

CHC NEWS

A newsletter for community health council members and staff

Insight's notion of a CHC

CHC offices have by now received copies of **Insight's** final report *Resourcing and Performance Management in Community Health Councils*. It contains some controversial suggestions and we expect a vigorous reaction. It is already apparent that the Government is not going to accept all the recommendations.

While the **Insight** report uses language such as "CHCs may wish to take into account" and "a CHC could choose", it sets out a vision of a particular type of "notional CHC" concentrating on certain functions and phasing out others. In one respect, the practical impact of this vision is lessened by the recommendation that the "notional CHC" should not be used as the basis for allocating CHC funding. Instead, such allocations should be made largely on the basis of external factors such as population.

The notional CHC – and some reactions

One message is that in complaints work CHCs should focus on advising those who are implementing the NHS complaints system and scale down their own involvement with individual complainants. Health ministers do not support this recommendation – indeed in a meeting with ACHCEW's Honorary Officers, the Parliamentary Under Secretary of State for Health, John Horam, said that he was "alarmed" by it.

John Horam also rejected the recommendation that the national standard on CHC accommodation should be "reconsidered" and that CHCs should consider moving out of highly visible premises. The recommendation stems from **Insight's** view that CHCs "may wish" to phase out the provision of information leaflets etc. which can be obtained from other sources.

Other recommendations have not received a ministerial response, for example that CHCs should:

- work with health authorities during the development of the HA health plan rather than attempt to alter a plan once it has been drafted
- concentrate on focused project work and move away from "broad brush" monitoring activities

Despite **Insight's** insistence that it recognises the value of CHC independence, these recommendations could put that independence at risk. If the "notional CHC" is not going to be used as a basis for funding allocation, then it is questionable whether anyone other than CHCs themselves should be defining what such a CHC is. The *Health Service Journal* went as far as to comment on "the possible near abolition of CHCs".

CHC funding

The suggested model for determining CHC funding would, of course, produce winners and losers. On average, smaller CHCs would tend to lose funding and changes to regional allocations would have a significant impact. The NHS Executive has said that the funding system will remain unchanged for 1997/98.

The NHS Executive has invited comments on the report.

Address: Pat Lewis, Room 4N34B, Quarry House, Quarry Hill, Leeds, LS2 7UE; phone: 0113 254 6103.

Deadline: 31 March 1997

ACHCEW would welcome letters on the subject for printing in *CHC News*.

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ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES
Earlsmead House, 30 Drayton Park, London N5 1PB. Phone: 0171 609 8405 Fax: 0171 700 1152

A pre-election rush

The Department of Health has been busy over the last few months producing three White Papers on the NHS and a Bill on primary care. There is plenty of scope for confusion, so here is a list of the White Papers:

- *Choice and Opportunity* (published October 1996) proposes policies for primary health care which would require legislation. This legislation is set out in the NHS (Primary Care) Bill, which is currently going through Parliament.
- *Primary Care: Delivering the future* (December 1996) sets out policies on issues which do not require legislation.
- *The National Health Service: A service with ambitions* (November 1996) sets out longer-term objectives for the development of the NHS in England.

The chapter headings of *A service with ambitions* tell you what style of publication to expect: 1 *A service with ambitions*; 2 *Realising the ambition: objectives*; 3 *Realising the ambition: the challenge*; 4 *Realising the ambition: next steps*. There are several bulleted lists suggesting what a near-perfect NHS would look like, but little practical detail on how it will be brought about. The overall message is that no further radical change is needed and that the Government's ambitions for the NHS can be achieved by building on current good practice.

Primary Care: Delivering the future is a very different document. It contains numerous practical proposals. Among these are: the further development of a system of prior approval for advanced dental treatment; an extension of nurse prescribing; and an extra £65 million in General Medical Services cash-limited funds for 1997/98. There is a section on patient and carer involvement and choice. It mentions CHCs, but makes no proposals to change their current role.

A wider CHC role in Wales?

