

CHC NEWS

ELECTION SUPPLEMENT

APRIL 1997

What's in store for CHCs?

Over the last few years CHCs have continued to debate certain issues about how they work. As care for particularly vulnerable groups has shifted from hospitals to primary settings, and from the NHS to other services, CHCs have been questioning whether their statutory powers and their resources enable them to act as the patient's watchdog.

A General Election offers an opportunity to put politicians on the spot. So ACHCEW sent a series of questions about the role of CHCs to the health spokespersons of the three UK national parties. Their responses, presented (in very lightly edited form) in this CHC News supplement, give some hints about what we may expect from the next Government.

An extended role

In the last four ACHCEW conferences CHCs have passed resolutions calling for greater rights and duties in relation to GPs. They have called for rights of access and information to be extended to all GP practices and for rights to consultation to be extended to GP fundholders.

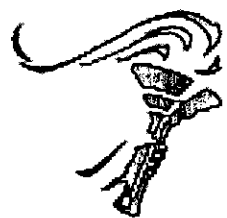
Similarly CHCs have called for a greater role in relation to community services provided outside the NHS. In Eastbourne in 1994, the ACHCEW conference passed a resolution calling for CHCs' rights of access and rights to information to be extended to nursing and residential homes. In the 1995 conference in Cardiff CHCs called for monitoring rights in cases where NHS patients were transferred into non-NHS community homes. The same conference called for a working party which would examine how the remit of CHCs could be extended to local authority services.



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The Conservative Party is not promising legal changes in either of these areas, though it speaks of the value of liaison. The Liberal Democrats, by contrast believe that extending certain statutory powers to primary health and community facilities is urgent. The Labour Party, too, favours an extended role, promising consultation about how this could be achieved.

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CONSERVATIVE

Stephen Dorrell replied in the form of a "factual position on issues raised in [ACHCEW's] letter" drawn up by the Department of Health. The result is that we are told a good deal about what we already know:

"Answering a parliamentary question about the possible changes in the role of CHCs, a health minister recently re-affirmed the Government's commitment to CHCs '...we value the role played by CHCs, as independent statutory bodies, and have no intention of changing either their role or their functions'.

"[The response then quotes the NHS Act 1977 and CHC Regulations on the statutory role of CHCs.] CHCs have statutory rights to be consulted by health authorities on any proposals for substantial development or variation of services in their districts (but not proposals to dissolve or merge trusts); to information from health authorities about the planning and operation of services; to inspection of premises controlled by health authorities and trusts; and to meetings with health authorities.

"Thus far the Government has taken the view that these provisions are sufficient to enable CHCs to fulfil the role envisaged for them."

"As local, independent bodies it is for CHCs to decide how best to discharge their statutory functions and deploy the resources available to them [... including ...] the extent to which they become involved in supporting and advising [complainants]. In sending the recent *Insight* consultants' report to CHCs for comment, it was made clear that Ministers did not intend to ask CHCs to withdraw from this area of work. Guidance on the new complaints procedure states that CHCs can play a useful role in assisting complainants and that trusts, health authorities and family service practitioners should ensure that advice on how to contact the local CHC is well publicised and that CHCs are fully aware of the local arrangements for making complaints."

"CHCs are established by the Secretary of State. Members are appointed by the Secretary of State (through advertisement), local authorities and voluntary organisations. CHC Regulations disbar from membership anyone who has a direct connection with the health service in a CHC's district."

"CHCs do not have the same statutory rights in respect of GPs and other primary care services as for health authorities. However, they clearly do have a role in helping to influence the development of these services and we would expect CHCs to have an opportunity to comment on local plans to develop primary care services, and to have access to GP fundholder documents such as annual practice plans and charters."

"CHCs have no statutory rights in respect of local social services departments (LASSDs), or the community care services they provide. However, they are encouraged to work together on these issues. In particular, guidance on CHCs and social services ... suggests that CHCs can discuss with LASSDs the part that they can play in joint health and social services arrangements such as hospital discharge arrangements, advocacy associated with complaints, feedback from users and the CHC contribution to community care plans. It also states that CHCs can liaise with LASSDs to arrange access to social service premises where an NHS patient is receiving care."

Simon Hughes, the Liberal Democrat health spokesman, was rather more concise – he also gave a clearer view of his party's policies:



What role do you see CHCs as having in five years time?

Do you believe that CHCs have adequate statutory powers to fulfil this role as the patient's watchdog? If not, in what ways would you seek to alter their statutory powers?

"Liberal Democrats will give additional powers and duties to CHCs, whose local council representatives must be guaranteed to be politically representative of their area. As health and social services commissioning grows closer, CHCs should become Health and Social Services Councils. When health and social services are merged, CHCs would be entirely comprised of lay representatives, with no politically appointed councillors."

