Association of Community Health Councils for England and Wales
Draft Annual Report 1984-85

Introduction

As will be seen from this Report, and is more vividly described in the Annual Reports of member CHCs, the year has been one of great achievement for CHCs. The quality of surveys stands out but solid achievements in giving service to the community by the identification of issues through specialist working parties, monitoring services, visits to NHS facilities and national and local publicity (it is unfortunate that ACHCEW cannot afford a press cutting service) are noteworthy. Responses to strategic plans and annual reviews have involved much work but contacts with the public appear to have increased in terms of representation, advice and consultation meetings.

Yet, this has been a year when the increase in workload of CHCs has induced frustration because of lack of resources and recognition and brought some CHCs close to breaking point. Their methods, standards, scope and achievements have remained uneven because of differing experiences of NHS development, the variable needs of local communities and the continuing tension between local and national issues.

The recommendations of the Griffiths Report have been partially put into effect by the appointment of regional and district managers and we now await the appointment of unit general managers. The changes have inevitably led to uncertainty, jostling for posts and competition between the professions. The relations between government and the medical profession have been strained. Despite lip-service to local autonomy, central government has seized control by manpower limits and financial stringency, influence on selection procedures and the encouragement of private tendering. The integrity of some doctors who have deployed NHS facilities and resources for their private patients has been called into question.

There have been scandals, such as food poisoning in long-stay institutions, ethical dilemmas in terms of the selection of patients for certain treatments, defects in the delivery of services such as failure to tackle waiting lists and screening recall systems, a massive transfer of care from long-stay NHS hospitals to a variety of alternatives including private, voluntary and local authority homes, major disputes about deputising services and the selected prescribing list, and persistent rumours, not to mention leaks, concerning the Green paper "with white edges" on primary care. The Green Paper on Social Security has still to be digested without the financial details.

The avalanche of press statements, circulars and guidance from the DHSS has tested the endurance of providers and users of the NHS and even CHCs.

In Parliament, this has not been the year of major NHS legislation but there have been Bills of direct relevance to CHCs including those dealing with hospital complaints, embryos and fluoridation.

Above all a sense of disquiet about the future of the NHS, in terms of its principles and practices, and despite sustained public support confirmed by the opinion polls, has increased not just because of the implementation of government policy but because the assurances of Ministers regarding their basic commitment to the NHS have been somewhat blurred by pressure from the Treasury, the frank preference for alternative systems stated by many of their supporters and, even, an admission by the Prime Minister that she would not rule out the privatisation of hospital administration.

There has been a crying need for a detailed analysis of what is happening to the NHS and what might happen given the pressures and theories which are gaining currency in government circles. Accusations that CHCs are "political", and dedicated to cconfrontation have been expressed by MPs and Ministers. Political parties, which seem unaware of the limitation which CHCs have to endure, have suggested that their supporters should try to move in on CHCs. If they do so, they are in for a surprise. The full range of political and non-political opinion is represented on CHCs but we and our members know that a partisan approach has been consistently resisted by the vast majority. This determination to concentrate on the delivery of health services and not to engage in polemic is resolutely adhered to although, political allegiance aside, attempts to dismantle the NHS we serve and which the public supports will be resisted. It seems regrettable that, with so much to do in terms of informing the public and giving practical advice, many CHCs are being forced to defend the services they have and to bear the brunt of public anxiety.

Inside ACHCEW

This has also been a year of transition involving a change of accommodation and reduced expenditure, the laying to rest of CHC News and the provision of a cheaper and more informal alternative, Community Health News, a radical cut in staffing, protracted negotiations about deficit and core funding with the DHSS, fewer Standing Committee meetings with consequences for accountability and proper decision making, attempts to simplify the flow of information and to speed up communication with members through regional groupings and the ever present awareness that servicing and representing CHC members cannot be achieved to anyone's satisfaction with the resources at our disposal.

It is a paradox that the measurement of our performance has become a burden which we cannot undertake. What we know subjectively is that the servicing and provision of information to members who require it predominates although we cannot pretend to be able to achieve desirable standards. This means that the active promotion of the achievements of CHCs and the representation of CHC opinion to government and to the public remains marginal and thus confirms the reduction to a post-

box function agreed by the Special General Meeting.