The Welsh Office and NHS Wales have published *Primary care: the way forward in Wales*. It brings together themes which have emerged from a series of meetings with health professionals: it does not necessarily reflect the Welsh Office view. Some comments on CHCs, however, do not appear to have been put forward by health professionals. Having said that CHCs may need a stronger role and more support in relation to commissioning GP practices, the document comments that some practices may not co-operate. It may, therefore, "be necessary to consider a statutory right for CHC involvement".

CHCs must be consulted

The National Health Service (Primary Care) Bill has been debated in the House of Lords. If it becomes law hospitals and non-NHS organisations will be able to employ GPs. Doctors working with other health care professionals will be able to open "super surgeries" offering a wide range of services under a contract with a health authority. Pilot schemes will not start before April 1998.

In the debate on the Bill Baroness Hayman moved an amendment calling for consultation with representatives of local patients (including CHCs) when pilot schemes are proposed. Responding, Baroness Cumberlege said that legislation already ensures that CHCs are consulted on major service developments. This, she said, "will ensure that their voice is heard in discussions on piloting and more permanent arrangements". The amendment was withdrawn.

Labour Party proposals

In December Chris Smith, the shadow health spokesman, delivered a speech setting out Labour's proposals for the NHS. He insisted that Labour plans for the NHS are very different from those of the Conservatives, although at the same time he promised not to cause a new round of upheavals in the service. Thus, for example, while he wants to introduce local commissioning by groups of GPs (covering populations of between 50,000 and 150,000), he has said that current fundholding GPs will be allowed to continue. Fundholders, however, may take little comfort from this since the system would be reviewed after three years. Commissioning groups would cover distinct geographical areas, which should improve joint working with other agencies and prevent cherry-picking of patients. There would be ring fencing of some funds for specific services, such as specialist care. The local commissioning groups would be "properly accountable to local voices", but Mr Smith did not say how this would be brought about.

Under the proposed system, many of the functions of health authorities would be largely devolved to GP groups and some of the functions of individual GPs would be drawn up to the GP groups. Health authorities would become primarily strategic bodies with an important role in monitoring, promoting public health and strengthening GP skills. They may be reduced in number and even take over the regional role.

Another major strand in Mr Smith's speech was the reduction of bureaucracy. The annual contracting round would be replaced by longer agreements covering three to five years and individual patient invoicing would no longer be needed.

The Insight report

The review carried out by Insight (see page 1) has been taken up in some Parliamentary Questions.

John Horam estimated that the cost of the work they have carried out will come to about £80,000.

Hansard 7 November 1996, col 623

Mr Austin-Walker asked a series of questions based on the suggestions for a "notional CHC". They concerned:

- gaining the support of CHCs before making any major changes to their role and function;
- the CHC role in monitoring local health services;
- the accommodation standard for CHCs;
- the advantages of shop-front high street premises;
- the CHC role in supporting complainants.

Mr Horam's response was as follows:

"There are no plans to alter the role of CHCs. They will, of course, be consulted about any suggestions made.

"As independent, statutory bodies it is for CHCs to decide, on the basis of local circumstances, how they exercise their statutory functions in representing the interests, in the health service, of their local population.

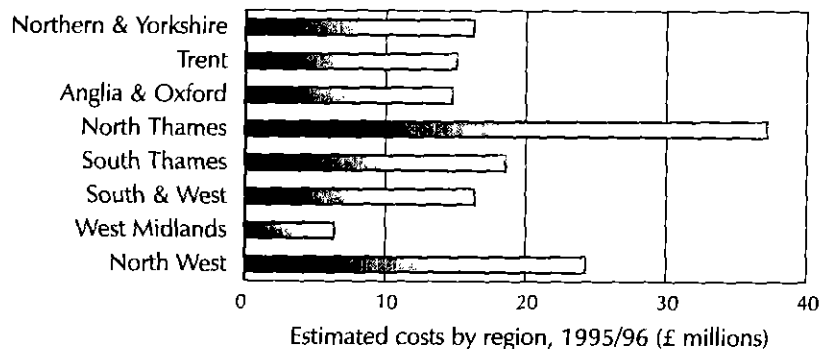
"CHCs need to have a visible public profile and we have no plans to change the current accommodation standards guidance, including the desirability of progress towards locating them in shop-front premises."

