



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

APPENDIX 5

To:	Regional Health Authorities	)	for action
	Family Practitioner Committees	)	
	Community Health Councils	)	
	Special Health Authorities for the London	)	
	Postgraduate Teaching Hospitals	)	
	District Health Authorities	)	
	Metropolitan and Non-Metropolitan County Councils	)	for information
	Metropolitan and Non-Metropolitan District Councils	)	
	London Boroughs	)	
	Common Council of the City of London	)	
	Greater London Council	)	
	Council for the Isles of Scilly	)	

March 1985

HEALTH SERVICE DEVELOPMENT

COMMUNITY HEALTH COUNCILS

SUMMARY

This Circular advises on the provisions of the Community Health Council Regulations 1985 and gives details of the basis for the relationship between Community Health Councils (CHCs) and the new family practitioner committees (FPCs) introduced by the Health and Social Security Act 1984 with effect from 1 April 1985. It also provides guidance on a new procedure to allow for the dismissal of a CHC member for misconduct.

BACKGROUND

1. The new NHS Community Health Councils Regulations 1985\* introduce consolidated and revised Regulations which will come into force on 1 April 1985. They replace the CHC Regulations 1973 (as amended) but perpetuate the relevant provisions of those Regulations. In addition the new Regulations provide the basis for the relationship between CHCs and the newly independent FPCs; and for the termination of a CHC member's appointment for misconduct. There are some other minor amendments referred to below. Copies of the Regulations will be issued under separate cover.

RELATIONSHIP BETWEEN CHCs AND HEALTH AUTHORITIES

2. Regional Health Authorities will continue as the establishing authority for CHCs.
3. This circular does not alter the existing relationship between CHCs and district health authorities or the Special Health Authorities for the London Postgraduate Teaching Hospitals.

RELATIONSHIP BETWEEN CHCs AND FPCs

4. Under Section 10 of the National Health Service Act 1977 (as amended by Section 5 of the Health and Social Security Act 1984) new FPCs have been established which will be directly accountable to the Secretary of State. The new CHC Regulations provide the framework for a formal relationship between the new FPCs and existing CHCs.

The main changes are:

- i. CHCs will have a duty to advise FPCs on relevant matters relating to the operation of the health service;
- ii. FPCs will have a duty to consult CHCs on proposals they have under consideration for any substantial developments of, or variations in, the health service in the Council's district;
- iii. FPCs will have a duty to provide CHCs with such information about the planning and operation of the health service as CHCs reasonably require to carry out their duties;
- iv. CHCs will be required to send copies of their annual reports to their related FPCs and FPCs will be required to make known to the public their comments on those parts of the CHC report relevant to the FPC's concerns.



#### APPOINTMENT OF CHC MEMBERS - REGULATION 3(6)

5. From 1 April 1985, RHAs will be obliged to consult FPCs, in addition to the relevant district authorities and other appropriate bodies, before making their own appointments to CHCs.

#### CHC ANNUAL REPORTS - REGULATION 17

6. It remains open to CHCs to publish at any time such reports and statements as they see fit. The formal annual report on their activities which the CHC is required to make to the establishing RHA, from 1 April 1985 should be sent to the relevant FPC in addition to the DHA. The DHA and FPC are required to comment separately on the sections of the reports relevant to their respective interests. FPCs like DHAs, are required to publish their response which should record any steps taken in consequence of advice or proposals from the CHC, and to furnish that response to the CHC.

#### ADVISING ON THE OPERATION OF THE SERVICE - REGULATION 18

7. The duty for CHCs to advise DHAs on the operation of the health service in their districts and to make recommendations for improvements has been revised to take account of the new status of FPCs. From 1 April 1985 CHCs should direct their representations or recommendations about the family practitioner services to the Family Practitioner Committee. FPC matters to which CHCs might wish to direct their attention may include: the general effectiveness of the service; collaboration between the health services and related local authority services; and the availability and standards of services.

#### CONSULTATION - REGULATION 19

8. The right of CHCs to be consulted by DHAs about substantial developments of, or variations in, service will from 1 April 1985 be extended to provide for separate consultation of CHCs by FPCs in such matters. Examples of matters on which FPCs will need to consult CHCs include strategic plans, opening or closure of branch surgeries by general medical practitioners, dispersal of a vacant medical practice, and changes in the provision of salaried dental services. FPCs should seek to involve CHCs during the formative stages of any proposals for development of services.