There are two full-time members of staff, the Secretary and Assistant Secretary. We also have the services of a part-time secretary (Pippin Markandya), a journalist (Judith Cook) who produces each newsletter with speed and efficiency, and a dedicated casual worker who is available on call. A micro-computer has been purchased which should relieve some of the pressure but which is hardly a substitute for real staff. An information officer will be appointed before the AGM in July.

It seems likely that as the pressure on CHCs increases so their capacity to contribute directly to the work of ACHCEW, through working parties and the Standing Committee may decline.

But ACHCEW survives because it is wanted and needed by its members and the constituencies they represent. It is up to all of us to bring this home to and to secure the support of the Government and the health community.

The CHC membership of ACHCEW as of the 31st of March, 1985 was 189. The membership for 1985/86 is estimated to be 175.

Greater London Association of Community Health Councils

From 13th September 1984, the GLC grant to GLACHC was transferred from the auspices of ACHCEW to GLACHC itself, an organisation comprising 28 of the 31 CHCs in Greater London. The grant has allowed a research team of 3 full-time workers (Peter Stanley, Amanda Zilberstein and Andy Thompson) to investigate the effect of resource changes on London's health services, particularly relating to the priority groups. GLACHC has recently been successful in raising money from the Kings's Fund and other Trusts to appoint a full-time Development Worker and part-time clerical worker to liaise with the CHCs and other health-related organisations in London.

Initial findings show that Personal Social Service expenditure, whilst increased since 1976 in absolute terms, has focussed relatively less on the priority groups. In particular, elderly people appear to have borne the brunt of the reallocation, with increases confined to mentally handicapped provision, since 1980. It is too early to say exactly what has happened in the NHS services, apart from an incredible catalogue of closures and run-downs of hospital services over the last few years. The implications for community care are severe given the RAWP losses being sustained, particularly in the inner city Districts. A report detailing the trends in health and personal social services will be made available later in the year.

Annual General Meeting 1984

The Annual General Meeting took place at the City University, London, with Mr. John Austin-Walker in the Chair to open the meeting, followed by Mr. John Butler. It was attended by 378 delegates and observers representing 174 CHCs and by observers from the Association of Scottish Local Health Councils; the Association of District Committees for Health and Personal

Services in Northern Ireland, the DHSS and the Welsh Office, along with other guests. The speakers were Chris Ham of Bristol University who addressed the AGM on "Griffiths: What Future for Democracy in the NHS" and Dr. Sharon Levine of the World Health Organisation who spoke on "Primary Care and Nutrition". A comprehensive fringe programme on the subject of nutrition was organised by City & Hackney CHC.

In the election for officers Mr. John Butler (Canterbury CHC) was elected Chairman unopposed. Mr. D.T. Hopkins (N. Warwickshire) and Mrs. E. Mullineaux (N.E. Yorkshire) were proposed for Vice-Chairman and, after a ballot, Mrs. Mullineaux was elected. There being no nominations for Treasurer, Nick Harris (Central Manchester) proposed that Mr. W.R. Thomson (Stockport) should be appointed and this was later endorsed by the AGM and it was also agreed that the Treasurer should receive an honorarium of £500 subject to amendment in future years.

Because of the continuing financial plight of ACHCEW a large proportion of the AGM was taken up with discussions as to whether or not it would be possible to keep the Association in existence and, if so, how it could then be funded by subscriptions from individual CHCs with their widely differing budgets. The meeting considered the recommendations of the Committee of Enquiry which had been set up to consider how this should be done. There was overwhelming support for the need to keep ACHCEW going but a good deal of disagreement as to how this could be done, what would be possible with such a restricted organisation and, most especially, what subscription would be required from each CHC depending upon which income "band" they belong to. It was finally decided that the only way matters could be resolved would be to hold another Special General Meeting to discuss, once again, whether or not ACHCEW could be saved and, if so, the amount of subscriptions needed. The date of the SGM was finally agreed as 29 September 1985.

