

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALESANNUAL REPORT 1986/1987Introduction

1. This Annual Report is written during the General Election Campaign. By the time of the Association's AGM the results of that Election will be known and we will also know who will be occupying the Ministerial seats at the Elephant and Castle. Inevitably, the outcome of the Election will set much of the agenda for the Association's work over the year to come.

2. However, it would be wrong to see ACHCEW as simply responding - positively or negatively as the case may be - to initiatives taken by the Government of the day. CHCs and ACHCEW, as their national Association, must also be seeking to ensure that the interests and concerns of consumers are a paramount consideration in the planning and provision of services. The work that has been done over the last year, in relation to the launching of the "Patients' Charter", the evidence given to the primary care reviews, the research being conducted on care in the community, and the publication of "The Public and the NHS", will have laid a solid foundation for this.

The Patients' Charter

3. Following the adoption of the final text at last year's AGM, the Patients' Charter was formally presented to the Right Honourable Norman Fowler MP last December. It has now been sent to District and Regional Health Authorities, to Family Practitioner Committees and to a wide range of professional bodies and other organisations dealing with health. This has led to a number of invitations to speak and present the Charter at meetings. These have all been responded to by the Chairman or the Director.

4. Michael McNair-Wilson MP tabled an Early Day Motion in the House of Commons supporting the Charter and commending it to the Government. In consultation with him a letter was sent to all MPs drawing the Motion to their attention and enclosing a copy of the Charter. Before the Dissolution of Parliament some 85 MPs had signified their support for the Charter by means of the Early Day Motion. It is intended to use this Parliamentary support after the Election to continue to promote the Charter and its aims.

5. The DHSS has now responded in detail to the Charter and it is intended to produce a full commentary on this response and to discuss it with DHSS Ministers in due course.

Primary Care Review

6. The Government's consultation document "Primary Health Care: an agenda for discussion" was the focus of much of the Association's work over the last year.

7. ACHCEW gave evidence at the series of oral hearings arranged by Ministers around the country to discuss the various aspects of the consultation document. On each occasion, the ACHCEW team was led by one of the Association's Officers, supported by members of Standing Committee and representatives of CHCs for the regions covered. This was a major undertaking, but was well worth it in terms of the opportunities that were presented to put the Association's point of view.

8. In due course, the Association produced a detailed response, drawing on the very many individual CHC responses which were received, and this was published in January 1987 and received considerable media attention. At the same time, the Association submitted written evidence to the House of Commons Social Services Committee, which was considering primary health care.

9. It is quite clear that, whatever the outcome of the General Election, the matters raised during the course of the Reviews will need to be addressed and considered by Ministers over the next few months.

Care in the Community

10. The last AGM agreed that ACHCEW should prepare a nationwide profile of the progress being made by health authorities in respect of care in the community. To this end, a major survey is being undertaken of health authorities and CHCs to determine the provision being planned and the extent to which plans are being fulfilled. This survey is being conducted in collaboration with the National Consumer Council and a report based on the findings of the survey will be prepared shortly. This will be timely, as following the Audit Commission's report on "Making a Reality of Community Care", Sir Roy Griffiths is conducting a high-level policy review to report by the end of the year. The ACHCEW/NCC survey could be an important input into this process.

The Public and the NHS

11. The paper prepared for ACHCEW by Christine Hogg on the role and structure of CHCs was received at the last AGM. Subsequently, the paper was finalised and published under the title "The Public and the NHS". Again this has been circulated widely and it is hoped to discuss its contents with the new DHSS Ministers. It has also been used by many CHCs to foster their own internal reviews of their operation and as a reference tool for new members.

12. Further work has been done by Christine Hogg, since the publication of "The Public and the NHS" with a view to producing a guide on "Good Practices in Community Health Councils". A tremendous amount of material has been collated and has gone into the guide, the final draft of which is being presented to this year's AGM.

