

Association of Community Health Councils for England and Wales

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Annual Report 1997/98

A Strong Effective User Voice in the New NHS

The Government has proclaimed that the new NHS will be "modern and dependable" in England and will be "putting patients first" in Wales.

However, the abolition of the internal market, the creation of primary care groups and the change in the role of health authorities do not automatically mean that the NHS will be centred on the needs and wishes of its users. Indeed, there is a danger that, instead of the views of patients being taken into account, the views of their GPs will be taken as a proxy.

Certainly, the new primary care groups may be more sensitive to the needs of users than the previous arrangements that were driven by managers and accountants. However, re-structuring decision-making is not going to make the pressures on the NHS go away and a lay input remains vital in choices about service distribution, planning and priority-setting.

As yet the CHC contribution to any of this has not been defined. This may be beneficial, as it allows CHCs to be pro-active in carving out an effective role in the new structures. Nevertheless the lack of clarity makes it possible that there might be no role in the future, unless CHCs demonstrate that they can feed into the new arrangements constructively and with vigour.

Yet what CHCs can offer to the new NHS is likely to be of tremendous value. CHCs are close to local communities. Their membership offers lay common-sense and a practical experience of the local service which few others within the NHS structure can rival. Their independence from that NHS structure is also a strength in that the public can rely on their impartiality and advice and this in turn ensures that CHCs know where public concerns really lie.

CHCs can offer this experience and understanding to the new primary care groups and use it to assist health authorities draw up health improvement plans. As the framework of the new NHS emerges, that CHC role should be built in to ensure a strong effective user voice in the new NHS in the new millennium.



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Our Healthier Nation

In February 1998, the Government issued its Green Paper on a health strategy for England, *Our Healthier Nation*. This proposes four areas for particular attention - heart disease/stroke, accidents, cancer and mental health - and emphasises the need to reduce health inequalities. ACHCEW's Special General Meeting in April endorsed the Association's response which highlighted the need to: tackle problems around poverty and work; provide support to informal carers; invest in healthy housing; discourage smoking; ensure that NHS services are distributed appropriately; and strengthen the ability of CHCs to represent the interests of the public.

NHS White Papers

The Government published two White Papers setting out their plans for the NHS in England and Wales: *The New NHS: Modern - Dependable* and *NHS Wales - Putting Patients First*. A Special General Meeting was held on 27 April 1998 to agree the Association's response. CHCs expressed their disappointment that the White Papers do not plan stronger mechanisms to ensure that the needs and expectations of patients are heard, particularly in primary care. The SGM called for a national working group, led by CHCs and other user and carer representative organisations and with representation from the NHS Executive, to be established to develop national guidance for public involvement and consultation.

Private Finance Initiative

The Labour Government took early steps to streamline the procedures under the Private Finance Initiative. It is important to ensure that the rights of CHCs, and the commitment of the NHS to openness and public service values, are protected as PFI projects are developed. ACHCEW talked through the issues with representatives of the Private Finance Unit and subsequently circulated draft guidance to CHCs, pending the release of a new set of procedures by the Department of Health.

Consultation

Consultation matters still comprise the bulk of enquiries received by the Legal Officer. All CHCs have been provided with briefing documents on the legal requirements of a consultation exercise and best practice - the latter produced by Cherry Hunter of Huddersfield CHC.

A large number of disputes arise where the health authority or Secretary of State puts only one proposal out to consultation, having considered and rejected other possibilities. This practice has resulted in an increase in the number of referrals made to the Secretary of State alleging inadequate consultation.

ACHCEW has made representations to the NHS Executive about the need for more detailed DoH guidance on the necessary pre-requisites of adequate consultation and examples of good practice.

NHS Resources

CHCs remain concerned about the inadequate funding of the NHS. In October 1997 the Government announced that an extra £300 million was being made available. An increase of £1.2 billion was promised for 1998/99. The priority given to emergency admissions during the Winter contributed to the increase in waiting lists during Labour's first year. In March, the Chancellor announced £500 million extra funding, largely in order to tackle the waiting list problems. However, the NHS requires a far more substantial injection of funds to keep pace with patients' expectations and to level up the standard and availability of services across England and Wales in line with the Government's determination to tackle health inequalities.

NHS Charter

The Government has announced its intention to replace the existing *Patient's Charter* with a new *NHS Charter*. ACHCEW believed that the old Charter had many flaws and is feeding into the work of preparing the new one. However, while the new emphasis on balancing rights with responsibilities is clearly right for an organisation such as the Health Service, it is important that the responsibilities placed on patients are reasonable and fair. Similarly, it has to be recognised that patients using the NHS are often vulnerable and feel powerless in dealing with the professionals in the service and that is why a clear framework of rights is also needed.

