annual report 2000/1

Association of Community Health Councils for England and Waless

ACHCEW - A strong national voice in the NHS

The past year has seen ACHCEW come of age as a national campaigning voice for patients. Our response to the proposal in the NHS Plan to abolish CHCs showed that by speaking with one voice, we could have a real impact on public debate. Once we overcame the initial shock of the NHS Plan, Community Health Councils, previously criticised as low profile and ineffective by our detractors, became headline news. National newspapers, TV and radio carried regular stories supporting CHCs in our campaign for an effective independent health watchdog. MPs and peers from across the political spectrum raised concerns about the weaknesses in the government's proposals for patient empowerment and public involvement. Our campaign slogan "Watchdog not Lapdog" frequently echoed across the chamber in both Houses.

ACHCEW and our member CHCs reacted to events as they unfolded speedily and effectively. We raised the level of debate around creating a patient-centred NHS to new heights.

The government's decision to omit the clauses relating to CHCs from the Health and Social Care Act means that there is still more work to be done. We have to rise to the challenge of playing our role in delivering the provisions of the Act on independent advocacy and public involvement. We need to support the urgently required capacity building in CHCs, particularly in those areas where excellent staff and members have left. And we are committed to taking the lead in the debate around the best way of delivering patient empowerment and public involvement in the 21st Century.

The skills we have all gained during the past year will stand us in good stead. With our enhanced profile in the media and in parliament, we have a tremendous foundation from which to become a more effective national advocate for patients and public.

The broad based alliance we established during the campaign - encompassing everyone from the Law Society to the BMA, taking in other patients' groups and opinion formers along the way, will enable us to build up our partnership working on a wide range of issues.

None of this would have been possible without the commitment of the ACHCEW staff, and the support and trust of member CHCs. They say what does not kill you makes you stronger. ACHCEW has grown stronger in the past year. Our staff have turned their hand to new skills overnight- including organising the parliamentary lobby in ten days flat! We owe an immense debt of gratitude to our staff who, like CHC staff, worked tirelessly on this campaign even though their own jobs were at risk. We are privileged to have that degree of skill and commitment within the office.

We are also grateful for the strategic guidance and support of the Standing Committee and other ACHCEW Honorary Officers.

CHCs have worked co-operatively with ACHCEW to lobby MPs and other opinion formers with great flair and with a single voice. We have developed new ways of using our tremendous national network to raise issues of public concern.

The effectiveness of our campaigning means that, whatever the final outcome of this particular debate, any government will think twice before seeking to undermine patients' rights in such a cavalier and off hand manner.

Donna Covey
Director

Alan Hartley
Chair

The year at ACHCEW at a glance

These are just some of the day to day activities that kept ACHCEW staff busy during 2000/2001

- Training 900 CHC members and staff on a wide range of topics from Mental Health Issues to Media Skills
- Training took place on 80 days at 20 different locations across England and Wales
- Dealing with over 900 requests for legal advice with an average response time of just one day
- Producing 13 legal bulletins and circulars on matters ranging from Coroners' Courts to legal advice on abolition issues
- Carrying out the annual evaluation of CHC satisfaction with legal services
- Answering almost 2,500 requests for policy advice and information from CHCs and other organisations
- Responding to 14 consultation documents from government, the Royal Colleges and other national bodies
- Producing 3 Health Perspectives on Advance Directives, the NHS Plan and Do Not Resuscitate Decisions
- Producing 4 issues of CHC Listings
- Representing ACHCEW on over 20 outside bodies
- Servicing 7 meetings of Standing Committee – drawing up the agenda, writing and circulating papers and arranging the meetings
- Servicing and arranging 6 meetings of the Honorary Officers
- Organising and running the AGM – over 400 participants across 3 days
- Providing support services and briefing material for the All Party Parliamentary Group on CHCs
- Attending over 170 meetings a year on behalf of ACHCEW
- Selling over 20,000 leaflets and 400 other publications
- Speaking at over 20 conferences during the year – putting the CHC viewpoint to a wide range of audiences
- Meeting with Ministers and civil servants on a wide range of issues
- Running an NHS plan seminar for almost 200 delegates from CHCs and partner organisations
- Producing 40 editions of National Plan News
- Responding daily to a wide range of media requests

