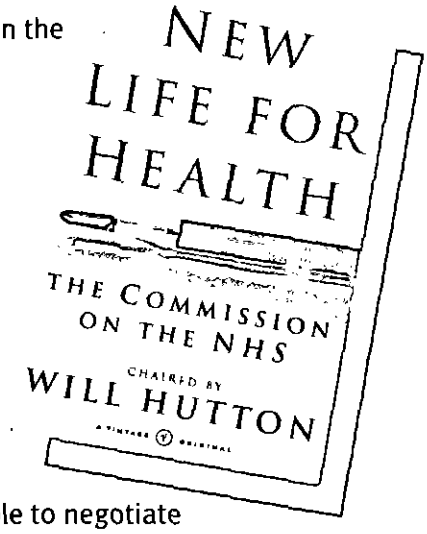
CHC NEWS

Voice of the Association of Community Health Councils for England and Wales

Commission report on NHS accountability published

***New Life for Health*, The Commission on the NHS, from the Commission on Representing the Public Interest in the Health Service chaired by Will Hutton was published on 18 April.**

The Commission was established in March 1999 by ACHCEW to examine the issue of public interest and accountability in the NHS. Although launched by ACHCEW it was fully independent.



The report proposes turning the NHS into an independent public body, able to negotiate its own funding and services with its own constitution. It also recommends that it is in the public interest to strengthen CHCs.

Donna Covey, Director, ACHCEW said: "This report is published at a key time in the development of the new NHS. It is crucial for patients that issues of public involvement are part of the modernisation debate. We hope that this will promote discussion around public participation in the NHS as well as about the role of CHCs."

***New Life for Health, The Commission on the NHS, Chaired by Will Hutton* was published by Vintage UK, Random House on Tuesday 18 April, price £4.99**

Public involvement - a place in the new NHS?

One day conference from ACHCEW

Wednesday 5 July

Harrogate International Centre
Kings Road
Harrogate
HG1 5LA

As well as the usual business of this year's AGM, 4-6 July in Harrogate, we are holding a one day conference on Wednesday 5 July.

One year on from the Health Act and in the context of the National Plan the conference will examine how the public is participating in decision making in the new NHS.

Key speakers will include Gisela Stuart MP, Parliamentary Under-secretary of State for Health, Hilary Scott, Deputy Health Ombudsman and Matt Tee, Director of Communications, Commission for Health Improvement.

As well as being relevant to CHC members and staff attending the AGM, who will automatically be at the conference, it may be of interest to PCG lay members and NHS Trust and Health Authority members and staff, with an interest in public involvement issues.

For further information and bookings please contact Chye Choo at ACHCEW on 020 7609 8405 before 16 June.

Focus

The National Plan for the NHS

from Donna Covey, Director, ACHCEW

As the national voice for CHCs, ACHCEW is committed to making sure that your views are heard in the development of the National Plan in the NHS. When the National Plan, with it's five *P's* of partnership, professions, performance, patient access and prevention was announced, the Association issued a press statement calling for a sixth *P* – public participation. The Government has since announced plans to consult the public in a number of ways, including:

- leaflets asking for public feedback will be available in hospitals, GP surgeries, supermarkets and high street chemists
- members of the public can send their views through a dedicated website – www.nhs.uk/nationalplan
- a 'Census Day' for the NHS will gather views from the public, patients and staff
- two public forums will be held in Leeds and London
- at least 30 patient and consumer organisations will take part in telephone interviews about what patients want.

After the National Plan was announced we wrote to the Prime Minister saying that, "*CHCs are eager and willing to play their part in the change process. Much of the work that we currently do reflects the sentiments of your speech, in particular, the CHC role in monitoring and spreading best practice.*"

In particular we highlighted your role as a bridge to the local community and reaffirmed the enthusiasm of CHCs to change themselves.

ACHCEW is inputting into the National Plan in a number of ways. The publication of New Life for Health, coincided with the debate. ACHCEW standing committee will be considering a draft response to the report, which will also act as a stand alone submission to the Modernisation Action Team on Patient Empowerment – one of the six teams set up to develop the plan. This response will draw on comments made by CHCs in evidence to the Commission and in response to the National Plan. ACHCEW is also one of the patient organisations that is being interviewed as part of the consultation on the National Plan. We are also monitoring the involvement of CHCs in stakeholder events around the plan.