13. "The Public and the NHS", together with the good practices outlined in the guide, will provide valuable core material in the future efforts of ACHCEW to promote further the work of CHCs and to press for adequate resourcing for that work.

The Grading of CHC staff

14. A key element in the resourcing question is, of course, the issue of the grading of CHC staff. ACHCEW has been concerned for some time about this and has had a number of discussions, in collaboration with the Society of CHC Secretaries, with the DHSS to try and progress the matter. ACHCEW has now prepared a report on CHC staff gradings and this has been submitted to the DHSS and to the Welsh Office, and also sent to Regional Health Authorities. The report, much of which was based on a survey of the work and responsibilities of CHC staff around the country, concludes that all CHC posts should be reviewed on a regional basis at regular intervals and that CHC staff who undertake responsibilities and duties beyond their current grade should be upgraded accordingly.

The Appointment of CHC Staff

15. The year has seen a protracted dispute about the manner of the appointment of the Secretary of a CHC in the South Western Region. There the Regional Health Authority decided to impose a new appointment procedure. This gives a dominating and controlling role to the RHA nominees on the selection panel. The CHC in question resisted the new procedure for nearly a year and was supported in this by many CHCs around the country. ACHCEW wrote to the Minister of Health expressing concern that the RHA was trying to make it appear that CHC Secretaries are accountable to the RHA and not to their CHCs, that this would undermine the independence of CHCs, that a new appointment procedure was being imposed in one region without consultation, and that the RHA was refusing to act in accordance with statutory regulations. So far, the response from the DHSS on this point has been unsatisfactory and further discussions clearly need to be had.

Patients' Compensation Scheme

16. During the course of the year, an ACHCEW Working Group, convened by Emrys Roberts of South Gwent CHC, has been considering the need for some form of Patients' Compensation Scheme in the U.K. The intention of this would be that people who suffer as a result of health care (or failures/omissions in that health care) should be entitled to compensation according to the circumstances of their particular case without having to prove that anyone or any organisation had been negligent. A system of

this nature has been operating in Sweden since 1975 and fifteen representatives of the Swedish Patient Insurance Scheme visited London during October. The Working Group arranged the programme for their visit which included meetings with MPs and the press, with the British Medical Association, the Medical Defence Union, the Medical Protection Society, the Association of the British Pharmaceutical Industry and the Committee on Safety of Medicines, and with other interested parties. The Working Group has now produced its report, which is being presented to this year's AGM.

Parliamentary matters

17. Terry Lewis MP was successful in the ballot for Private Members Bills and introduced his Community Health Councils (Access to Information) Bill in the House of Commons. This measure would have required CHCs to open all of their meetings, including meetings of Committees, to the press and public except for items dealing with confidential matters, which would have been tightly defined by the Bill. It would also have required that CHC papers for such meetings should be open for inspection, along with the names and addresses of CHC members, and would have placed other obligations on CHCs to ensure that their deliberations and operations were open to public scrutiny. Details of the Bill were circulated to member CHCs and comments sought. By and large CHCs were more or less complying with the spirit of the proposed legislation, although some practical difficulties were envisaged with some of its detailed provisions. ACHCEW prepared and distributed briefing notes for MPs on the Bill and its implications for CHCs. In the event, although the Bill passed all its stages in the House of Commons and received its First Reading in the House of Lords, it fell with the Dissolution of Parliament.

18. The Association was also interested in another Private Members measure: Archie Kirkwood's Access to Personal Files Bill. ACHCEW worked closely with the Campaign for Freedom of Information and other organisations to try and make sure that medical records were retained within the terms of the Bill. However, following Government pressure, it was a much more limited piece of legislation covering only housing, education and social work records, that received Royal Assent just before the General Election.

19. In addition to its submission on primary health care, the Association also submitted evidence to the House of Commons Social Services Committee on the Acquired Immune Deficiency Syndrome (AIDS). The paper was largely drawn up by Nick Harris of Manchester Central CHC. ACHCEW is now in the process of following this up, so as to develop further the Association's policy on AIDS and has sought comments from CHCs on a number of key issues relating to the provision of care and support to people with AIDS.