Hansard, 25 November 1996, col 128

Medical negligence

Figures on the costs of medical negligence settlements show wide variations between regions (see graph on right). The overall estimated costs for England rose from £117.9 million in 1993/94 to £160 million in 1994/95 and fell back slightly to £149.1 million in 1995/96.

Cost to the NHS of clinical negligence settlements



Source: Hansard, 28 November 1996, col 372

Dentistry

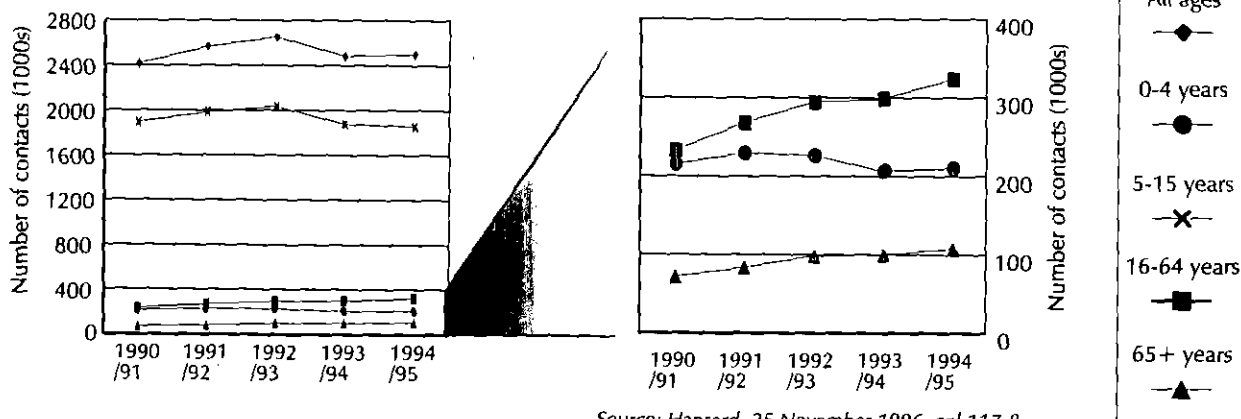
In Wales, grants of £25,000 to attract new dentists to certain areas have already been taken up by 27 dentists. Another 14 will shortly be practising under the scheme.

Hansard 7 November 1996, col 683

The graphs below show the activity of community dentists over the last few years. The graph on the right (which magnifies part of the other graph) shows that although adults account for only a small proportion of activity, they are making increasing use of the service.

Contacts with the community dental service

(The number of patients seen will be smaller than these numbers since one patient may have several contacts.)



Source: Hansard, 25 November 1996, col 117-8

LEGAL CHALLENGE

ACHCEW is challenging the procedures which the Government used in consulting over a proposal to extend the powers of all NHS trusts.

The proposal

In April 1996 the Secretary of State for Health wrote to all English CHCs asking for their views on a proposal to enable all trusts to "provide and manage hospitals or other establishments or facilities" as per S5(1)(b) of the 1990 NHS & Community Care Act. In June Welsh CHCs received a similar letter from the Welsh Office. The effect of such an order would be to empower trusts to build and run new hospitals, including private hospitals, and branch out into new business concerns, including on new sites. The only form of consultation thereafter would be in connection with specific proposals to substantially vary or develop the local health services by health authorities which would themselves become increasingly remote from the decisions being made. It is questionable whether CHCs would be consulted about trust proposals to move into private health care.

By attempting to conduct a nationwide consultation, the DoH and Welsh Office were avoiding specific legal requirements to consult individual CHCs. Regulation 2 of the National Health Service Trusts (Consultation on Establishment and Dissolution) Regulations 1996 provides that each CHC be consulted in connection with proposals to vary the powers of trusts within their area. Concerns have been expressed that the form of consultation proposed was not only meaningless, but could undermine CHC consultation rights.