CHC Abolition: The campaign for patient representation

It came as a shock to everyone. The idea of reforming Community Health Councils, in one way or another, had long been mooted by politicians, health policy experts and CHCs themselves. What no one expected was the announcement, made on 27th July 2000, that CHCs were to be abolished as part of the NHS Plan. The decision had been taken without any prior consultation or indication of a change of heart on CHCs. The announcement of CHC abolition formed no part of any of the speeches or press releases that accompanied the launch of the Plan, but there it was - one sentence, with no explanation, at the end of Chapter 10: 'Community Health Councils will be abolished.' For many CHC staff and members across the country, the first they knew of the proposed abolition was when details were published on the Internet. Professor Charles Webster, the eminent NHS historian, described the announcement as 'terse and surreptitious'.

'The Association of Community Health Councils for England and Wales has rightly asked whether patients are better served by lapdogs or watchdogs. The Association has earned a reputation for being a watchdog.'

Stephen O'Brien, Conservative MP 14th February, House of Commons

The shock quickly turned to consternation when the details of the government's alternative proposals were examined. The Plan proposed a system that seemed to diminish rather than enhance patient power within the NHS. The proposed new bodies were fragmentary, lacking in independence, very limited in their powers and without a national voice. As Donna Covey commented:

'Our current concern, which is shared by a wide section of the health community, is that the structures outlined as replacement bodies in the National Plan will not be as independent as CHCs, will not have the same powers as CHCs, and will ultimately not be as effective as CHCs.'

ACHCEW's initial reaction was to seek urgent talks with ministers. In August and September a series of approaches were made. Each of them was rebuffed. Ministers simply refused to discuss either abolition or the limitations of the alternative bodies. Frustrated, ACHCEW sought advice about the legality of the process leading to their abolition. Richard Gordon QC reported that the process leading to abolition had been 'legally flawed' and argued that CHCs had 'good grounds' to pursue judicial review of the government's decision. In early October, all attempts at establishing a constructive dialogue having failed ACHCEW took the unusual step of calling on the Secretary of State to fund a judicial review into the process.

Despite the strength of ACHCEW's case, funding for judicial review was forcefully declined. But the curiosity value of a national patients' watchdog calling on the government to fund a review into its own decision making helped to boost the profile of the issue. The abolition of CHCs and the inadequacy of their potential replacements began to be of interest not only to the specialist press but also to the national media, while the campaign materials produced by ACHCEW, combined with the work carried out by local CHCs was helping to ensure that the abolition of CHCs was an issue for every local newspaper and radio station across the country.

On the parliamentary front ACHCEW's lobbying efforts were also beginning to bear fruit. At the end of October Patrick Hall MP, Chair of the All Party Group on CHCs, tabled an early day motion calling for 'a robust national debate and consultation on how best to deliver patient empowerment'. The motion received the support of 113 MPs - 94 of them Labour.

On the opposition benches too the issue was gaining a higher profile. Stephen O'Brien Conservative MP raised the issue on the floor of the house attacking the government for its lack of consultation prior to abolition, whilst Liam Fox, Shadow Secretary of State for Health, pledged 'to fight for the independent local voice for patients championed by CHCs.'

CHC Abolition: The campaign for patient representation

The strength of opposition in both Houses was made clear in a series of meetings and debates throughout October and November: an extraordinarily well attended meeting of the All Party Group on CHCs; a Lords' debate orchestrated by Lord Harris, former Director of ACHCEW; and an adjournment debate in the House of Commons. Despite the strength of feeling against simple abolition of CHCs, much of it emanating from peers and MPs on the government benches, when the Health & Social Care Bill was sneaked out the week before Christmas, CHC abolition remained.