External relations

20. Considerable efforts have been made over the year to increase the public profile of CHCs and of the Association. A wide range of contacts has been established in the press and with the broadcasting media. This led to good coverage of ACHCEW's response to the Primary Care Reviews and to invitations to comment on other current health concerns.

21. Good links have also been maintained with other consumer organisations who have an interest in the health field. The National Consumer Council has been collaborating with ACHCEW on the community care survey and there is considerable contact at staff level on a regular basis. Similarly, ACHCEW is in close touch with the work of the Consumers' Association, the College of Health, and the Patients' Association.

22. The Health Education Council, now reincarnated as the Health Education Authority, has continued to provide much support and encouragement to the work of the Association. There is not only a substantial amount of liaison between staff, but also practical financial support - notably the three-year grant to help finance the post of Information Officer (Health Promotion).

23. A valuable working relationship has been developed with the National Association of Health Authorities with participation on each other's AGMs and other events. It is hoped to see this develop further. ACHCEW continues to work with the National Council for Voluntary Organisations and to participate in their Working Party on Joint Planning. Valuable meetings have also been held with the Association of Directors of Social Services, and the Royal College of General Practitioners, and working links established with the British Dental Association, the Pharmaceutical Society, the Association of Chief Chiropody Officers and many other groups and organisations.

24. Last, but by no means least, mention must also be made of ACHCEW's official-level contacts with the Department of Health and Social Security. The support that these have given is much appreciated. Following a cordial and highly constructive meeting between the Officers of the Association and Malcolm Harris, the new Assistant Secretary in the policy division with responsibility for CHCs, officials were able to recommend to Ministers that ACHCEW's grant for 1987/8 should be increased to £50,000 and that for planning purposes it should be assumed that the grant would continue at this level for two further years beyond 1987/8. This implies some degree of future financial stability and is a most welcome commitment.

25. A significant amount of staff time is devoted to considering consultation documents, issued by the DHSS, other Government Departments, or other external agencies, and, where appropriate, submitting responses in line with the Association's policy. Mention has already been made of the Primary Care reviews, but other consultations to which ACHCEW has responded over the last

year include:

Review of the RAWP Formula (NHS Management Board)
Neighbourhood Nursing - A Focus for Care (DHSS)
Personal injuries litigation (Home Office)
Family practitioner services complaints'
investigation procedures (DHSS)
Patient information on medicine (Association of the
British Pharmaceutical Industry)
Breast Cancer screening: Draft Circular (DHSS)
More Trouble with Feet (DHSS)

Publications

26. ACHCEW issued two major publications during the year: "Patients' Charter: Guidelines for Good Practice" and "The Public and the NHS". These are referred to elsewhere in this report, but it should be noted here that a considerable number of both have been despatched to those interested. At the time of writing nearly 900 copies of "The Public and the NHS" have been sent out and more than 5,000 copies of the "Patients' Charter", of which a fourth reprint will shortly be needed.

27. Eight issues of "Community Health News" have been produced since the 1986 AGM. We are experimenting with some changes in format and style, but, as by and large the feedback we get is that CHCs find the newsletter useful, no major alterations are envisaged. It is still a cause of regret that we do not have the resources to provide bulk supplies to CHCs. We know that many CHCs reproduce all or part of the newsletter for their members and we are most grateful for this, although we recognise the extra load this places on CHC resources. The choice of which items to include and which to cover at greater length is never easy. We are grateful for the expert help of Judith Cook in this respect to draw together and write up the huge amount of material received. We always seek to cover the major activities of CHCs, but as ever we depend on CHCs letting us have the information.

28. Two Health Briefings were published during the year. These dealt with the following topics:

The use of computers by CHCs.
Telephone information and advisory services.