9. There will be a right of appeal to the Secretary of State (see paras 20 and 21 below) if a CHC considers that an FPC has not allowed sufficient time for consultation or that the consultation has otherwise been inadequate. In such cases the Secretary of State may require an FPC to carry out any necessary further consultations.

#### SUPPLY OF INFORMATION - REGULATION 20

10. CHCs will be entitled to basic information from FPCs about the family practitioner services in the locality, including appropriate statistics. A CHC will also be entitled to information about the planning and operation of those services which the CHC may reasonably require to carry out its duties. Copies of minutes of the meetings of the FPC or any of its sub-committees and copies of relevant papers prepared for these meetings should routinely be given to CHCs. FPCs may however refuse to disclose information which they regard as confidential including information about individual patients or matters relating to individual practitioners in contract with the FPC.

11. If relevant and necessary information is unreasonably withheld CHCs will have a right of appeal to the Secretary of State (see paras 20 and 21 below).

#### INSPECTION OF PREMISES BY COUNCILS - REGULATION 21

12. The arrangements whereby CHCs have a right to inspect certain health service premises controlled by DHAs remains.

13. CHCs do not have a statutory right to inspect premises controlled by FPCs or contractors' premises. Premises, or parts of premises, which are occupied by practitioners for the purposes of providing family practitioner services may be entered only with the prior agreement of the practitioners concerned.

#### MEETINGS - REGULATION 22

14. The relevant FPC (or not less than one-third of the members of it) are required to meet each CHC within their locality at least once a year. The Secretary of State hopes that the Chairman and members of the FPC and the officers of the FPC will develop friendly and co-operative relationships with the members and secretariat of each CHC and will be ready to establish continuing and frequent informal contacts.

#### CHC OBSERVERS AT FPC MEETINGS

15. CHC observers should continue to be allowed to attend FPC meetings in line with the provisions of HC(FP)(83)2, paragraphs 9 and 10.



## OTHER NEW PROVISIONS IN THE REGULATIONS

### TERMINATION OF MEMBERSHIP - REGULATION 9

16. A provision is included in the new Regulations providing for the dismissal of a CHC member guilty of misconduct. This results from criticism in the courts of the lack of such a provision and reflects similar provision in relation to other public bodies.

17. If alleged misconduct is brought to the attention of an RHA by the CHC or the appointing body or otherwise, the RHA in its capacity as establishing authority should consult the relevant appointing body and seek the views of the CHC on whether the person concerned is fit to continue to be a CHC member. It may be appropriate for the initial approach to the CHC to be made through the Chairman (or the Vice-Chairman if the Chairman is the subject of the allegations.) If after its consultations the RHA decides that a CHC member has been guilty of misconduct his or her appointment may be terminated. In reaching its decision the RHA should give full weight to the views expressed by the appointing body and CHC.

18. This provision is intended for matters of personal or professional misconduct, whether arising from the member's activities as a CHC member or otherwise, which have a bearing on whether the person concerned is fit to be a CHC member. It is not intended to be used where for example a CHC member votes in a way that is not acceptable to the appointing body.

### DELIVERY OF CHC PAPERS - SCHEDULE 3(3)

19. Provision is made for the notice of a CHC meeting to be sent to a member at the member's usual place of business.

### APPEALS TO THE SECRETARY OF STATE - REGULATIONS 8, 19 AND 20

20. The Regulations provide for appeals to the Secretary of State by:

- i. persons disqualified from membership of a CHC - Regulation 8(3) and (4);
- ii. a CHC that considers an FPC has not allowed sufficient time for consultation or that the consultation has been inadequate - Regulation 19(4); and
- iii. a CHC that considers an FPC has withheld information reasonably required by the CHC in order to carry out its duties - Regulation 20(4).

21. Any appeals under these Regulations should be made in writing to Branch PMC2B, Room B1201, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

### EARLIER GUIDANCE

22. This circular should be read in conjunction with HC(81)15 and HC(FP)(83)2, paragraphs 9 and 10.

### ACTION

23.
  - a. Health authorities should ensure that this circular and the Regulations are drawn to the attention of all staff and members having contact with CHCs.
  - b. CHCs should contact the appropriate new Family Practitioner Committee covering the Council's district and arrange for the implementation of the regulations in relation to FPCs.
  - c. FPCs should send copies of this circular to local representative committees.

From:

Prevention, Primary, Maternity and Child Health Division 2  
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Elephant and Castle  
LONDON  
SE1 6BY

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CHC 31/3

Further copies of this Circular may be obtained from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ quoting code and serial number appearing at top right-hand corner.