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**PARLIAMENTARY BRIEFING**
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# NATIONAL HEALTH SERVICE AND COMMUNITY CARE BILL

## BRIEFING FOR SECOND READING

## HOW ARE PATIENTS' INTERESTS TO BE REPRESENTED?

The White Paper "Working for Patients" promised that 'The patient's needs will always be paramount'. However, another key objective will clearly be cost containment and the total sum available for health care will be cash limited. The constraints on and the incentives for budget managers, whether they are in health authorities placing contracts or GPs with their own practice budgets, will be to seek the cheapest services available and the lowest priced contracts. Similarly, managers of hospital services will be under strong pressure to reduce their costs, so that they can win contracts. The fear must be that improvements in service quality will suffer given the necessity to keep down costs. Under the circumstances a strong voice is needed to protect the interests of patients.

The existing patients' watchdogs, Community Health Councils, are hardly mentioned in the White Paper and not at all in the Bill. Yet, CHCs have had fifteen years' experience of:

- promoting local community interests in the NHS, particularly for those groups who are least able to get the best from the health service - people with mental health problems or learning difficulties, elderly and homeless people and people from ethnic minorities.

- promoting improved quality in health services, by surveying patient satisfaction, monitoring services and assessing unmet needs.

- providing a link between the NHS and public, obtaining public views on local services and setting up networks to involve local groups in planning local health facilities. CHCs have successfully encouraged NHS management to be more oriented to community-based services.

- promoting individual rights, by assisting individual complainants, helping people to get the best use of services, and encouraging the NHS itself to be more "user-friendly".

CHCs are under-resourced for the work that they do. The average CHC has a budget of £35,000, out of which it has to pay its staff, rent its premises, service a council of 18 to 24 members, and provide a service to 250,000 people. The total cost of CHCs amounts to some £7 million per year, compared with a total NHS budget of £20 billion. This compares with the estimated cost of offering renumeration to non-executive members of health authorities (under Clause 1 Schedules 1 and 5 of the Bills) of £10.5 million per year.

The Government has said that "Community Health Councils should continue to act as a channel for communication for consumer views on the NHS. The Government however sees no need to reconsider the role of CHCs, which will remain unchanged, but are considering with interested parties whether any clarification is needed of the way in which they should exercise that role." (Government reply to the Social Services Committee, Cm 851).

There are a large number of questions still to be resolved:

(1) Will CHCs relate primarily to the "purchasers" of health services or to the "providers" of services or both? The NHS is to be split into "purchasers" (eg DHAs and GPs with clinical budgets) who will buy services from "providers" (eg NHS hospitals, self-governing trusts etc). If CHCs are to relate to the purchasers of service, CHCs need to be able to "follow the patients" to see how well the services purchased for them are meeting their needs. Similarly, if CHCs are to relate to providers of service, CHCs will have to establish relationships with all types of providers, including self-governing trusts and non-NHS facilities (this, of course, is often done already where private beds are supplied on a contractual basis to a DHA). How will CHCs relate to GPs who opt to hold their own clinical budgets?

(2) How will CHCs feed into the new NHS contracts? Contracts are going to be crucial under the Government's proposals. The contracts between purchasers of service and providers are going to be much more than mere commercial documents. The Government intends that these contracts should be the mechanism by which standards to the patient are to be specified. CHCs, as the representatives of the patients, therefore need to feed into the contractual process. There are six key elements to this:

(i) The determination by DHAs of which services are or are not to be "core" services. CHCs will obviously want to comment on whether or not a service is to be provided locally and the trade-off between local access and price/quality.

(ii) The production by DHAs of an assessment of the health needs of their resident population. This, of course, is again something in which CHCs will have much to contribute, having had 15 years of experience in looking at the community's health needs and the extent to which those are being met.

(iii) The presentation by DHAs of their plans for contract placement in a form which will enable the LMC and local GPs to express their views before final decisions are taken. Clearly, the view of GPs are important in this, but so too are the views of patients, and it would surely make sense if the CHC was given the opportunity to make its comments in the same way as the LMC and GPs.

(iv) The determination of the standards of service to be included in the terms of the contracts to be agreed between DHAs and providers of service. CHCs are concerned that, once the contracts are agreed, it will only be possible to resolve concerns about the quality of service if the service provider has breached a contract term. In any event, CHCs would wish to have the opportunity to make an input into the standard setting process.

(v) Once contracts are in place, DHAs will monitor how well the standards required are being met. It needs to be specified in the contract that CHCs should have a right to information, a right to visit facilities, and a right to be consulted on changes in the organisation of services by agencies providing services on contract to their DHA. Parallel arrangements would need to exist for contracts entered into by GPs holding their own clinical budgets.

(vi) Contract renewal. We would hope that CHCs will be formally consulted when contracts are renegotiated, rolled forward or renewed.

(3) Will CHCs have a role in respect of all agencies supplying health care to the people of their district? Will CHCs have visiting rights, in respect of all agencies providing services? Will this include those agencies which are within the NHS, but are self-governing, and those which are non-NHS? Will they also have rights in respect of agencies outside their district but providing services to the people of their district?

(4) What will happen to the NHS planning system? With some parts of the NHS self-governing, it will be more difficult for the NHS planning system to operate. It is important that users' interests are represented in NHS planning and that CHCs can feed into the process.

(5) Who will protect the users of community care services? There is a need for the users of community care services to be protected in the same way as CHCs protect users of the NHS. CHCs have a history of concern for 'Cinderella' services and of promoting the needs of mentally ill people, elderly people, people with learning disabilities etc and their carers.

