There needs to be both a greater exchange of information within the NHS and a way found to ensure the information reaches the public through the CHCs. No machinery had been suggested for how this should be done.

General Medical Council (Report from Jean Robinson)

"Of the 93 members of the General Medical Council, only 7 are lay people. (the body which serves a similar function in Sweden has a majority of lay members).

Women are greatly under-represented on the GMC - there are only 8 of us - so being both a woman and a lay member means that you have to be constantly vigilant to see that views important for both groups are represented.

Since the beginning I have served on the Preliminary Proceedings Committee which is part of the disciplinary procedure. Complaints about doctors are first sifted by the Chairman of the Committee to see if they are likely to come withing our remit. At this stage the vast majority of Complaints from the public are screened out and we never see them. The Committee itself on the basis of a doctor's conviction in court, an adverse verdict by an FPC Medical Service Committee, or a complaint decides whether to (a) take no action; (b) send a warning letter (which will be on the doctor's file if there are future complaints against him); (c) refer the matter to the Health Committee if there seems to be a health problem which could affect the doctor's ability to practice; or, (d) refer the matter to the Professional Conduct Committee, which has the power to strike the doctor off the register.

What the profession sees as professional misconduct is not necessarily what the public would feel it is. I have always taken the view that killing patients by neglect or failing to act reasonably responsible as a doctor is more serious than aberrations in personal behaviour which do not affect relationships with patients. Every CHC should have a copy of the latest edition of the G.M.C. "blue book" which defines what the Council regards as professional misconduct.

Reports of FPC hearings against GPs often contain some of the most serious neglect cases. They seem to arrive at the GMC in a random fashion - usually via the DHSS. It would help if all CHCs which are aware of serious cases in their area, would, after a doctor has been found in breach of his terms of services, send the report direct to the GMC (after allowing the doctor time to appeal).

Among the matters I have raised are:-

1) Obstetric training for medical students.
2) Ethical teaching.
3) Female circumcision.
4) Role of members. Our job as members is not to "represent" anyone. Our job is to carry out the duties of the Council as laid down by Parliament, to see that the medical profession is run in the interests of the public.

SERAD

Mrs Freda Bishop, our representative on SERAD (South East Regional Association for the Deaf) has put in a busy year again, regularly attending meetings. Topics covered have included Hospital Awareness Programmes, Employment of the Hearing Impaired, Lip Reading Programmes, Problems with the Supply of Hearing Aids and Post Qualifying Training for Social Workers with the Deaf.

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Mental Health Film Council (Report from Edgar Evans)

Introduction - The Mental Health Film Council has had six meetings this year and is now registered as a limited company.

Information Service - The role of the council in disseminating information and giving advice has continued to expand. We now have around 150 subscribers including health education and social service departments, teaching hospitals, centres of nurse education and various voluntary organisations.

A new edition of our catalogue will be produced in time for the beginning of the new Information Service Year in October 1984.

Quarterly editions of the Newsletter have been published, giving details and reviews of new material available for sale or hire. There has been advance notice of relevant broadcasts and work produced by the different media organisations.

Other Events - The Mental Health Film Council is increasingly being asked to provide workshops on the use of film and video in mental health education.

MHFC Productions - Three outline proposals are being costed by the Television Department of the University of Birmingham. The subjects are:

a. mental handicapped children in the Asian community - a pilot programme.
b. bereavement and dying.
c. The Mental Health Act 1983.

The GLC is currently considering our application for funding of a 'Women at Work' project to be undertaken with Medicus Productions.

MHFC and Other Media Interests - The Council has been involved extensively in helping and advising other individuals and organisations with the planning and production of materials in mental health. Through various contacts, young or inexperienced film makers have been directed to the Council for information and support. Conversely, both Channel 4 and the Mental Health Foundation have asked our advice on several occasions about the professional content of proposals put to them.

We have also taken part in the early planning stages of an Open University series on mental Health. proposed for 1985.

Through involvement with many agencies, the Council has been influential and has used its unique expertise and experience widely in the production of other people's work.

Support for ACHCEW

Overwhelming support for the continuation of ACHCEW was shown at this year's National Consumer Congress meeting in Liverpool on April 3/4. This was given in the form of the Resolution below:-

This Congress

Recognising the importance of sustaining and strengthening the role of Community Health Councils, locally and nationally, in representing the public interest within the National Health Service.

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Concerned that the continued existence of the Association of Community Health Councils for England and Wales as a statutory national consumer organisation has been placed in jeopardy as a result of the Government's decision to cut and subsequently to withdraw totally financial support leaving the Association entirely dependent on the voluntary subscriptions of its member CHCs.

Deplores the Secretary of State's refusal to exercise or even acknowledge his statuatory duty to provide funds on a regular basis.