Because of the length of time taken discussing financial affairs, there was only limited time available for discussing resolutions. Seventeen were agreed, eight of which were passed without debate, and two were remitted back to the Standing Committee for further discussion.

Resolutions covered:

The role of CHC observers in the proposed new FPCs.
Prescription charges and how they affected various sections of the community.
The need for more comprehensive information on the side effects of drugs.
Services for mentally handicapped people.
Community care.
The rights of patients in NHS hospitals to register to vote in elections.
The need to widen the criteria for obtaining mobility allowance.
Better facilities for brain damaged patients.
The need for a national food policy.
The need for a review of the powers of CHCs to allow inspection of private nursing and residential homes for the elderly.

The abolition of Crown immunity for the inspection of NHS catering facilities.
The need for national computerised records of organ donors.
Legislation to give CHC members the rights to time off work for their duties.
The need for a variety of improvements in antenatal care and the maternity services.

Resolutions remitted back covered aspects of ACHCEW policy and the possibility of establishing a working group of CHCs and other interested organisations to develop proposals for a major policy statement on measures to achieve more democracy within the NHS.

Resolutions

The sad truth is that, however passionately resolutions are argued at the AGM, and however accurately they reflect the feelings of CHCs, those which are largely concerned with preventing cutbacks, improving services or asking for extra resources are met with bland repetitions of government policy and this last year has been no exception. This was the case with all those concerning rises in prescription and dental charges along with some astonishing statements such as there being no firm evidence that higher costs had deterred people from seeking dental treatment and, regarding young people still in full time education, that "many have significant resources, for example, savings or other capital". Glasses, we were told, "can still be obtained for a little over £11". Prescription charges themselves must be contributed to by those who can afford them. On better information on the side effects of drugs, we were informed that the DHSS was researching the effects of providing patients with more information "but there is a need for a balanced approach".

There were no plans to improve the mobility allowance as this would cost too much. Community care costs were expected to be met within existing budgets and CHCs do not have, nor will they be given, powers to visit private homes of any kind. Said the DHSS "We have no evidence to suggest that there is any need or desire on the part of the private sector or those that it treats to extend the powers of CHCs in this way." There will be no right of entry for Environmental Health Officers to inspect hospital catering facilities. On improved pre-conceptual and ante natal care the DHSS had produced a booklet on the subject. New provisions were being brought in under the 1983 Representation of the People Act to assist long stay hospital patients to register the address where they would be if they were not in hospital, along with special provision for postal votes. The DHSS replied tartly to the resolution on CHC members being allowed time off for public duties saying that this resolution had already been put to them twice before, the last time only in 1983, and the answer was the same unless evidence of hardship was available. Over and over again, the DHSS replied to any resolution dealing with improved funding or the need for further resources with the response that the government had increased funding to the NHS since 1979 and that resources were being re-allocated from the South East to other Regions.

Special General Meeting

As had been agreed at the AGM, a Special General Meeting was called for 29th September. This was necessary because the AGM ended with the future of ACHCEW still in doubt. Some CHCs still did not seem to realise the implications of the removal of the Government Grant and that, even with bigger subscriptions from individual CHCs, ACHCEW could only just about remain in existence. As the Chairman, John Butler, said when he opened the SGM "This was the make or break meeting for the Association" and the Treasurer, Ross Thomson, added that this was when we needed to "get on with the job rather than pulling it (ACHCEW) to bits". 152 CHCs were represented with four observers. After a good deal of relatively good-natured discussion, the SGM agreed the next subscriptions for 1985/86 with an amendment from Arfon-Dwyfor CHC so that there is now a six-band subscription scheme beginning at £250 forr CHCs with budgets of £15,000 or less, rising to £750 for those CHCs with budgets over £40,000. The SGM also passed the proposed budget for 1985/86. This would enable ACHCEW to operate a refined "Option 1" operation as recommended by the Committee of Inquiry. It was hoped that this could progressively aim towards the level of Option 2. The meeting was told that new accommodation had finally been found and that the offices in Finsbury Park, with rent and rates of only £5,500 p.a., for the first year and £6,000 for the second, would mean a considerable saving. There would then be two full time officers, the Secretary and Assistant Secretary, a part-time typist and casual help where possible.