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Staff changes at ACHCEW

Policy officer, Gary Fereday has taken a post at the NHS Confederation. Legal Assistant, Antonia Ford has gone into a private law practice. We want to thank them both for their contribution to ACHCEW and wish them all the best for the future.

Following restructuring of ACHCEW's policy team, Angeline Burke has been promoted to Senior Policy Officer and the vacant Policy Officer post has been advertised. Jill Paterson, who has recently completed an MA in Medical Ethics and Law comes into post as Legal Assistant on 30 May.

CHCs in Health Action Zones Volunteers needed for new network

From Lesley Sterling-Baxter, Chief Officer, Bradford CHC

A new learning network for CHCs in Health Action Zones (HAZs) is looking for volunteers following a meeting in London on 2 December. HAZs are about working together to find new ways of being effective in areas of deprivation, poor health and significant pressures on services.

Representatives at the meeting explored what CHCs are bringing to the HAZ way of working. Unsurprisingly, there are excellent, innovative projects happening across CHCs.

There was agreement that there is much to be gained from thinking creatively together. Aims envisaged for the network included promoting, supporting and encouraging innovation by CHCs in HAZs and developing participation, facilitating learning and forming partnerships between CHCs and other HAZ agencies and supporting the effective development of CHC staff and members.

Suggestions for achieving these included:

- Links with other HAZ networks and NHS initiatives
- Network events at CHC, HAZ and health related events
- Visits to innovative CHCs and HAZ related initiatives
- CHC page on HAZnet
- Action learning on HAZ related issues
- A 'lessons learned facility' to collect and disperse effective practice
- Developing leadership, creativity and change management skills amongst HAZ CHC chairs and chief officers.

The HAZ/CHC network has an initial budget of £10,000 and is expected to develop over a number of years. The network includes Health Councils in Northern Irish HAZs.

We now need interested people from CHCs within HAZs to decide what happens next. We are looking for enthusiastic members and chief officers/staff to act as a 'design team' for the network. This will involve meetings (travel expenses are met by the host HAZ) and the opportunity to be at the leading edge of CHC work.

If you would like more details contact Lesley Sterling-Baxter, Bradford CHC on 01274 392762 or Chris Dabbs, Salford CHC on 0161 789 0474.

A report on the day is available at www.haznet.org.uk.

Royal Liverpool Children's Inquiry

Liz Powell, Chief Officer at Liverpool (Central & Southern) CHC, is a member of the Inquiry Panel. She is keen for parents who have been affected to give evidence.

This independent private Inquiry, set up to investigate the retention of deceased children's organs at Alder Hey Hospital, begins its oral hearings in early May. The Panel is extremely anxious that parents wishing to do so can present written evidence and if there are special circumstances, ask to give oral evidence. As there are believed to be up to 2000 children involved there is a need to limit the number of oral witnesses.

A detailed questionnaire has been produced with families and their legal representatives and has been sent to all known parents. The Panel knows that there are affected families throughout the UK and I am asking CHC colleagues who are in touch with anyone affected to encourage them to contact the Inquiry at the address below if they have not already done so.

Some parents may need help in completing the questionnaire and ongoing support which, I hope CHC colleagues will be able to provide. A parents support group, PITY2, can be contacted via Liverpool Eastern CHC on 0151 228 5139.

Contact Royal Liverpool Children's Inquiry, 3rd Floor, Norwich House, Water St., Liverpool L2 8TA. Tel: 0151 237 1700 or freephone 0800 1694101, fax 0151 227 5278.

Responses received to resolutions passed at ACHCEW's 1999 AGM

This outlines some of the letters in response to motions from the Department of Health and NHS Executive. A full report on all action taken on motions will go to ACHCEW's AGM in July.