And calls upon the NCC and accredited organisations to make vigorous representation through Parliament and other appropriate national bodies to secure recognition and sufficient continuing financial support to enable the Association to operate credibly and effectively.

This was overwhelmingly carried by Congress.

Chairman's Message

The past year has been a very difficult one for the Association - and not the easiest of times to be in the Chair. In many ways it has been frustrating - there are so many issues on which the Association should have been doing or saying more - the Griffiths Inquiry and deputising services in particular.

The Report refers to the formation of the Association. I have to confess that at the inaugural conference I opposed the formation of a National Association - not in principle but because I felt the time was not then right; that CHCs had not at that stage established what it was they wanted a national organisation to do. It was set up, however, and I joined its Standing Committee, determined to see it work and succeed. Mike Gerrard did succeed in creating confidence and support among CHCs and ACHCEW's problem became not a question of what its role was but how it could fulfil all the roles which members thrust upon it. Mike was a willing work-horse but I doubt if he could have continued for much longer in shouldering the burdens thrust upon him. The Association never received the resources which Barbara Castle had envisaged being available - the research and the back-up which CHCs so desperately need. What Mike Gerrard achieved was little short of miraculous.

What CHCs individually have achieved is impressive. In many areas they have had a real impact on the direction of health policy and no one can gainsay their usefulness, effectiveness or value for money. They are a vital part of the NHS in ensuring a voice for the consumer - and a lobby for the consumers who find it difficult for their voice to be heard.

The Standing Committee, however, has not lived up to the standards set by its constituent members. It has failed to regulate the burden being placed upon its staff and failed to determine priorities. Successive Chairman have tried and failed to get the Standing Committee to accept a set of priorities, adopt a work programme and stick to it. Mike Gerrard's paper circulated after the last AGM offers a further opportunity to do so. The crisis of funding mid-year may have concentrated our minds and hopefully by the time this report is circulated the Committee set up by the Special General Meeting will be in a position to report.

The past year has been difficult - it is always a problem for any Chairman when the Chief Officer changes (from personal experience as an officer in a voluntary organisation, I appreciate the difficulties for staff when the Chairman changes too). A whole new relationship has to be established on a method of working. Things that had been taken for granted need to be re-examined and tested. It is particularly difficult when so much depended upon the Chief Officer.

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But those difficulties were compounded by the staffing problems and the financial crisis. Although ACHCEW always has had a problem of under-funding - inadequate resources - the crisis would not have occurred if it had not been for the withdrawal of DHSS funding for CHC News and the Information Service. That financial crisis obviously affected staff relationships and Chairmanship becomes a lonely and isolated position in those circumstances. The Standing Committee by its size and structure is incapable of dealing with those situations and perhaps, now, the Standing Committee will have learned the folly of refusing to accept either the need for a Finance Sub-Committee or Executive or the need to restructure itself.

ACHCEW will be the poorer without CHC News - the fact that CHCs are not able to continue financing it is not an indication of its lack of worth, but a measure of the squeeze on individual CHC budgets. Over the years I have had my disagreements with Editors - my view of editorial freedom may have differed from theirs - but I have to pay tribute to both Dave Bradney and Gill Kent who during my period as an officer produced a magazine of which the Association could be proud. Conferences can pass resolutions - raising a voting card is relatively easy - but to have to tell 3 members of staff - staff with whom you have worked closely and whose commitment to the principle of consumerism in the NHS may be as strong as or stronger than yours - is no easy task.

CHC News existed before the Association and has been valued by CHCs throughout England and Wales. It will be sadly missed. The appointment of a second journalist may be seen, with hind-sight, as a mistake. But if we were to succeed in marketing CHC News we had to have something marketable. We could not have continued to trade upon the goodwill and excessive overtime of Gill Kent to produce such. It was a gamble. We knew it was. We told the Assistant Editor when we appointed him. But to not take the gamble would have been to throw in the towel then.

There were structural problems in ACHCEW which needed to be addressed and which the officers failed to resolve. The problem for the new Standing Committee will be much easier in one respect in that they are freed from the historical anomalies. They can start from scratch and depending upon resources can build the structure they want.

CHCs need a national Association - they need the back-up, the support, the central information, the facility for collaboration, information exchange and publicity. In Tony Smythe they have a first-class Chief Officer who will have - indeed is having - an impact on the health service. If they want him and the Association to be really effective, the Standing Committee must determine its priorities, work out what it sees as the major role of the Association and not swamp him with impossible demands with no clear idea of priorities. The Association must recognise that it does now have effectively only 2 members of staff. I doubt if there is any national organisation of such importance or which has achieved so much with so little resources.