Many CHCs have expressed concern about the fact that they have been expected to respond to a proposal without it being made clear to them what its local effects would be. ACHCEW, on behalf of CHCs, has challenged the validity of the consultation exercise in both England and Wales.

Current position

The consultation exercise has ended, but no formal decision has been made on whether to go ahead with the proposals.

In addition to opposing the form of the consultation, ACHCEW asked the DoH for clarification of a number of aspects. We still await clarification on:

- whether the proposal was to grant powers to trusts to provide new services on new sites, or just to "deliver their existing functions from sites which were not previously in the ownership of health authorities"
- the proposed form of the orders.

Proposed legal challenge

On the advice of a leading QC, ACHCEW has notified the DoH of the grounds for legal challenge by way of an application for judicial review. Once any extension orders are made, the DoH and the Welsh Office might argue that they cannot be withdrawn as trusts could have taken steps such as entering into PFI agreements in reliance upon the orders granting them powers to do so. The effect would be that no judge would want to interfere and the orders would stand by default. Consequently, if the DoH response is unfavourable, an application to the court would need to be made without delay.

ACHCEW has applied to the NHS Executive for support with the costs of making the application and for an indemnity against any costs order we might be asked for. The response has in part been favourable, although discussions continue.

We expect developments shortly. Watch this space ...

Marion Chester, Legal Officer

Just a few days before the 1996 Regulations were introduced (see second paragraph), the Secretary of State for Health signed orders giving specific trusts extended powers, without having carried out any consultation. Many of these orders appear to have been made in order to allow specific PFI deals to proceed. There appear to be no grounds upon which the making of these orders can be challenged.

The trusts involved are:

- Bexley Community Health
- Bishop Auckland Hospitals
- East Yorkshire Community Healthcare
- Essex Rivers Healthcare
- Gloucestershire Royal
- Hereford Hospitals
- Hull & Holderness Community Health
- Norfolk & Norwich Healthcare
- North Durham Acute Hospitals
- Rochdale Healthcare
- South Buckinghamshire
- South Devon Healthcare
- South Manchester University Hospitals
- St James & Seacroft University Hospitals
- Swindon & Marlborough
- Thameside Community Healthcare
- The Walton Centre for Neurology & Neurology Surgery
- Wellhouse
- West Middlesex University Hospital

Citizen's juries in Wales

The Welsh Institute for Health and Social Care (WIHSC) is planning to hold a citizen's jury in Wales on the impact of genetic testing on health care in November 1997. The September issue of *Health Perspectives* focused on the use of citizen's juries by health authorities and raised a number of concerns that CHCs had about this method of public consultation. The first of these concerns included the fact that the views of CHCs had not been sought at the early stages of planning. Conscious of the criticism, WIHSC is carrying out a major public consultation exercise throughout Wales before it holds its citizen's jury. A number of focus groups have been held in North and South Wales over the last few months with the co-operation of CHC officers and members, often building on their earlier public consultation work.

The purpose of the groups is to consult CHC members and others about what they feel are the most important issues in genetic testing. This should help the WIHSC to develop questions which reflect the genuine concerns of members of the public. Focus groups are also being planned with other groups of people – teachers, trade unions, mothers and toddlers groups and WIs for example – in order to gather a wide variety of lay perspectives. The culmination of all this research will be a series of questions about human genetics that have been developed through a consensus approach to put directly to the citizen's jury in November.

For further information contact: Rachel Iredale or Marcus Longley, WIHSC, University of Glamorgan, Pontypridd CF37 1DL; phone: 01443 483070.

Headway

About a million people attend hospital each year with a head injury, but the problem receives little attention. We have been asked to bring the attention of CHCs to Headway, the National Head Injuries Association. Headway aims to provide information for the tens of thousands of people trying to cope with family members who have a head injury.