Resolutions	Response from Department of Health/NHS Executive
1. Doctors' charges for medical evidence *Called for the Government to re-consider the issue of which body should pay for doctors' fees for medical reports to Disability Benefit Appeal Tribunals and for a complete review of GP charges for services to individual patients.*	There are no plans for change. The NHSE states that 'GPs are already obliged under their terms of service to provide reports to the Department of Social Security and its agents when requested by a medical officer, subsequent to the GP issuing a certificate. This information is usually sufficient for the settlement for a claim for benefit or an appeal against the previous decision. Where a claimant chooses to obtain additional evidence from third parties, including their medical practitioners, above that which the adjudicating, deciding authority has indicated they require, then this is a private matter for which the individual is responsible, including charges. However, there should rarely, if ever, be a need to add to previous information.'
4. Ambulance services *Supported the Government's initiative to introduce new performance standards for ambulance response to be according to the clinical need of the patient. Called for the Government to commence using Category 'C' calls now rather than in 2001.*	Careful piloting and evaluation was needed before any change in Government policy. The Health Services Circular 1999/091 outlined the Department's approach to Category C in some detail. This, ...permits pilots of alternative non-ambulance responses to Category C calls and the appropriate linking of Category C calls into NHS Direct.' All trusts running such pilots have been asked to register them with the Department and include evaluation plans. An evaluation framework was also being set up with the Research and Development Directorate '...to ensure careful monitoring and that the lessons learned can properly inform future policy on Category C calls.'
5. GP appointment waiting times *Called for the Government to conduct a national audit; to set standards governing maximum acceptable waiting time and to address any resource implications resulting from its findings.*	There are no plans to conduct a survey into GP waiting times. Patients may write to their health authority or speak to their practice if they wish to raise concerns. 'Full-time GPs are required by their Terms of Service to be available for surgery consultation and home visits for a minimum of 26 hours a week over five days, at times convenient to their patients. Arrangements for any appointments system are the responsibility of the individual GP or practice partners, and should be in line with the number of hours they are required to be available to provide general medical services. Arrangements at the surgery, such as any appointments system, are a business decision of the partners concerned and do not fall within the remit of the Department.'
6. Mental Health Act review *Called for the establishment of an independent Mental Health Service to protect the rights of patients whenever compulsory detention or treatment is being considered.*	Proposed changes to health legislation were being considered. The Government had appointed '...an independent committee of experts to scope a new legislative framework that would reflect modern patterns of care and treatment.' The recommendations of the committee would be taken into account in the development of the Government's own formal proposals, including safeguards for individual patients, which would be issued for consultation before the end of 1999. The Government was keen to ensure '...that, where patients are to be subject to compulsory care and treatment, the principle of the least restrictive alternative must apply where this is consistent with the need to ensure the safety of the individual and the wider public. New legislation must therefore support care and treatment in a wide range of settings – something that the current Act cannot provide.'
8. Primary Care Group Boards *Called for the Secretary of State to issue fresh guidance indicating that serving CHC members appointed as lay members of Primary Care Group Boards should be expected to resign from the CHC because of the conflict of interests such a situation created.*	There were no plans to amend the CHC Regulations to include PCG Board membership as a disqualification for CHC membership. It was up to CHC members to consider whether any new position would bring about the possibility of a conflict of interest. The Code of Conduct for CHC members (paragraphs 15 and 16) sets out the position on declaration of interests.