I have left the most important tribute to last. Mike Gerrard was supremely capable with an almost limitless ability to take on new work and new ideas. Tony Smythe is an experienced and effective lobbyist, organiser, champion of consumerism with a proven track record of delivering results. But neither could or would have operated or survived in ACHCEW without someone like ChyeChoo as their assistant - and there probably isn't anyone like Chye. As a member of a CHC or one who attends the AGM, you may begin to appreciate Chye; as a member of the Standing Committee you begin to understand how important she is - as an officer you know that the whole edifice would have crumbled without her. I know the ludicrous and excessive demands which have been made upon her and we have all failed to appreciate or recognise that.

I would also like to record my thanks and farewell to the many friends I have made among CHCs in England and Wales and thank them for their support. In addition I would like to pass on my thanks to our colleagues in the association of Scottish Local Health Councils and the

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Northern Ireland Association of District Committees and hope for continued co-operation and liaison. I wish them well for the future and also my best wishes to the Welsh Association who have given me so much personal support over the years.

During my period with ACHCEW I have been exhilarated and enthused at times, but sad, angry and frustrated at others, but it was worthwhile because the Association is worthwhile - CHCs are worthwhile and we must continue to emphasise that they are a vital part of patient care.

Appendix

Association of Community Health Councils for England and Wales 1983/84

Chairman: Mr J E Austin-Walker (Bexley CHC; South East Thames Region)
Vice-Chairman: Dr Cliff Davies (Stockport CHC; North West Region) (till February 1984)
Mr John Butler (Canterbury & Thanet CHC, South East Thames Region) (from April 1984)
Honorary Treasurer: Cllr A J Ham (Weston CHC; South Western Region)

Members of the Standing Committee

Mr F M Allason (East Cumbria CHC; Northern Region)
Mr E T Dixon (Gateshead CHC; Northern Region)
Mr H G Turner (Hull CHC; Yorkshire Region)
Mrs E Mullineaux (N E Yorkshire CHC; Yorkshire Region)
Cllr R Strauther (Central Notts CHC; Trent Region)
Mrs M Groves (Lines North CHC; Trent Region)
Mr H Place (West Suffolk CHC; East Anglia Region)
Mr A J F Shiner (East Suffolk CHC: East Anlia Region)
Mrs N Honigsbaum (Paddington and North Kensington CHC; North West Thames Region)
Mrs E Peel (North West Herts CHC; North West Thames Region)
Dr A Berson (Bloomsbury CHC; North East Thames Region)
Mrs M Garner (West Essex CHC, North East Thames Region)
Mr A Speller (Camberwell CHC; South East Thames Region)
Mr K R Brown (Croydon CHC: South West Thames Region) (till March 1984)
Mrs J A Shepheard (Mid Downs CHC; South West Thames Region)
Mr A W Rice (Southampton CHC; Wessex Region)
Mr G Havelock (East Berkshire CHC; Oxford Region)
Mrs B Sainsbury (Aylesbury Vale CHC; Oxford Region)
Mrs D N Richardson (Southmead CHC; South Western Region)
Count Charles de Salis (Somerset CHC; South Western Region)
Cllr Bill Hardy (Coventry CHC; West Midlands Region)
Mr J P Mackenzie (Dudley CHC; West Midlands Region) (till October 1983)
Mrs S Laws (Shropshire CHC; West Midlands Region) (from Jan 1984)
Mr C W Clulo (Southport and Fermby CHC; Mersey Region) (till April 1984)
Mrs S Fleetwood (Liverpool Eastern CHC: Mersey Region)
Cllr S Allison (Chorley and South Ribble CHC; North Western Region) (till February 1984)
Mr H Foden (North Manchester CHC; North Western Region)
Mrs G Monk (Aberconwy CHC; Wales)
Mr L Murphy (Llanelli-Dinefwr CHC; Wales)
Miss M Richards (Arfon-Dwyfor CHC; Wales)
Mr T J Handley (Merthyr and Cynon Valley CHC; Wales)

Secretary Observers

Mrs Joy Gunter (Dewsbury CHC, Northern & Yorkshire Regions) (till October 1983)
Mr John Urch, (South Tees, CHC; Northern and Yorkshire Regions)
Miss Beverley Langton (North Derbyshire CHC; Trent and East Anglia Regions)
Miss G Davey (Newham CHC; North West and North East Thames Regions)
Ms Gill Lucas (Camberwell CHC; South East and South West Thames Regions) (till January 1984)
Mr P M Topham (Canterbury & Thanet CHC; South East and South West Thames Region) From Jan 1984)
Mr Edgar Evans (Weston CHC; Wessex and South Western Regions)
Mr David Baldwin (North Birmingham CHC; Oxford and West Midlands Regions)

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