Casualty Watch

There has been growing concern about how long patients have to wait in Accident & Emergency Departments and the conditions they have to wait in. So this year CHCs carried out the first ever Nationwide Casualty Watch.

148 CHCs in England and Wales, and Health and Social Services Councils in Northern Ireland, visited the A&E Departments at their local hospitals. Each department was visited at 4.30 pm on Monday 26 January, to get a snapshot of how long patients had been waiting for assessment, treatment, admission or

discharge. The survey found that 42% of patients had waited in A&E for more than two hours. Some patients had waited in excess of twenty hours. Long waits were recorded despite the fact that additional monies had been made available from the Department of Health to cushion the anticipated 'Winter crisis'.

In the event there had not been a flu epidemic and the weather had been fairly mild.

This was a useful exercise and the Association's Standing Committee agreed that it should be repeated next year. Ways of strengthening the exercise will be considered before then.

CHC autonomy

ACHCEW expressed concern when NHS Executive regional offices took over the establishing arrangements for CHCs. One of the fears was that regional offices might seek to interfere in the work and activities of CHCs. The last year has seen two apparent attempts to remove CHC chairs who were vigorously pursuing issues in their areas. ACHCEW has written to the Secretary of State for Health about these cases and continues to press Ministers to recognise the importance of CHC independence.

Independence does not of course mean that CHCs should not be accountable in the work that they do. CHCs need to report on their activities and review their objectives and work programmes regularly. ACHCEW has set out three principles that should govern this process and the relationships with the NHS Executive regional offices. These are as follows:

- Local CHC members should determine the policies, priorities and direction of the local CHC.
- CHCs should be required to review their activities annually and to meet overall national performance standards, but this process should be under the control of CHCs collectively.
- The role of the NHS regional office should be confined to making sure that the processes to fulfil these principles are in place and are being followed, but it should have no role in determining the policies and priorities of the *individual* CHC.

CHCs have been developing their review processes for some time. Various models have been developed and CHCs have been piloting these. In addition, ACHCEW has asked King's Fund Organisational Audit to see whether their organisational audit methodology might be applied to CHCs to produce a useful tool in support of these review processes.

ACHCEW accountability and review

ACHCEW has been looking at its own accountability and review processes. The Standing Committee established a Working Group to take this forward and its report has now been approved and will be presented to the AGM/Conference. The Working Group took the view that ACHCEW's structures should reflect what services ACHCEW needs to deliver for member CHCs and that these structures should facilitate an effective response by CHCs to changes in the Health Service.

A number of amendments to the ACHCEW Constitution have as a result been proposed. These would strengthen the role of Regional Associations, simplify Standing Committee representation and introduce a new object into ACHCEW's aims to "promote" CHCs, but also tidy up a number of other matters. It has also been agreed that CHCs collectively (through the ACHCEW AGM) need on a regular basis to define the core policy priorities for CHCs and that once these have been identified ACHCEW would develop its work programme around these priorities in each of its functional areas. In addition, a number of other proposals about the way in which Standing Committee and the Association operate are being taken forward.

ACHCEW's membership

Virtually all CHCs continue to remain members of the Association - with only one CHC outside membership on 31 March 1998. The trend over the last few years is summarised below:

1986	78%
1990	92%
1994	97%
1998	99%

ACHCEW's finances

The Association is mainly financed by CHC membership subscriptions. However, this is supplemented by funding from the NHS Executive to support ACHCEW's training work and the legal service. In addition, the Association receives income for publications and from those attending the AGM/Conference and training events, although these are largely matched by the costs of the activities concerned.

The Association's accounts are audited by the Audit Commission and are summarised below (the full version is to be considered at the ACHCEW AGM and copies are sent to each CHC):

Income:

Membership subscriptions	£311,000
NHS Executive funding	£122,000
Other income	£153,000

Total income	£586,000
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Expenditure:

Salaries etc.	£266,000
Professional fees	£25,000
Office accommodation	£37,000
Office expenses and depreciation	£65,000
Standing Committee costs	£25,000
Other expenditure	£149,000

Total expenditure	£567,000
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Operating surplus	£19,000
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Health News Briefings

Each year, ACHCEW publishes a number of *Health News Briefings*, in-depth reports focusing on Health Service issues. These are produced primarily for the information of CHCs, but they are circulated widely and have attracted considerable media attention. Issues published in the last year are detailed below:

Drug Issues - July 1997

Prepared for CHCs by the Association for the Prevention of Addiction.