9. NHS pharmaceutical regulations *Called for a review of the NHS (Pharmaceutical Services) Regulations 1992 and the introduction of new regulatory procedures taking into account developments and changes in the NHS.*	'The Secretary of State for Health will be publishing a strategy document for community pharmacy later on this year. It will take into account the development of primary and community care, clinical developments and changes in the wider NHS environment.'
10. Dental services *Expressed extreme concern about the practice of dentists only accepting children as NHS patients if their parents registered privately. Called on ACHCEW to co-ordinate a national survey of dental practitioners and to publicly name those employing such a strategy.*	It was accepted that this practice ran counter to the Government's intention to reduce inequalities in the nation's health. However '...dentists are independent contractors who are free to accept or refuse patients. Furthermore, 'At April 1999, 17.7 million adult patients were registered for NHS treatment with a GDP in England and Wales...This is an indication that the vast majority of dentists do not indulge in the practice which you have highlighted.' Any reduction in the number of people registered was attributed to dentists withdrawing from the NHS; reduction in the registration period; and operational factors such as improved procedures to eliminate duplicate registrations.
13. Private Finance Initiative *Called for the Government to abandon PFI as a principal means of capital investment as hospitals built under it had extra capital costs which could only be met largely at the expense of clinical budgets and service capacity.*	The Secretary of State refuted this. The Government '...takes a pragmatic approach to capital investment decisions in the NHS. The PFI is only used in cases where a full appraisal demonstrates that the PFI option is affordable to the NHS, meets NHS service needs, and offers value for money when compared to the publicly funded alternative...The value for money assessment takes into account the full life costs of both publicly and privately financed options and is conducted by the NHS Trust and the NHS Executive in accordance with central government procurement regulations; the private sector is not involved.'
Emergency motion 2 **With respect to old age** *Called for the Government to issue a response indicating their intentions regarding the recommendations of the Royal Commission on Long Term Care published in March 1999.*	The Government accepted a key recommendation of the Royal Commission; a National Care Standards Commission would be set up through the introduction of legislation. 'In addition to enforcing new minimum standards for residential and domiciliary services, it will also take up each of the four main roles suggested by the Royal Commission. It will monitor and report on trends in long term care; it will be able to guide people to registered providers, investigate complaints and ensure consumers have clear and accurate information on services; it will be able to take a view on quality standards nationally and report on service performance against standards, reflecting the views of local service users on the service; and it will give providers advice on meeting the national standards. It should be up and running by 2002.
Emergency motion 3 **Patient confidentiality** *Called on the GMC to change its advice to doctors on their duties to maintain patient confidentiality, in order to protect doctors who may otherwise face challenges of having acted illegally in disclosing information in line with GMC guidance.*	The Department of Health responded to this motion as they have policy responsibility for the protection and use of patient information. The Department recognised '...the concerns surrounding the use of patient information and recognises the importance of seeking the consent of patients before disclosing information from their medical records for purposes other than immediate care. We are working with key professional and regulatory bodies such as the Data Protection Registrar, BMA, GMC and Medical Research Council to establish how this principle should be applied effectively within the NHS.'
Emergency motion 4 **Organ donation** *Called for the urgent review of the present legal framework for organ donation so as to ensure that it is made without imposition of discriminatory conditions by either the donor or next of kin.*	The Department of Health responded '...organs and tissues should not be accepted with conditions attached. Organs which have been donated have been rightly considered a national resource available to any patient who needs them regardless of race, religion, age or other circumstances. This principle is widely understood and accepted by the transplant community.' The Secretary of State had ordered an urgent investigation, the results of which were to be made public, into an incident where an organ had been accepted for donation with certain conditions attached.

Marion Chester, ACHCEW's legal officer writes

Patient Confidentiality and Insurance Reports

In February, ACHCEW's Standing Committee supported a resolution calling on the GMC, other regulatory bodies and the BMA to review their policies and guidance to their members' safeguards to patient confidentiality when medical practitioners prepare reports for insurance, employment and social security purposes.

Insurance companies in particular request medical reports before issuing life insurance policies and policies to provide financial assistance in the case of disability or incapacity. Some of these policies are required before financial institutions will grant a mortgage.

The Access to Medical Reports Act 1998 gives some protection and medical practitioners cannot provide such reports without patient consent. However, it appears that patients are often unaware of the sort of information that insurance companies in particular ask for. Most insurance companies ask life style questions, such as, '*Has your patient ever been advised that any aspect of their lifestyle could have an adverse effect on their health? If so, please give dates and details*'.

People intending to take a post with organisations which require a medical report, who are seeking a mortgage, or claiming disability benefits have little real choice about agreeing to the commissioning of a medical report and/or access to their medical records.

Some patients are well aware that by confiding in their doctor they may be storing up problems for the future. Doctors seeking to treat patients who are reluctant to confide may not be given crucial information. Resulting harm to those patients is not unknown.

The European Data Protection Directive requires consent in these circumstances to be '*freely given, specific and informed*'. However, it appears that patient consent to the production of these reports is no guarantee of their rights.

ACHCEW has asked the GMC, the Royal Colleges and the BMA to consider issuing guidance to health practitioners that they should not agree to the provision of these reports unless patients have seen and approved them.

