

The NHS Plan: Stifling the patients' voice?

Chapter 10 of the NHS Plan – *Changes for Patients* – outlines a 'package of radical reform' that it is claimed will 'redesign the health service from the patient's point of view'. While the government's commitment to develop a 'patient-centred' NHS is clearly to be welcomed, what has caused serious concern throughout the sector is the proposed abolition of Community Health Councils, the patients' statutory Watchdog. Fears about the future of the NHS's only patient-led Watchdog have brought together an unlikely coalition of groups ranging from patient organisations, to the GMC, to the Law Society - each of whom have expressed serious concern about what the proposed abolition will mean for patients.

CHCs were created in 1974 and despite some weaknesses they have proven themselves to be an effective, independent voice for patients in the NHS. With extremely limited resources they deal with over 30,000 complaints a year; their 5,000 voluntary members give an estimated £7.9 million of free labour to the NHS each year and over the past year they have played a key role in exposing many of the scandals that have afflicted the health service, from Ledward to Alder Hey.

Surprisingly, there was no specific prior consultation about the abolition of CHCs and good reasons for the Department's 'shock' decision have been hard to come by. CHCs had every reason to expect that their role would be continued and developed. They had received assurances from government and over the past year a range of respected studies into patient advocacy and representation within the NHS, including a series of reports from the Health Select Committee (HSC, 1998-99), had recommended an

extension in their role. Recognition of the need for change was widespread, but the assumption was that any change would build on the strengths of CHCs and the skills of their staff. Instead the government opted for abolition. Abolition rather than development may prove a rash step, especially given the acknowledged fact that details of the replacement bodies are far from being fully developed.

There are a number of reasons why the Department might be wise to reconsider the proposed abolition of CHCs. The proposals as outlined in the Plan fragment the current mechanism for patient representation and support; they are biased towards hospital care; and the proposed bodies lack the independence and the statutory powers required to do the job effectively.

CHCs currently provide a national, independent network of support for patients. Because they combine the roles of monitoring and scrutinising services, and supporting individual complainants they are ideally placed to identify broader problems in service provision. The Plan proposes to fragment some of the work of CHCs across a number of disparate bodies: patient advocacy and liaison services (PALS), patients' forums, independent local advisory forums (ILAFs), and local authority scrutiny bodies. There is a significant danger that fragmenting CHCs work in this way will mean that problems with local health provision or persistent medical blunders may never come to light.

The Plan's focus on hospital care fails to acknowledge that most people's contact with the NHS is through primary care and community services. Despite not having a specific remit for primary care CHCs have worked with GPs and other professionals in the community to improve services and relationships with patients. No mention is made in the Plan about who will be responsible for carrying this work forward.

The independence of the new bodies is also a serious cause for concern. Although there will be substantial lay input to some of the new bodies the 'representatives' will largely be selected by trusts and health authorities. How independent and representative of their communities will these 'lay' people be? The independence of CHCs has been key to their effectiveness. Also, as independent bodies CHCs have provided an invaluable means of allowing NHS staff to voice concerns about failings in the service without fear of victimisation. Patients, the public and health professionals know that CHCs can be trusted to speak and act in the interests of patients without having to consider who has appointed them or who is paying their wages.

The NHS Plan does not mention statutory rights for any of the new bodies. CHCs have a number of legal rights and duties including the right to require information from health authorities and the right to inspect and report on hospital and other facilities where NHS patients receive treatment or care. Rights such as these have allowed CHCs to be effective Watchdogs for their communities. If the new bodies are not given similar rights they will be little more than focus groups whose voice can be easily ignored.

The objective of improving patient and public involvement in the NHS as outlined in the Plan is at first sight encouraging. However, if these proposals are to be implemented at the cost of losing the independence, expertise and authority of CHCs, the Department needs to think again.

Angeline Burke
Senior Policy Officer
Association of Community Health Councils for England &
Wales

Procedures Related to Adverse Clinical Incidents and Outcomes in Medical Care: sixth report, session 1998-99. Vol 1: Report and Proceedings of the Committee
The Regulation of Private and Other Independent Healthcare: fifth report, session 1998-99. Vol 1: Report and Proceedings of the Committee