We are listing three of Headway's publications in this month's *CHC Listings* which is sent to CHC offices.

For a full list of publications contact:
Publications Department, Headway National Head Injuries Association, 7 King Edward Court, King Edward Street, Nottingham NG1 1EW.

Do you want to nominate someone for a public appointment?

CHC members should be well placed to think of people who may want to serve on a public body – they may even want to nominate themselves for yet more work.

The Public Appointments Unit at the Cabinet Office is calling for nominations of people who would be willing to serve on a public body. The Unit maintains a database, at present containing some 5000 names, which is used by ministers and departments when they are considering candidates for public posts.

The posts

There are about 40,000 public appointments of which up to 10,000 come up for appointment or reappointment each year. The posts mainly arise at a national level, though there are some at a regional and local level. They are within executive and advisory bodies, tribunals, public corporations and nationalised industries. One example given by the Public Appointments Unit is membership of the Human Fertilisation and Embryology Authority.

The candidates

A wide range of candidates is wanted, with experience in voluntary and paid sectors. They should be able to analyse problems, assess evidence impartially and work with a team. Certain groups are under-represented at present in public bodies and candidates in the following categories would be especially welcome:

- women
- members of ethnic minorities
- people with direct experience of disablement
- people in their 20s or early 30s.

For nomination forms and further information, contact David Wilkinson, Director, Public Appointments Unit, Cabinet Office, 70 Whitehall, London SW1A 2AS; phone: 0171 270 0067; fax: 0171 270 0345.

Commissioner for Public Appointments

Following the first report of the Nolan Committee in 1995, the post of Commissioner of Public Appointments has been set up. The Commissioner has established principles for public appointments, such as appointment on merit and openness, and is able to investigate and deal with complaints.

Contact number: 0171 270 6472.

Genetically engineered food

Genetically engineered food has been in the news lately, mainly because there has been a dispute within Europe about whether to allow imports of genetically engineered maize from the USA. US exporters insist that it is impossible to identify such maize by labelling – a claim that is less than convincing from a country which has managed to land people on the moon. West Lancashire CHC has been working on this issue for some time since it is concerned about the health risks which may be posed by genetically modified foods. It has prepared a paper outlining its objections to the foods and has decided to:

- write to local supermarkets calling for the labelling of genetically modified foods
- circulate the paper locally
- write to the Agriculture Minister and the local MEP opposing the introduction of the foods.

For further information contact West Lancashire CHC.

SELF-HARM NETWORK

The National Self-Harm Network, an organisation of people who self-injure, aims to improve the treatment of this group by aiding understanding through information. Only with better understanding will more effective treatment be provided.

The network concentrates its information on the treatment received in accident and emergency departments, where self-injuring people are most likely to seek hospital treatment.

The network has produced:

- leaflets on common myths about self-injury and giving guidance on attending A&E
- a self-injury checklist enabling individuals to provide the triage nurse at A&E with a brief description of their self-injury and to outline their immediate needs.
- a resource listing.

The network can provide speakers, trainers and people to advise on policy making, but it does not provide counselling or support.

For copies of the leaflets or further information, contact National Self-Harm Network, c/o Survivors Speak Out, 34 Osnaburgh Street, London NW1 3ND

Cervical cytology recall systems

North East Essex CHC wants to alert other CHCs to a shortcoming in the national computer system set up by the National Cervical and Breast Screening Office. The problem is being corrected, but may have affected the routine recall of some women who have had cervical smears (it does not apply to breast screening).

Normally in North East Essex women over 30 years of age are recalled for a smear test every five years. However, if a woman's smear test is not completely normal, she is recalled after three years rather than five years. This did not happen in 234 cases because the laboratory had been inputting an incorrect code for women over 30 years old. The national computer system did not have a failsafe device in place to reject the incorrect codings for this group of women.

North Essex Health Authority has recalled all the affected women and has installed a failsafe into its system. It understands that the National Screening Office will be implementing one and notifying other health authorities. Since many other health authorities use the National Screening Office computer system, women in other areas may have been similarly affected.