CHCs Making a Difference - September 1997

Draws on a survey of CHCs to demonstrate through a wealth of examples the difference they can make to the NHS and its patients.

Finding the Funds - November 1997

ACHCEW's submission to the Government's Comprehensive Spending Review.

Consultation - the Legal Requirements - January 1998

Guidance based upon CHCs' experiences with consultation procedures during 1996-97.

Consultation: an Aide-Memoire for CHCs - March 1998

Prepared by CL Hunter for the West Yorkshire Association of CHCs.

Bibliography on CHCs - March 1998

Compiled by JS MacKeith, giving details of the official guidance covering CHCs as well as various studies.

Access to Health Records - the Legal Requirements - March 1998

Guidance setting out the statutory provisions and discussing related issues.

CHCs and Black and Ethnic Minorities - May 1998

Reports the results of an ACHCEW survey, drawing on earlier work by the Greater London Association of CHCs.

CHCs Making our Nation Healthier - May 1998

ACHCEW's response to the public health Green Paper for England, stressing the need for radical policies to reduce avoidable ill-health.

CHCs and the New NHS - May 1998

ACHCEW's response to the NHS White Papers, calling for stronger mechanisms to ensure that the needs and expectations of patients are heard.

Information Team

The information team provides a wide range of services for CHCs. These services include:

- Producing the Health Perspectives and most of the Health News Briefings.
- Responding to 68 consultation documents over the last year.
- Representing ACHCEW at numerous conferences and meetings including those held by the Department of Health, NHS Executive, professional bodies, Royal Colleges and patient and other voluntary organisations.
- Monitoring media coverage of health issues and dealing with almost 400 media enquiries over the year.
- Production of the Handbook for CHC Members and ACHCEW's leaflets and fact sheets.
- Maintaining a database of information on reports and surveys conducted by CHCs and on other reports and publications that may be of interest to CHCs.
- Responding last year to over 2000 requests for information and advice from CHCs and over 1200 enquiries from other organisations and individuals.
- Assisting in the production of CHC News and CHC Listings.

Training

We continue to offer an autumn/winter and spring/summer training programme consisting of at least 50 training days. We hope to continue with these programmes as CHCs now regard them as a regular feature and take up is always high. Our courses are presented around the work of the CHC (our core programme).

We will always be happy to discuss the possibility of arranging a training day at a more convenient location and this is always mentioned in the promotional information for the courses. Courses can also be customised to a CHC's own specifications.

All participants on our training days are encouraged to complete an evaluation form and the feedback for all our courses has been positive.

Health Perspectives

Health Perspectives is a series of briefing papers that examine emerging themes and issues within the NHS and consider the implications for patients. These are published ten times each year and every CHC member is provided with an individual copy. The following issues have been published:

Dignity and Privacy in Hospital: The Issue of Mixed Sex Wards - May 1997
'Did Not Attend' - Whose Fault is it Anyway? - June 1997
Rationing NHS Services - July 1997

New Government - New NHS? - September 1997
A Right to Know: How Open and Accountable is the NHS? - October 1997
Mergers - The New Cure-all? - November 1997
Emergency Admissions - December 1997

The NHS White Paper - What's in it for Patients? - January 1998
Public Health and CHCs - March 1998
Access to NHS Dentistry - April 1998
The New NHS - The CHC View - June 1998

Further Training Initiatives

- In line with our commitment to provide, and inform CHCs of, high quality training we have developed a database which holds information about courses and trainers recommended by CHCs.
- To help keep members aware of training initiatives we are producing a bulletin every 6 months. We hope this will also be used by others to disseminate information on good practice.
- We have produced a training resource pack to provide a guide for potential trainers in running our popular course: *Understanding the NHS and the role of the CHC*. Organising training in this way will help ensure that all new members have access to consistent and high quality training at a local level which will also reduce costs.

Legal Services

ACHCEW's legal service has had a successful year. Over one thousand CHC enquiries have been responded to and a challenge to put the service out to tender has been seen off. Many CHCs have received support with making referrals to the Secretary of State, and with legal proceedings where these have proved necessary.

Legal briefings have been prepared on a range of issues, including consultation, access to health records legislation and updates on case-law developments. More are planned. The legal officer has assisted with ACHCEW's responses to government initiatives. Representations have been made about the need for greater openness in health authority and NHS Trust proceedings and improvements in consultation practices. Issues concerning CHC independence and autonomy have been pursued, locally and nationally. Discussions concerning limits to NHS Trust powers were successfully concluded on the issue of Secretary of State Directions.