At each step of the Bill in the House, from committee to report stages, the abolition of CHCs was constantly highlighted as one of the most - if not the most - controversial aspects of the Bill. And ACHCEW was at the heart of it: briefing, lobbying and advising. But ACHCEW's strategy wasn't simply focused on behind the scenes lobbying. The feeling was that CHCs needed to impress on the government the strength of feeling that existed on this issue in a more dramatic fashion, consequently a lobby of parliament was organised for the reports stage of the Bill in the House of Commons on 14th February.

> ***'The Bill shatters the patients watchdog role of CHCs, leaving a confused and compromised arrangement in its wake. '***
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> ***Paul Burstow, Liberal Democrat MP, 30th January***

On a beautiful sunny day CHC supporters from across the country descended on the Houses of Parliament. They weren't to be disappointed. The impact of their presence was registered in the House when William Hague leader of the opposition opened Prime Minister's Question Time by referring to the hundreds of people who packed the House that day. But, the first scent of victory was to come later in the day when at the 11th hour the government accepted an amendment to the Bill, tabled by David Hinchliffe, Labour MP and Chair of the Health Select Committee. The amendment didn't save CHCs and it didn't address all ACHCEW concerns about the weakening of patient representation, but it was a significant step forward - it had limited the damage. CHCs now looked to the Lords for further improvements in the Bill.

At the Lords stage the lobbying and campaigning went on. ACHCEW sought a compromise: something that would build on both the structures outlined in the Bill and the strengths of CHCs. In an almost unprecedented move the support of both opposition front benches was secured for an amendment that would have meshed the best of the old system with some of the strengths of the new: reforming CHCs to become the core of a powerful new structure of patient representation. In a dramatic defeat for the government the joint Conservative and Liberal Democrat amendment gained the support of the Lords on the 24th of April.

> ***'Pensioners as a group, are one of the biggest users of the NHS. We havefirst hand experience of what modern-day healthcare really means and one of the most important issues remains the need for patients to have a strong voice representing their concerns. The requirement in a democratic society for an independent body, which will advocate the views of the wider community on all health matters, is therefore as vital today as ever. CHCs must not be abolished.'***
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> ***Jack Jones, President, National Pensioners Convention, 7th Feb, 2001***

The Bill now went back to the Commons for its final stage. Again ACHCEW lobbied hard for a resolution that would build on the Lords' principle of reform not abolition. With the General Election approaching, on the final day of the last session of parliament, the 10th of May, the government dropped the clauses relating to CHCs from the Bill.

Providing services to CHCs

Although the bulk of ACHCEW's work during the year has focussed on the government's proposals to abolish CHCs, we have continued to provide high quality services to CHCs in other areas. These are summarised on page 2.

The following paragraphs set out in more detail some of the key activities we have undertaken during the year:

Legal services

ACHCEW's legal service has continued to provide advice to CHCs in response to specific enquiries. The evaluation of legal services shows that this service continues to be highly valued by CHCs. Briefing material has also been produced on a range of subjects including the access rights of patients under the Data Protection legislation, Coroners' Courts procedure and patient confidentiality. However, the majority of effort has gone into abolition issues, including advising CHCs on their rights in these changing times and drafting amendments and briefing material. In conjunction with ACHCEW's training department and Regional Associations, legal training and seminars have been provided on human rights issues in the health service. Work has also continued on confidentiality issues, data protection and access to information.

This year also saw the launch of the ACHCEW Legal Services Case Law Update, which provides CHCs with details of relevant recent case law.

ACHCEW website

ACHCEW's website has proven to be an increasingly vital organisational resource this year. Regular site updates have meant that the content is no longer static. The NHS Plan section of the site in particular has helped provide CHCs with both the latest information and vital campaign resources. 'Hits' on the site from the media and other organisations have also escalated enormously. The site provides a relatively time and cost efficient way of servicing enquiries. Ambitious plans for future website development include: establishing an online discussion forum; developing a legal information section of the site; and making a greater amount of ACHCEW's information resources available over the internet.