We also circulated a list of CHC publications that had been produced during 1986 and a Parliamentary Briefing on the Community Health Councils (Access to Information) Bill.

29. ACHCEW continues to distribute the "Your Community Health Council in Action" leaflet and also the "Patients's Rights" leaflet, which was originally jointly produced with the National Consumer Council. There remains a major need for such material.

Membership

30. The number of CHCs who are members of the Association has increased slightly. In 1986 there were 179 members - five more than in 1985. At the time of writing 158 members have paid for 1987. 3 have withdrawn from membership and 7 have rejoined the Association. This gives the prospect of 183 CHCs - 85% of the total - being in membership in the current year.

Standing Committee

31. Since the AGM in 1986, the Standing Committee has met on four occasions. Inevitably, much of the time at meetings has had to be taken on financial, administrative and accommodation matters. However, there have been discussions on a wide range of other issues and the Standing Committee has also received a presentation from Jean Robinson, one of the lay representatives on the General Medical Council, on the work of the GMC.

32. The Officers of the Association have also met on a regular basis throughout the year, but in addition have always been available to provide direction, support and advice. Individually their work has been substantial and has been much appreciated by the staff.

33. The Officers together with members of the Standing Committee have also represented the Association at a variety of meetings and conferences. This has been important in ensuring that the Association's viewpoint is heard and understood by other organisations, but is also crucial in ensuring that the work of CHCs attains a high profile.

34. Standing Committee members also act as a major channel of communication between the Association and the regional groups of CHCs. Communication is, of course, a two-way process, as not only does the Association need to report back on its activities to Members and Secretaries in the regions but also needs to be informed of the views and work of individual CHCs.

Office Accommodation

35. The Association was obliged to leave its cramped and unsatisfactory offices in Finsbury Park at the end of October 1986. Since then, the Association has been in temporary accommodation in the basement of a nurses' home near Grays Inn Road. The present arrangements are also unsatisfactory: there is only one telephone line which presents considerable problems both to the staff and to CHCs and others trying to contact the Association; there is only limited access to drinking water; and frequent difficulties with the drains.

36. The impact on the organisation of an office move and being located in temporary accommodation, with much of the Association's filing and information systems in packing cases, should not be under-estimated. The staff have endured the problems with fortitude, but it is to be hoped that a suitable permanent office base will be found shortly.

Staffing arrangements

37. During the course of the year, Tony Smythe resigned as the Association's Director to become Director of SHAC. He had been the Association's Director during an important, if difficult, period and his contribution had been a major one. He has been succeeded as Director by Toby Harris, who took up post at the beginning of January 1987.

38. Elizabeth Watson joined the staff as Development Officer in August 1986 and has undertaken a number of major projects since then. She is leaving the Association to work for Islington Health Authority in June 1987.

39. Inevitably, these changes have meant that a substantial burden of work has continued to fall on Chye Choo, the Chief Administrative Officer, Kenneth Howse, the Information/Research Officer, and the other staff. Steps are currently being taken to recruit to the vacant posts of Information Officer (Health Promotion), which is largely funded by the Health Education Authority, and to the post of Secretary/PA to the Director. The current staff establishment is as follows:

Director: Toby Harris
Chief Administrative Officer: Chye Choo
Research/Information Officer: Kenneth Howse
Development Officer: Elizabeth Watson (leaving June 1987)
Information Officer (Health Promotion): vacant
Secretary/PA to the Director: vacant
Secretary (part-time): Pippin Markandya
Clerical Assistant (part-time): Rose Walter
Newsletter Editor (part-time): Judith Cook.

Chairman's Message

I am pleased to have chaired the Association in a year when, despite difficulties, we have managed to progress.

We have had many opportunities for members of the Association to work together, notably in connection with the Primary Care Review. Giving evidence at the Ministers' meetings in different parts of the country was an excellent opportunity to demonstrate how we work together as a national voice speaking from local experience.