A series of constitutional changes were also agreed. The meeting ended with a feeling of relief that there need be no further discussion on subscriptions, staffing or budgets until the new financial year and that ACHCEW could then, as John Butler said, "stop looking at its own entrails and get back to its job of representing the rights of the NHS consumer."

Standing Committee

The Standing Committee met four times, each time with a crowded agenda. Meetings were held at the YWCA in Great Russell Street, London W.C.1. During the year tributes were paid to Wyn Howarth, Bradford CHC, and Jim McGowan, Chairman of North Devon CHC, who died during the year and had contributed so much to the work of CHCs .

As well as the many problems arising out of ACHCEW's financial position and the difficulties some CHCs were experiencing in paying their subscriptions, it has been a year full of national issues many of which were discussed by the Standing Committee. Selected list prescribing, the mushrooming of the private sector nursing and old peoples' homes, the draft code on confidentiality and last, but not least, the new regulations for CHCs all proved to be of special interest. Regarding the latter, the Standing Committee endorsed the Secretary's action in protesting about the lack of consultation, identifying the need for an appeal procedure and in requesting a more positive role for CHCs in dismissals for misconduct, in view of the absolute power being given to RHAs. It was accepted that a telephone call from

the Department in response to the Secretary's letter to the Minister of Health, following his announcement of new regulations in the House of Commons on 11 February, did not constitute consultation. Over and over again during the year the Standing Committee has been told that where ACHCEW had been consulted over a specific issues, the timescale given for response has often been ridiculously brief - sometimes a considered response expected within a few days.

At the AGM a number of resolutions, largely concerning policy matters, had been remitted back to Standing Committee. The main suggestion to emerge was that the Committee should concentrate on two or three main issues each year "which the majority of CHCs think important". The Secretary pointed out at the SC meeting of 14 November 1984 that, while the thinking behind the resolution was constructive, the detailed procedures needed were hardly feasible.

Newsletter

With the passing of CHC NEWS it was felt very strongly that there should be some kind of a newsletter to keep CHCs in touch with each other and with ACHCEW. It was therefore decided first to enlarge the existing Standing Committee News under the title Community Health News. It has become popular with the great majority of CHC members, many of whom have written to say how much they appreciate it. Needless to say, others have not found it to their taste! Producing the newsletter has been no easy task. A truly enormous amount of material pours into ACHCEW daily, with no staff available to sort it properly or to decide priorities. The information needs to be read, edited, commented upon and then written up and this is extremely difficult as ACHCEW can only afford to pay for the services of a journalist for a few days a month. Writing up and editing such a massive amount of material is a specialist task which Judith Cook has executed admirably.

Some item have had to be dropped. For instance, it proved impossible to monitor every Hansard. Not only would this require more time but it would also fill the whole newsletter which was becoming unwieldy.

CHCs responded splendidly to it and raised a large number of issues which have been discussed. These have included - limited list prescribing and its problems, the implications of the 'Gillick" appeal, the very severe problems which were likely to arise in rural areas once the bus services were de-regulated, problems arising from increases in dental and prescription charges and, a new concern, worry over the effects of pesticides on food and community health.

The newsletter attempted to give a "round up" of what CHCs were doing and to give brief details of surveys. There have been a number of surveys of exceptionally high quality published during the last twelve months and it is sad that there has been insufficient space to go into these in more details. An attempt was also made to give as full a list as possible of coming

events, to monitor the response of the DHSS to a variety of issues, to draw attention to books, booklets and pamphlets which might be of interest to CHCs, to report the activities of voluntary organisations and to include requests for information from both CHCs and other bodies.

DHSS

Looking back at the year and relationships between ACHCEW and the DHSS, it could truthfully be said that there has been a great deal of contact on one level - that is between ACHCEW and civil servants. However, what has been missing is any element of genuine dialogue between ACHCEW and Government Ministers. The contact between ACHCEW and the DHSS civil servants has also to be set in the context of ACHCEW's financial position. The greatest proportion of that contact, amicable as it has been, has been taken up with the details of the Association's financial affairs and deficit funding during the 1984/85 year and with negotiations for a core grant in 1985/86. This has absorbed a great deal of time and energy on both sides.