(6) How will CHCs be managed in the future? It is important for the public that CHCs are and are seen to be independent of the health authority structure. At present, budgets are determined by Regional Health Authorities, who are also the nominal employers of CHC staff. These arrangements might mean that CHC independence could become more limited in the future. Certainly, CHCs' rights to independence need to be guaranteed - perhaps the CHC movement should become self-governing. In Wales, CHCs have related to the Welsh Office, but proposals just out suggest that Welsh CHCs should in future relate to the Welsh Health Common Services Authority. At the same time the Welsh Office are proposing that the numbers of CHCs in Wales should be cut from 22 to 9.

Notes on other organisations' comments on CHCs and the need for a strong independent patients' voice within the NHS are attached.

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This briefing is prepared by the Association of Community Health Councils for England and Wales (ACHCEW). ACHCEW was set up in 1977 to represent the consumer of health services at national level and to provide a forum for member CHCs. 194 CHCs out of the 215 CHCs in England and Wales are members of the Association. ACHCEW is mainly funded by subscriptions from individual CHCs, but also receives grants from the Department of Health and a number of other bodies.

**OTHER ORGANISATIONS' RESPONSES TO THE NHS WHITE PAPER WITH REGARD TO THE ROLE OF CHCS**

In responding to the Government's White Paper, "Working for Patients", many organisations have specifically recognised the role of Community Health Councils and have called for greater patient representation and participation in the proposed reorganised National Health Service. Some examples are given below.

1. Royal College of Nursing

"We believe the role of Community Health Councils should be significantly strengthened. They should be established separately from Regional Health Authorities under an independent statutory body, which would organise their funding and oversee their activities."

2. Institute of Health Service Management

"In arguing the case for smaller, more managerial DHAs, the IHSM emphasised the need for a significant "counter-bureaucracy" for consumer representation. It envisaged truly powerful local bodies alongside DHAs for the purposes of representing consumers and allowing groups in the community to affect the health system as it operates in their locality.

"The few references to Community Health Councils (CHCs) in the White Paper and the Working Papers do not tackle the problem that CHCs have neither the constitutional nor the financial base to serve this function. In future, CHCs will need a much firmer foundation in terms of resources and their relationships to the community and a far greater capacity to take an informed independent view of health service provision in their locality. It will be important that the necessary investment is made to produce these results."

"The IHSM is disappointed that a more powerful system for representing consumers has not been set up."

3. British Medical Association

"..we have expressed our concern that the new health authorities and family practitioner committees will not contain any representation of consumers of the service."

The General Medical Services Committee, commenting on self-governing hospitals, says, "No reasons are given for restricting visitation rights to one CHC. Nor is it clear why a CHC should look to its health authority rather than to the hospital, for information on services provided."

4. Royal Pharmaceutical Society of Great Britain

"The continuing role of Community Health Councils is welcomed since they have proved their value by acting as a focus for patients' views on local health care".

5. NAHA (National Association of Health Authorities

"With the change in nature of Health Authorities, the role of Community Health Councils will need some reappraisal. It is regretted that the Government has not indicated their intention to do this."

6. Patients' Association

"There also needs to be patient audit, carried out within hospitals and in the community, assessing levels of satisfaction with the service. Modern consumer surveys, carried out in many health authorities, tend to be unsatisfactory. Many would be improved with increased patient participation in setting them up and vetting them.

"This should be in addition to the CHCs, who provide a monitoring role on a local level, and whose power needs considerable strengthening."

"There should be an independent information and resource centre for patients with databases and trained advisors, to be linked to local advice centres run by CHCs or their equivalent."

7. National Consumer Council

"We are disappointed that a White Paper which sets out to "work for patients" mentions community health councils only in one sentence at the end of chapter 8. Whilst proposing increased devolution of the management of health service provision, the Government has neglected the very organisations which are closest to the local communities.

"We are aware of the deficiencies in the current system. Community health councils have few specific functions, few resources and few powers. As a result, they vary widely in how they work and in the quality and usefulness of what they do. But we firmly believe in the need for a strong and independent voice for consumers of health services, both at local and at national level. We believe that the White Paper proposals offer possibilities for the enhancement and development of these consumer organisations which have been ignored.

"CHCs should be given greater rights and powers in their relations with the health authorities and family practicioner committees. They also need greater resources so that they can become more vigorous and rigorous in their monitoring of services and representation of user views. And they need to be brought closer into the debate on quality control."

8. NVCO

"The Government should consider ways of enhancing the role of CHCs to ensure that patients' interests are adequately represented."

9. National Eczema Society

"The need to seek the views of patients, who are the users of the health services, are not mentioned in the White Paper. We would urge the Government to consider the views of users, and to assess the services provided in terms of quality as well as value for money...".

10. NAWCH (National Association for the Welfare of Children in Hospit

"Regarding the role of CHCs: we are deeply concerned about the lack of commitment in the Review to increasing responsiveness to consumers. CHCs are already under-resourced and yet (their) role in representing patients is vitally important. Like many voluntary organisations, NAWCH uses membership on CHCs and HAs to represent the views of patients. We view the loss of HA membership with alarm and are very keen to see an extension of CHC resources and influence."

11. Health Education for Women's Training Project

"What is to be the role of Community Health Councils in future? How are women's needs to be taken up with a remote NHS hospital trust? The revamped health authority membership will no longer include representatives of the local authority, hitherto an avenue for some women to bring forward the views of women in the community."

12. Disabled Living Foundation

"The Government's proposals will give greater importance to the role of Community Health Councils as the guardians of the interests of patient."

13. Alcohol Concern

"We would certainly see CHCs having an increasingly important role to play in monitoring and relaying the real effects upon patients of the modified NHS".

14. The Psoriasis Association

"The lack of details about the future role of Community Health Councils and inattention to the implications of the White Paper proposals as a whole for their functioning, is disappointing and in our view a serious weakness."