Training

The Training Department has offered 80 training days in 20 locations across England and Wales. 900 CHC members attended training on a wide range of topics from Mental Health Issues to Media Skills. Completed evaluation forms show that these courses have all been well received.

ACHCEW training has been adapted to take account of changes in both legislation and government policy during the year. We have recently worked with the National Consumer Council on their "Stronger Voices" training. In the autumn we offered a one-day legal seminar focusing on current legal issues that are vital to the work of the CHC. Over 100 participants attended and we intend to offer more of this type of training and will continue to adjust our training programme accordingly. Following the publication of the NHS Plan, we ran a number of skills based review days on "CHC Members - what can I offer after the NHS Plan".

Information and enquiry service

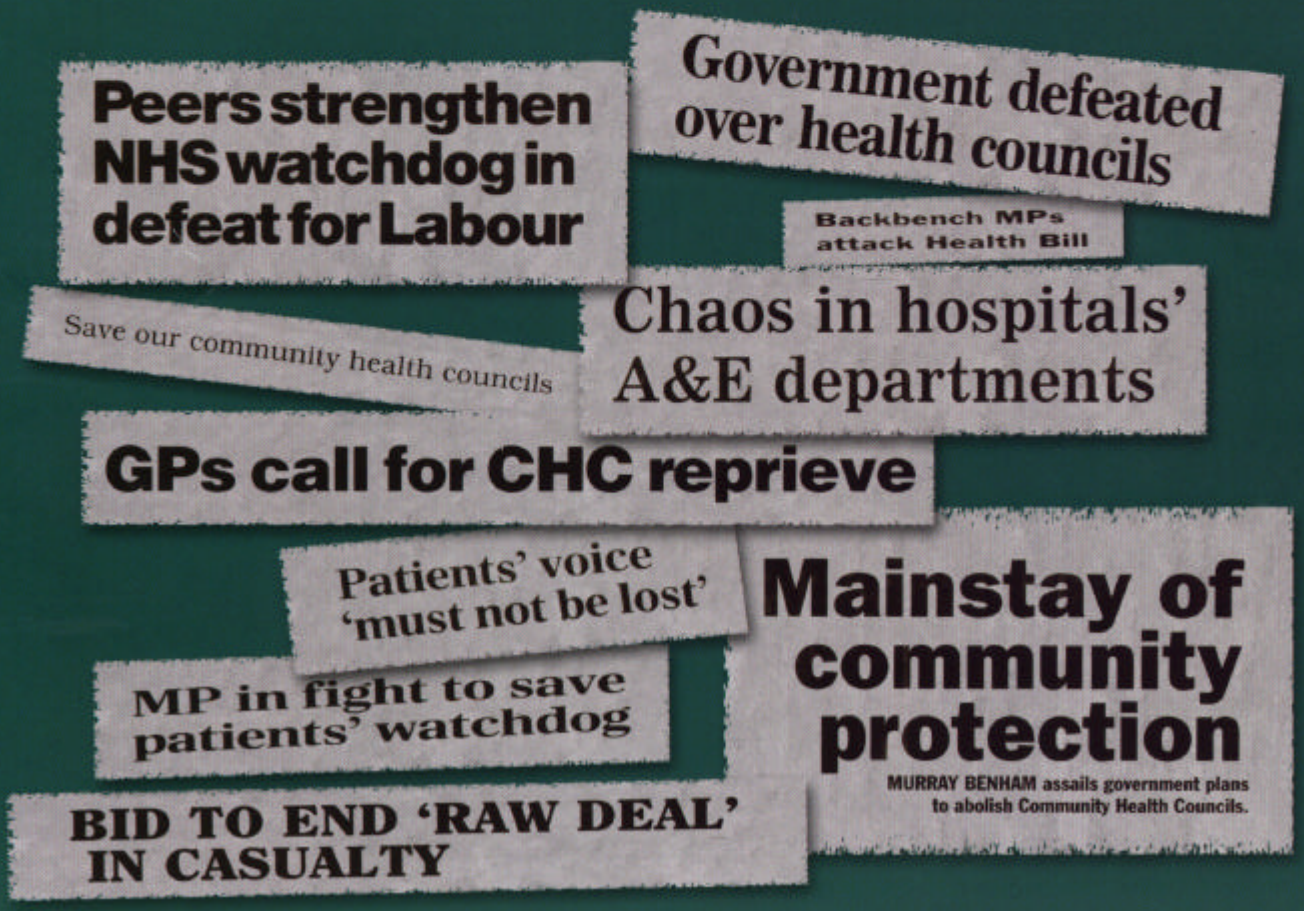
Like other services provided by ACHCEW during the past year the information and enquiry service has focused on providing information relating to the NHS Plan and the abolition of CHCs. However, we have also continued to advise on a range of other issues, particularly relating to CHC complaints work. The Policy Team runs the ACHCEW information and advice service for member CHCs, as well as responding to enquiries from other organisations. It maintains a database of information on reports produced and surveys conducted by CHCs, and information on other reports and publications that may be of interest to CHCs. Literature searches are conducted and reference lists sent out. All CHCs are encouraged to send reports and surveys to ACHCEW and there are over two thousand of these held by the Association. This unique source of information is also of interest to academic and other organisations.