CHCs in general welcomed the attempt to present what the NHS was doing in the form of the NHS Annual Report and so try to make the whole more accessible to interested members of the public but great exception was taken to the section on CHCs which comprised mainly out of date material. It did not show any appreciation of the considerable achievements of CHCs or of their potential future role. The Annual Report was followed by the sudden flood of leaflets summarising the statistics drawn from the Report and which gave the extraordinary interpretation that really all was well with the NHS. CHCs were at a loss to understand why, if the picture was so rosy, actual conditions in many districts were continuing to get worse. There was a credibility gap later filled by the report of the Radical Statistics Group which spelled out the situation rather more like it is out in the real world.

Among the issues which have resulted in increased workloads for CHCs have been the consultation (and ensuing public debate) on strategic plans and the new relationship with FPCs.

Past experience had already shown that many CHCs had devoted a considerable amount of work to dealing with members of the public requesting help and advice on aspects of primary care but, once CHCs were given formal responsibility for consulting, monitoring and liaising with the new FPCs, in addition to consumer demand, then the amount of work involved was bound to increase further. Yet this increase was against a background of reduced CHC membership, staffing levels which have remained exactly the same and budgets which have hardly increased at all. Certainly there has been no recognition by the DHSS that the change in relationship with FPCs would be bound to lead to increased CHC workload as letters between ACHCEW and the DHSS show.

One area in which there has been consultation, if belatedly, is that of selected list prescribing. The initial list of only 30 drugs put out by the DHSS could hardly be taken seriously (it is

hardly surprising to learn that those who drew it up had to sign the Official Secrets Act!) and there was also a total breakdown in communication between the DHSS and the doctors although it is not clear whether the fault lay with the doctors for refusing to take part in the decision making process, with the DHSS for not putting up a proper list in the first place, or to a mixture of both. However, following the initial chorus of protest, the DHSS did listen to the views of ACHCEW, among others, on this important matter. However, CHCs are already finding themselves at the sharp end of the new system and having to try and deal with the anomalies on the list. An appeals system was rejected by the doctors.

We also saw at a very early stage that there was likely to be another large increase in health charges for medicines, dentistry and glasses. Early representations were made to the Minister and contact with the DHSS has continued, reflecting the anxiety shown by feedback from CHCs over the effect increased charges will have. While this matter has been vigorously pursued, there cannot be said to have been any real dialogue on the subject with Ministers.

Following the success of Mr. Michael McNair-Wilson MP in the Private Members Bill Ballot, he introduced a Hospital Complaints Procedure Bill which was welcomed on behalf of CHCs by ACHCEW but with some reservations. It seemed there was a possibility that the new procedure might not differ all that much from the old as Districts and units were offered no detailed guidance. The Bill is still being processed.

The introduction and content of the new CHC Regulations with virtually no consultation with ACHCEW or CHCs has already been discussed at length in the Newsletter. A review of the structure and future role of CHCs had been expected by the end of 1985 and this was certainly hinted at by John Patten in the debate on CHC Regulations but the DHSS has a long history of changing its mind and, unhappily, some of the signals now suggest that a review could be postponed indefinitely. It really is about time that the roles and future of both CHCs and health authorities were sorted out.

Finally, what the past year shows very clearly indeed is that there is a vital need for a continuing and constructive relationship between ACHCEW and the DHSS at both a formal and an informal level.

New Issues

There have been a number of these which have arisen during the last twelve months. Some have sparked off a reaction from CHCs even when, initially, it looked as if the matter under review was not connected with the NHS. Foremost of these has been that of the proposed Transport Bill which would deregulate the bus services. CHCs, particularly those serving large rural areas, were immediately aware of the problems which would follow if cross

subsidies were no longer there for "uneconomic" routes. Those people who did not own cars - and there are still plenty of them -

would find it even harder to visit their doctors, collect prescriptions or go to hospital for treatment. Nor would it be easy for those visiting.