Charter Mark commendations

Congratulations to Salisbury & District and St Helens and Knowsley CHCs. Both have been highly commended by the judges of the 1996 Charter Mark Awards, and both have been inspired to aim at winning a full Charter Mark Award in 1997.

CHC-health authority protocol

Brighton, Hastings and Eastbourne CHC are pleased with a protocol they have signed with the East Sussex Health Authority. The protocol recognises the independence of the CHCs and the commitment of their members. It sets out several practical steps, many of them concerned with how the health authority can facilitate the work of the CHCs. Anyone interested in seeking a copy should contact Eastbourne CHC.

Merger shelved

The Secretary of State for Health has postponed for 12 months a decision on whether the Torbay & District and Plymouth & District CHCs should merge.

Correction

An item in the last CHC News gave the wrong telephone number for Hull CHC. The correct number is 01482 324411. Apologies.

AROUND THE CHCs

Consultation on a Primary Care Resource Centre (PCRC)

Lancaster & Morecambe CHC has recently published a report on a consultation on a proposed PCRC in Morecambe. The graph on the right shows one small element of the findings. Respondents to a questionnaire made their priorities for such a centre very clear. The differences between the two sets of responses are interesting, even though they are small. It seems that people responding specifically considered community issues and not just their own needs.

Prescription charges: national action needed

Salford CHC has been attempting to find a way of minimising prescription costs to patients by ensuring that they can pay the market price of the medicine where this is less than the NHS prescription charge. It drew up a proposed protocol under which GPs would offer private prescriptions where appropriate and pharmacists would advise patients of the price of over-the-counter medicines. The health authority and local GPs and pharmacists were interested in the proposals, but said that they could not support the scheme at present because of legal and practical obstacles, many of them the result of national restrictions or guidelines.

Chris Dabbs, Chief Officer at Salford CHC, then wrote to the NHS Executive asking it to consider the Salford initiative in the development of NHS policy. He has received a positive response. Ideas from an NHS Executive workshop on the issue are being taken forward to a "feasibility testing" stage, and the Salford proposals are being sent on to the branch which is taking the work forward.

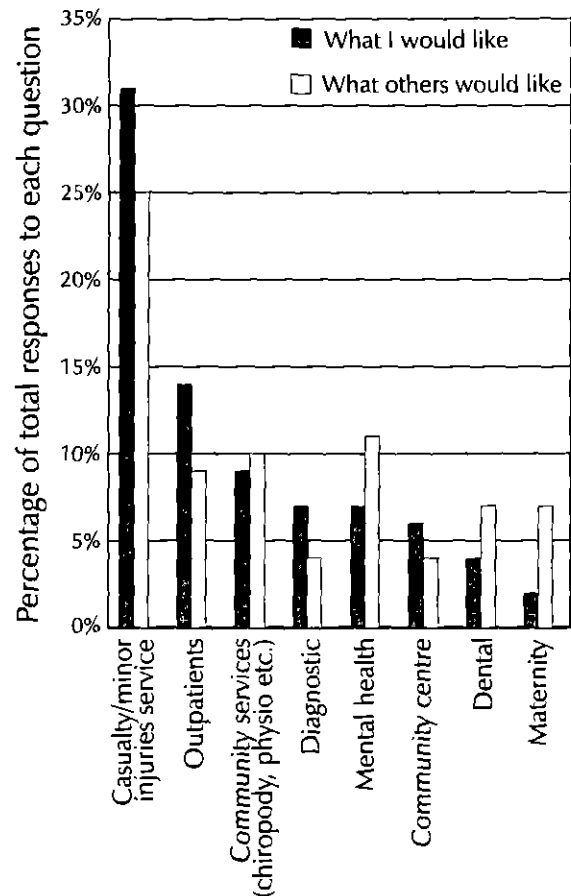
Since action is needed at a national level Salford CHC – and ACHCEW – would be interested in hearing from other CHCs who are working on this topic.