The annual evaluation of the service showed a high level of satisfaction with the support being provided.

The service has moved into larger offices at ACHCEW and it is hoped that with the help of legally qualified volunteers, the increasing demand for this service can be catered for in the forthcoming year.

External relations

The Association continues to try and create a high public profile for CHCs and the concerns of patients. Regular contact is maintained with the specialist press, with health correspondents on national newspapers and with relevant programmes on radio and television.

ACHCEW is represented on a wide variety of external bodies and working groups, both short and long term. It is frequently consulted both formally and informally by the Department of Health and the NHS Executive. The Association also has good working relations with a wide variety of other organisations - professional, medical, and managerial, as well as those in the wider consumer movement.

CHC News, CHC Listings

CHC News is the newsletter produced and published by the Association ten times a year. It is intended to be a mixture of news and comment, plus reports on the major activities of CHCs and other matters of interest to CHC members. Every CHC member is provided with a copy. Special editions are published each year for delegates at the AGM.

CHC Listings is produced ten times a year and sent to CHC offices. It contains listings of new CHC reports, recent publications and forthcoming events. It also provides space for CHCs to request information from other CHCs.

Standing Committee

Staff

Toby Harris
Director

Chye Choo
Chief Administrative Officer

Angeline Burke
Development Officer

Gary Fereday
Research/Information Officer

Ben Griffith
Information Officer
(Health Policy)

Frances Presley
Enquiries Officer (p/t)

Liz Rickarby
Training Organiser (p/t)

Allison Anthony
Training Organiser (p/t)

Marion Chester
Legal Officer

Vera Beswick
Administrative Assistant (p/t)

Estelle Kiss
Administrative Assistant (p/t)

Amina Hussein
Secretary/Receptionist
(until Jan. 1998)

Amanda Allen
Office Assistant

Nicola Bennett-Jones
Newsletter Editor (p/t)

The ACHCEW Standing Committee comprises the Chair of the Association, the two Vice Chairs, the Honorary Treasurer, and two representatives (together with a Chief Officer observer) from each of the English regions and from Wales.

The Standing Committee is intended to provide a mechanism for two-way communication between member CHCs and the Association. It considers draft ACHCEW papers and receives responses submitted to consultations and enquiries on behalf of the Association.

The Standing Committee has met five times during the last year.

MEMBERS OF THE STANDING COMMITTEE

NORTH & YORKSHIRE Jennifer Elliot
(Chair)
Alan Hartley
Peter Putwain

TRENT Charles Espin
(until Oct. 1997)
Charles Briscoe
Robert Waterton

ANGLIA & OXFORD Fred Evans
Tom Fellows

NORTH THAMES Reg Pyne
(Vice-Chair)
Derek Harper
John Kotz

SOUTH THAMES Petra Willoughby
Ann Seymour

SOUTH & WEST Rosemary Hampton
(until Feb. 1998)
Dr Geoffrey Burston

WEST MIDLANDS Ann Raschke
John Allen

NORTH WEST Eileen Scott
(Vice-Chair)
Martin Candler
Lily Hopkins

WALES (SOUTH) Cllr Dewi Pritchard
(NORTH) Pauline Wood

Graham Girvan
(Honorary Treasurer)

CHIEF OFFICER OBSERVERS

NORTH & YORKSHIRE
Valerie Bryden

TRENT
Jackie Gladden

ANGLIA & OXFORD
Jenny Hunt

NORTH THAMES
Richard Edwards

SOUTH THAMES
Patricia Marston

SOUTH & WEST
Jacqueline Salter

WEST MIDLANDS
David Mattocks

NORTH WEST
Cath Arnold

WALES
Sandra Taylor
(until July 1997)
Carolyn Theobald

NHS Executive Observer
Steve Jolliffe

Society of CHC Staff Observer
Chris Sweeney

Association of Welsh CHCs
Observer
Sue Wilshire

ANNUAL REPORT - CORRIGENDUM

The Annual report went to press before the Annual Accounts had been finalised and audited. As a result the summary information on page 5 of the Annual Report is incorrect.

The correct figures are:

Income:

Membership subscriptions	£311,000
NHS Executive funding	£116,000
Other income	£165,000

Total income	£592,000
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Expenditure:

Salaries etc.	£266,000
Professional fees	£27,000
Office accommodation	£37,000
Office expenses and depreciation	£65,000
Standing Committee costs	£25,000
Other expenditure	£151,000

Total Expenditure	£571,000
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Operating surplus:	£21,000
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