Of more direct medical significance is what has become known as the "Gillick" decision. Many CHCs felt strongly on the subject and a good many organisations expressed their very real concerns as to what this ruling will mean in practice. These included bodies such as the Health Visitors Association, Family Planning Association, the Childrens' Legal Centre and Association of Family Planning Doctors, etc. ACHCEW was represented at several meetings.

The launching of the Patients Charter by MP Michael McNair-Wilson (following his own unhappy hospital experience) did stimulate a good deal of debate among CHCs and there seemed to be a general positive feeling on the desirability of setting down some standards for the relationship between patients and professionals which will lead to better understanding without making them prescriptive.

Drug abuse and the use of hard drugs was a subject which has received massive publicity and naturally featured among concerns of CHCs.

Publications

The general leaflet 'Your Community Health Council in Action' has been reprinted several times and orders continue to arrive. The new edition of the CHC directory was published in January 1985 and the inevitable monthly amendments are recorded in Community Health News. The amended Constitution has also been reprinted. We had intended to extend the general leaflet into a series dealing with more specific topics in terms of the CHC function. For financial reasons, this plan was suspended but, as it now seems that funding could be obtained for this purpose, the main obstacle to the publication of further leaflets which could be used by our members is the preparation of acceptable and useful texts. The report of a survey undertaken by the National Consumer Council on the information needs of CHCs was published and achieved some publicity and wide distribution. The information department of Age Concern published for us 'A Profile of the Work of Community Health Councils in England and Wales in connection with the Elderly', compiled by Linden Nicoll. Unfortunately, RADAR has not been able to produce a similar publication dealing with disabled people but the possibility of collaboration between ACHCEW, RADAR and other major voluntary organisations representing particular groups of patients or clients remains.

Meetings and Relations with other Organisations

The Standing Committee followed the lead of many CHC members in joining the Freedom of Information Campaign which has made remarkable progress since it was founded. Valuable contacts have been maintained with the Health Education Council, The

Pharmaceutical Society of Great Britain, the Royal College of Nursing, the College of Health, the Community Rights Project, the

Society of Family Practitioner Committees, the National Council for Voluntary Organisations, the NHS Consultants' Association, the IBA, the National Association of Citizens Advice Bureaux, Health Concern (a coalition of organisations concerned with the future of the NHS on which ACHCEW is represented by Dr. Alan Berson), the BMA (which organised a viewing committee for videos in hospital waiting areas), London Weekend Television, The Society of CHC Secretaries, the Media Project of the Volunteer Centre, MHA, Television South and Central Television, the King's Fund Centre (which organised the conference for CHCs and FPCs), EXODUS (which aims to find more suitable care for mentally handicapped children in long-stay hospitals), the Royal College of General Practitioners (which is forging ahead with its Patients' Liaison Committee), the Patient's Association (with which we share many concerns and initiatives), the Quality Assurance Project of the Kings' Fund, the Brook Advisory Centres and Family Planning Association, the National Consumer Council and Congress, the Health and Social Services Journal, and the Health and Handicaps Group of the NCVO.

The Secretary has attended a number of CHC meetings and meetings of regional associations but feels that more face to face contact is vitally important but hard to achieve with such low staffing levels.

Joint Consultative Committees

The Association together with the Society of CHC Secretaries, the NCVO and the Volunteer Centre, and having received much information and many suggestions from CHC members, gave evidence to a DHSS Working Party on Joint Consultation and Finance in January 1985. Following this meeting, ACHCEW participated in another working party, established by the NCVO, which has co-ordinated the collection of more information and evidence, surveyed experience and explored the servicing needs of voluntary organisation representatives on JCCs.

Working Groups

It is regretted that it has not been possible as yet to form and convene working groups on Complaints Procedures and Primary Care.

Regional Association of CHCs

The Secretary within two years has visited almost all of the regional associations which have the potential to provide a more rapid and cost effective means of communication on national issues. It is unfortunate that their terms of reference and modus operandi are not always available and are certainly not identical or comparable. Attempts have been made to use this network for the rapid transmission of information through the Secretaries of Regional Associations but the structure and performance needs to be improved.