"We will establish a National Inspectorate for Health and Social Care, to work alongside, not within, the NHS and local health authorities. Its responsibilities will include enforcing standards in health and social services, detailing improvements that are needed for services to meet the standards laid down, the closure of facilities that consistently failed to meet those standards, and the publication and circulation of good practice. We believe that CHCs should play a key advisory role to the Inspectorate, and be able to relay complaints to it if trusts are unhelpful."

CHC staff currently spend a considerable amount of time supporting and advising individuals who are pursuing complaints through the NHS complaints system. This workload seems to be increasing. Is this an appropriate use of CHC resources? If it is, how are CHCs to cope with the continually increasing demands?

"We believe that advising and supporting individuals pursuing complaints about the NHS is a key role of CHCs and should remain. They are seen by the public as an independent watchdog."

Do you believe that CHCs are independent enough from the local health services?

"Yes – and it is important to remain totally separate from health authorities, despite the temptations to cosy up. It is equally important that CHCs are seen to be independent from the local council, and the balancing of political representation is a key prerequisite of this."

What role should CHCs have in relations to GPs and primary care?

"CHCs urgently need statutory powers to visit GPs' surgeries and other primary care facilities in the same way as they can visit hospitals. This change is long overdue, given the increasing emphasis on primary care."

What role should CHCs have in relation to community care services?

"Similarly CHCs need statutory powers to visit community care premises, especially as they develop in their new roles and Health and Social Services Councils. This again is urgent in view of the increasing pressure on these service and in view of their creeping privatisation, and would be more politically independent than the current system of rota visiting by councillors. The CHCs need to be the eyes and ears of the community, increasingly working with the voluntary agencies."

For the Labour Party, Chris Smith wrote a more general response, broadly covering the issues raised by ACHCEW:



"Labour believes that despite their fundamental support for the NHS, its purpose and its work, the public do not at present feel included in any real sense in the way in which decisions are made about its future. Trust Boards meet frequently in private. Appointments are made to them by remote bureaucracies. Too few people are aware of the existence or powers of the CHCs. And when major decisions are made about health services in their area, local communities feel as if everyone is riding roughshod over any views or needs they may have. All this has to change.

"Labour believes that it is necessary to strengthen the role, powers and composition of CHCs. The proposals in the recent *Insight* report suggesting that the already limited powers of CHCs should be further curtailed are unacceptable to us. Arguing that CHCs should retreat from dealing directly with the public, should give up their patient and advocacy role, and should become sub-contractors of Health Authorities to carry out liaison work will find no favour whatsoever with a Labour Government.

"We will however wish to consult, in government, on how CHCs could be transformed, and with a new extended role, monitoring every aspect of health: hospitals, primary care services, community health services and community care services, including those organised by local authorities. As well as having a voice at health authority board meetings, we would wish to see them have a real input into the strategic planning of the health authority. We would also wish to consult about how the membership of CHCs could best equip them to carry out these new roles."

Logo-jam

The three political parties have a way to go when it comes to harnessing new technology to get their messages across. Of course they have all set up web pages to promote their modern images on the Internet. The Conservative Party home page opens with a statesman-like photograph of John Major who delivers an up-beat message about communications technology before inviting readers to "surf our pages". Unfortunately, using my computer system at least, this is where the surfing stopped: I couldn't move beyond the first page. For some reason the Labour Party has chosen to open with an extremely shady photograph of Tony Blair – the sort one might reject as a possible passport photo. The Liberal Democrat site – projecting an image of action and approachability – was the easiest to navigate.

The reason for this time-consuming web-browsing was that I wanted to get hold of party logos to include in this newsletter. Having failed to get any good quality images through the Information Superhighway I resorted to the old-fashioned telephone. All the people I spoke to were friendly and anxious to help – but not with very happy results. The Conservatives did not seem to know how to send e-mail – which is curious since I easily found a good quality copy of a "Demon Eyes" poster of Tony Blair on computer networks. Instead they offered to send a paper version, but it has not arrived. The Lib-Dems promised to send me a logo by e-mail, but again nothing has arrived. Labour were the best clued up: I could get a copy on-line if I was a member of their private bulletin board or they could send me disks through the post and charge me ten pounds for the privilege. Gordon Brown's good housekeeping has clearly permeated all sections of the party.

Nicola Bennett-Jones

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CHCs and complaints

Complaints are another area of concern. In each of the last three ACHCEW conferences CHCs have debated their role in supporting complainants. While they regard this as a valuable part of their work, they are hampered by insufficient resources: and the difficulties have become more acute as complaints have increased. CHCs have called for their contribution to be recognised by making complaints work a statutory duty. They have also called for increased staffing and resources to enable them to fulfil the role.

While Labour, the Liberal Democrats and the Conservatives all emphasise the contribution CHCs make in assisting complainants, none were keen to make any promises about funding. Indeed, apart from one comment from Stephen Dorrell about working within available resources, all three responses steer well clear of mentioning money at all.