These meetings also enabled us to meet regularly over a period of weeks with Ministers and representatives of other bodies, both statutory and voluntary, who are involved in the health care field. The contacts we have made are being built on and our views continue to be increasingly sought.

After our presentation and evidence at the first of the Ministers' meetings we received a letter of congratulations from Julia Cumberledge. She said our "initial statement was courageous, cogent, concise and, under questioning, the honesty and truth of your evidence shone". This was encouraging.

We felt rewarded when we were one of the two teams singled out by the Minister at the last meeting, for giving evidence at all ten of the meetings. It was not easy in the time-scale allowed, bearing in mind our office move and the absence of a Director after the first meeting, to collect our evidence. I thank Ken Howse, our Information Officer, for retrieving so much evidence from our information base, despite the fact that much of it was in packing cases when needed. Thanks are also due to all those who participated and did so well in giving evidence.

As you can see from the Annual Report progress is being made, e.g. in promoting the Patient's Charter, the work of the Patients' Compensation Working Group, which is causing interest and the CHC Guidelines for Good Practice.

To enable us to continue to progress as a National Association, I am pleased we have achieved a first this year where we now have the core staff and equipment that is necessary to serve the membership and provide the information essential to represent their views.

At the time of writing this we are continuing to seek suitable office premises. At the AGM I hope to be able to announce where we will eventually be located.

My particular thanks are due to the staff, who have worked hard during this year, part of the time without a Director and including a move to temporary and unsuitable office premises.

It has been a year of staff changes. We were sorry to lose Tony Smythe, our Director, and I thank him for his work on behalf of the Association; I am pleased to welcome Toby Harris to pick up at the point where Tony left off. I am sure we are all sorry also to lose Liz Watson, our Development Officer and wish her well in her new job.

Additionally I am grateful to my fellow Officers, to members of the Standing Committee and to our member CHCs for their support.

Long may we work together on behalf of those who need the National Health Service!

APPENDIX

Association of Community Health Councils for England & Wales

1986/87

Chairman: Mrs. Wyn Pockett (Hounslow & Spelthorne CHC;
North West Thames)
Vice-Chairman: Mrs. Eva Mullineaux (North East Yorkshire CHC;
Yorkshire Region)
Honorary Treasurer: Mr. Ross Thomson (Stockport CHC;
North Western Region)

Northern	Mr. S. Kitching	
Yorkshire	Mrs. E. Mullineaux	(Vice_Chairman)
Trent	Mr. H. Ferry	
East Anglia	Mr. H. Place	
North West Thames	Mrs. Wyn Pockett	(Chairman)
	Mr. G. Wenham	
North East Thames	Mrs. Mavis Garner	
South East Thames	Mr. S.R.J. Terry	
South West Thames	Mrs. Rita Lewis	
Wessex	Cllr. A.W. Rice	
	Canon P. Cotton	(from 1987)
Oxford	Mr. F. Harris	
South West	Mrs. B. Jolly	
West Midland	Mr. D. Hopkins	
Mersey	Mr. H. Cunningham	
North West	Mr. Ross Thomson	(Treasurer)
	Mr. H. Foden	
Wales	Cllr. H.W. Jones	
	Mrs. J. Reynolds	

Secretary Observers

Northern, Yorkshire, Mersey, North West Regions	Mr. Ian Webb
Trent, East Anglia, Oxford, West Midlands Regions	Mrs. Rachel Shadbolt Mr. John Stevens (from 1987)
North West, North East, South East, South West Thames Regions.	Ms. Maggie Mansell
wessex, South West Regions	Mr. Tony Day
Wales	Mr. Danny Davies

DHSS Observer

Mr. Philip Chinque.

Arrangements Committee

Mrs. Eva Mullineaux (Chair)
Mrs. Wyn Pockett
Mrs. Mavis Garner
Mr. Frank Harris
Mr. Barrie Taylor
Mr. Don Hargreaves
Mr. Gordon Owen
Mr. Toby Harris
Ms. Chye Choo