Mental Health Film Council

The Mental Health Film Council has catalogued a mass of new material available on video and tape/slide presentations, and the document can be obtained from their new address at the Disabled Living Foundation building, 380-384 Harrow Road, London W9 2HV. The Council has also arranged a number of Seminars using films and videos for training and education purposes. These include such subjects as "Death and Bereavement", "Mental Health and Older People" and "Volunteers in the Community".

The Seminars are particularly valuable since they afford the opportunity to talk to broadcasters and other media professionals about their work and how it might be developed.

We are represented on the Council by Edgar Evans, Secretary Observer on the Standing Committee.

Mental Health Commission

The new Mental Health Act Commission has been in operation for 18 months. It was welcomed by CHCs and has close links with them as there are four current CHC members and a retired CHC Secretary on the Commission. Many other Commission members have experience of CHC membership. An article in the January/February 1984 CHC News succinctly described the organisation and functions of the Commission.

The full Commission has met half-yearly and the three Regional Groups meet more frequently. The subject of discussions has been the matters arising from implementing the new Mental Health Act and broader issues related to care of detained patients in NHS, private and Special Hospitals.

Each Region has now set up systems for visiting detained patients to interview them in private and to take up matters of complaint to appropriate staff and managers. These visits are the main method of monitoring the operation of the new Mental Health Act at Unit level, ensuring that matters of confusion are clarified and that due procedures are undertaken to implement the Act. The Commission is undertaking visits to Social Services Departments to monitor the services for admission, discharge and care of detained patients in the community.

The draft Code of Practice for all mentally ill and mentally handicapped patients is almost completed for consultation with appropriate bodies. The Commission has now to prepare a Biennial Report on its activities, for Parliament and public, in the autumn of this year. Contact has been made with other bodies such as the Health Advisory Service, the National Development Team and the Health Service Commissioner and will shortly be made with the Association of CHCs for England and Wales to discuss respective roles and matters of mutual interest.

Chairman's Message

Last year ACHCEW appeared to be on the brink of dissolving under the stress of a major financial crisis. For ACHCEW the last year

has had to be a year of retrenchment. The staff have been reduced, new cheaper offices obtained and the finances of the Association brought under control. ACHCEW is still alive and is beginning the process of rebuilding; for rebuild we must. CHCs, with their regional and bi-national associations, provide the only major mechanisms for ensuring that the interests of the NHS consumers, the patients, are brought to bear on the centres of decision making in the NHS. CHCs have a wealth, and breadth, of expertise in their membership, drawn as it is largely from voluntary organisations and local authorities. Whether it is in proposing constructive alternatives to hospital closures, suggesting new development in services, stimulating and encouraging good practices or in assisting individuals to find their way through the bureaucracy of the NHS, CHCs in all parts of England and Wales have already made their mark.

Yet the full potential of CHCs, as consumer bodies, has barely begun to be realised. CHCs have so much more to offer. Too many CHCs have struggled, with inadequate funding and staffing, to represent the views and interests of the public over the full range of NHS services during a period of financial stringency that all too often has involved painful rationalisations of services; it is precisely at such times that the views of the consumers, in the past all too often relegated well below those of the professionals, must be brought forcefully to the attention of decision-makers. This CHCs are doing, but could do yet more. The NHS will not realise its full potential as the people's health service until all views, including the patients', are accorded equal influence in shaping the services of the NHS. This is the challenge facing CHCs; a challenge they will rise to and meet.

Appendix

Association of Community Health Councils for England and Wales 1984/1985

Chairman: Mr. John Butler (Canterbury CHC; South East Thames Region)
Vice-Chairman: Mrs. Eva Mullineaux (North East Yorkshire CHC; Yorkshire Region)
Honorary Treasurer: Mr. Ross Thomson (Stockport CHC; North Western Region)