Nationwide Casualty Watch

The fourth Nationwide Casualty Watch took place at the end of March. The survey again highlighted continuing problems faced by A&E departments and staff. The survey showed that many patients spent unacceptably long periods of time in assessment/observation wards even after a decision to admit them had been made. As part of the modernisation of A&E services the Department of Health is promoting the use of these wards. The report of the survey calls for the Department to produce acceptable minimum standards of care on these wards to prevent the 'warehousing' of patients.

Media work

ACHCEW's media work has been enormously successful this year. Our public profile is now higher than it has ever been. During the year we have been a regular contributor to 'flagship' national news programmes, such as Channel 4 News, "You & Yours" and the Today programme. We have also established ourselves as a key commentator on patient representation issues in the specialist press. Through the production of dummy press releases for CHCs and mass mailings to local papers, regional and local awareness has also been significantly improved. The challenge for the coming year will be to continue to professionalise the communications function of the organisation, while utilising ACHCEW's increased public profile to campaign for real improvements for patients.



Who's who at ACHCEW

Standing Committee

ACHCEW's Standing Committee provides 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 seven times during the last year.

It consists of the Chair of the Association, the two Vice-Chairs, the Honorary Treasurer and three representatives from each of the English NHS regions and Wales. Membership during the period covered by this report is set out below:

Honorary Officers

Alan Hartley (Chair)
Michael Downing (Vice-Chair)
Paulette Huntington (Vice-Chair)
Graham Girvan (Honorary Treasurer)

Northern & Yorkshire
Alan Kerr
Eric Turner
Valerie Bryden

Trent
Charles Briscoe
Barry Fippard
Marilyn Merry

Eastern
Heather Barrow
Anita Shortland
Tony Tester

London
Donald Roy
Elizabeth Manero
Janis Bryan

Wales
John Leece-Jones
Tommy Morgan
Jane Jeffs

South West
Dr Geoffrey Burston
Mark Woodcock

South East
Frank Rust
Gordon Peake
Ailsa Harrison

West Midlands
David Spilsbury
Pauline Davis
David Mattocks

North West
Martin Candler
John Seddon
Wendy Natale

Observers
Bill Coltham
Society of CHC Staff
Steve Mackenney
NHS Executive

Staff

Allison Anthony	Training Organiser
Ray Appleby	Policy Officer
Murray Benham	Media Manager
Vera Beswick	Administrative Assistant
Angeline Burke	Senior Policy Officer
Marion Chester	Legal Officer
Chye Choo	Chief Administrative Officer
Donna Covey	Director
Sheila Dollery	Administrative Assistant
Maggie Flynn	Administrative Assistant
Diane Jones	PA to Director
Estelle Kiss	Information Assistant
Jill Paterson	Legal Assistant
Frances Presley	Policy Officer
Liz Rickarby	Training Organiser

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