But is it legal?

Allan Sharpe, the pharmacist who had been disciplined for dispensing cheap medicines for less than the NHS prescription charge, has won his appeal against a £550 fine. He got off on a technicality: the Welsh Office ruled that the health authority had waited too long before acting on a complaint against him. The question of whether dispensing NHS prescriptions privately amounts to a breach of a pharmacist's terms of service has still not been tested legally.

Daily Telegraph, 8 January

Responses when asked about what services should be provided in a Primary Care Resource Centre (Options with less than 4% support are not included.)



Source: Morecambe & Lancaster CHC

NEWS FROM ACHCEW

Staffing changes at ACHCEW

Recent weeks have seen a number of changes in ACHCEW staffing. There have been farewells to **Anne Hamilton**, who retired having been Secretary to the Director for the last six years, and to **Roselyn Wilkinson**, Information Officer, when her contract came to an end.

New additions to the ACHCEW team are:

Gary Fereday, who takes over from Nigel Ellis as Research and Information Officer having previously worked as a researcher in the House of Commons

Amina Hussein, currently at the NCH – Action for Children who will become the Director's Secretary and act as office receptionist/telephonist; and

Amanda Allen, currently at the Benefits Agency, who will be the Association's Office Assistant.

Special General Meeting

There is to be a Special General Meeting to consider ACHCEW's response to **Insight's** Review of CHC Resourcing and Performance Management and other matters relating to the future role and powers of CHCs.

Date:
Tuesday 18 March 1997

Place:
London

Further details will be circulated to CHC offices.

In the name of the patient

The 1997 AGM, on the theme "In the name of the patient", is to be held on 8-10 July 1997 in Bournemouth.

Deadlines

Receipt of motions from CHCs:
Monday 10 March 1997

Amendments to motions:
Monday 28 April 1997

Nominations for the posts of Chair and two Vice-Chairs of the Association:
Monday 28 April 1997

Hungry in Hospital

CHCs should by now have received copies of this latest Health News Briefing. It will be published, with a press release, in the next few weeks.

Meeting with John Horam

In November ACHCEW's Honorary Officers had a meeting with John Horam, the Parliamentary Under Secretary of State for Health. They discussed the Insight report (see page 1) among other issues. A summary of the meeting has been sent to CHC offices.

Minister backs CHCs over complaints letter

One of the topics discussed was NHS complaints procedures. Following up on this, Graham Girvan, the ACHCEW Treasurer, wrote to Mr Horam enclosing a pro forma of a letter from a Birmingham hospital which is sent to complainants following an investigation of their complaint. The letter refers to the high costs of setting up an independent review panel, a comment which could deter complainants from pursuing their complaint further.

In response, Mr Horam agreed that the wording of the letter was inappropriate: official guidance makes it clear that the potential cost of setting up an independent review panel should not be a consideration. He has referred the matter to the West Midlands Regional Office indicating that references to potential costs should not be included in responses to complainants.

Confidentiality and complaints

A letter has recently gone to chief officers from Marion Chester, the Legal Officer at ACHCEW, outlining some of the issues concerning confidentiality requirements and how they may be resolved. If you are interested, please contact your chief officer.

Training: April - June 1997

CHC offices have been sent details of ACHCEW's spring/summer training programme. The following one-day courses are being held at various locations around England and Wales:

- Consultation Procedures
- Understanding the Changing Health Service and the Role of the CHC
- Effective Visiting
- Public Speaking for CHC Members
- CHCs and Primary Care
- Continuing Care – an update
- Using the Media Effectively
- Using Broadcast Media Effectively
- Giving Strength to Patient Feedback – Understanding Consumer Audit Techniques
- Effective CHC Meetings: Skills in Chairing Meetings and Leading Discussions
- Health, Race, Ethnicity and the CHC
- Improving Your Writing Skills
- The NHS Complaints System and CHCs: One Year On (for CHC staff)