Members of the Standing Committee

To September 1984

Mr. F.M. Allason (East Cumbria CHC, Northern Region)
Mr. E.T. Dixon (Gateshead CHC; Northern Region)
Mrs. M. Henry (South Derbyshire CHC; Trent Region)
Mr. A. Jones (North Derbyshire CHC; Trent Region)
Mr. H. Place (West Suffolk CHC; East Anglia Region)
Mr. A.J.F. Shiner (East Suffolk CHC; East Anglia Region)
Mrs. N. Honigsbaum (Paddington & 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. J.E. Austin-Walker (Bexley CHC; South East Thames Region) (till June 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)
Cllr. Alan Ham (Weston CHC; South Western Region) (till June 1984)
Mrs. D.N. Richardson (Southmead CHC; South Western Region)
Count Charles de Salis (Somerset CHC; South Western Region) (to July 1984)
Mrs. P. Hocken (Plymouth CHC; South Western Region)
Cllr. Bill Hardy (Coventry CHC; West Midlands Region)
Mrs. B.E. Wilson (Walsall CHC; West Midlands Region)
Mrs. S. Fleetwood (Liverpool Eastern CHC; Mersey Region)
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 & Cynon Valley CHC; Wales)
Mr. T.E. Walker (Merionnydd CHC; Wales)

Secretary Observers

Mrs. Joy Gunter (Dewsbury CHC; Northern & Yorkshire Regions)
Miss Beverley Langton (North Derbyshire CHC; Trent & East Anglia Regions) (to June 1984)
Mrs.Rachel Shadbolt (West Suffolk CHC; Trent & East Anglia Regions) (from June 1984)
Miss G. Davey (Newham CHC; North West and North East Thames Regions)

Mr. P.M. Topham (Canterbury & Thanet CHC; South East & South West Thames Regions)
Mr. Edgar Evans (Weston CHC; Wessex & South Western Regions)
Mr. David Baldwin (North Birmingham CHC; Oxford & West Midlands Regions)
Mr. Nick Harris (Central Manchester CHC); Ms Mary Smith (Liverpool Central & Southern CHC) (Mersey & North Western Regions)
Mr. Danny Davies (Carmarthen-Dinefwr CHC; Wales)

From October 1984

Mr. E.T. Dixon (Gateshead CHC; Northern Region)
Mrs. E. Mullineaux (N.E. Yorkshire CHC; Yorkshire Region)
Mr. A. Jones (North Derbyshire CHC; Trent Region)
Mr. H. Place (West Suffolk CHC; East Anglia Region)
Mrs. Wyn Pockett (Hounslow & Spelthorne CHC; North West Thames)
Mrs. Mavis Garner (West Essex CHC; North East Thames Region)
Mr. S.R.J Terry (Hastings CHC; South East Thames Region)
Mr. John Butler (Canterbury & Thanet CHC; South East Thames Region)
Mr. W.F. Toynbee (West Surrey & North East Hants CHC; South West Thames)
Cllr. A.W. Rice (Southampton CHC; Wessex Region)
Mrs. B. Sainsbury (Aylesbury Vale CHC; Oxford Region)
Mrs. D.M. Richardson (Southmead CHC; South Western Region)
Mr. D.T. Hopkins (North Warwickshire CHC; West Midlands Region)
Mr. D. Higgins (Macclesfield CHC; Mersey Region)
Mr. W.R. Thomson (Stockport CHC; North Western Region)
Mr. H. Foden (North Manchester CHC; North Western Region)
Mr. L. Murphy (Llanelli-Dinefwr CHC; Wales)
Mr. T.E. Walker (Merionnyd CHC; Wales)
Cllr. H.W. Jones (Ceredigion CHC; Wales) (from June 1985)
Mrs. Joan Reynolds (South Gwent CHC; Wales (from June 1985)

Secretary Observers

Mrs. Joy Gunter (Dewsbury CHC; Northern, Yorkshire, North West & Mersey Regions)
Mr. Philip Marsh (Central Nottinghamshire CHC; Trent, East Anglia, Oxford & West Midlands Regions)
Mrs. Gwen Davey (Newham CHC; North West, North East, South East & South West Thames Regions)
Mr. Edgar Evans (Weston CHC; Wessex & South West Region)
Mr. Danny Davies (Carmarthen-Dinefwr CHC; Wales Region)

Arrangements Committee

Mrs. Eva Mullineaux (Chair)
Mr. John Butler
Mr. Simon Gilby
Mr. Wyn Pockett
Mr. E.G. Owen
Mr. Tony Smythe
Ms. Chye Choo

ACHCEW Staff

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Assistant Secretary: Chye Choo
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