Disability Discrimination Act

The Disability Discrimination Act 1995, seeks to ensure that disabled people are not discriminated against. The Act has been brought into force in stages.

The first phase concerned employment rights and applies to organisations with over 14 employees. As such these provisions do not apply to CHCs.

The second phase came into force last October and makes it unlawful for service providers to operate in a way that discriminates against disabled people. CHCs must comply.

The third part, which will come fully into force in 2004 will require all service providers to take reasonable steps to make their premises physically accessible to people with disabilities. This too will apply to CHCs.

Some regional offices of the NHS Executive have told CHCs that the Act does not apply to them. The NHSE has confirmed that CHCs are obliged to comply with Part III.

The Act contains provisions, which permit disabled people to make claims for damages against organisations that breach the terms of the legislation. Members of any CHC found to be in default could be held personally liable for any award. The terms of the Treasury approved indemnity to CHC members are not so clear that it can be confidently relied upon. However, to date, the NHSE has taken no steps to ensure that CHCs are given appropriate advice on how to ensure that they comply.

ACHCEW's training department has arranged training on the subject for the next programme of national training.

Getting involved in local maternity services

Hannah Henderson from Darlington & Teesdale CHC encourages CHCs to get involved in their local Maternity Service Liaison Committee

Maternity Services Liaison Committees (MSLCs) are independent advisory bodies with a key role in developing maternity services. They set the agenda for maternity units, enabling them to work with users and other health professionals involved in maternity and postnatal care to ensure effective change.

The NHSE stated in 1996 that 'In every Health Authority there needs to be an effective maternity services liaison committee where commissioners, providers and users of maternity services explore different perspectives and develop services in partnership' (Guidelines for Working Effectively, 1996 Maternity Services Liaison Committee).

When the Changing Childbirth programme came to an end in 1998, the National Perinatal Epidemiology Unit took over the database of users. They will soon have a web site for MSLC lay members. At a recent meeting I raised the issue of CHCs' role in MSLCs. Although some CHCs are actively involved in their MSLC, many are not.

A joint briefing paper from the Greater London Association of Community Health Councils and the National Childbirth Trust (NCT) by Helen Lewison in 1994, stated that 'MSLCs are potentially a valuable forum for implementing change at local level and offer user representatives the opportunity to influence such change. MSLCs can be effective if enough representatives of service users such as CHCs and NCT branches are committed to making them so.'

I have been involved with the local MSLC for several years, as a member of the NCT and my CHC. I now find that as an employee of the CHC this committee enables me to access parents' views on maternity and paediatric issues, as well as giving the users support and a better understanding of the issues involved. Any changes to the service involve consultation with parents, midwives, consultants, GPs and health visitors through the MSLC. We plan to set up a 'parents' panel' to enable users to get together on their own terms and find out other parents' views from all backgrounds. MSLCs are an opportunity not to be missed by CHCs.

To find out about your MSLC contact your local NCT branch. Telephone 020 8992 8637 for local contact. For further information contact Hannah Henderson on 01325 254848.

On the web

Thanks to Chris Dabbs at Salford CHC who notified CHC News of a fortnightly email service, HPiC Website News, which provides updates of recently launched internet websites in the field of health promotion. It includes health information and campaign sites, sites of relevant organisations, and sites which are recommended as good examples of design for the internet. It can be accessed via the Current Awareness Services page of www.hea.org.uk/hpic.

www.healthcarenet.co.uk is a new website set up by a Darlington based GP, Dr John Hopkins, with the aim to bring doctors, managers and the public together to discuss the NHS. It has news and information pages, an editorial column and a debate page to enable visitors to have their say. Dr Hopkins would welcome feedback from CHC members by emailing primarycarenet@aol.com.

If you know of a site that you think would be of interest to other CHC members or staff please email the address with a short description to helen.eldridge@achcew.org.uk.

Resources from ACHCEW

Why are we waiting?

Snapshot surveys of the impact of emergency pressures on patient care

Royal College of Nursing and ACHCEW, 2000

At the end of January the RCN and ACHCEW joined forces to look at the growing problem of emergency pressures in accident and emergency departments and their effects on service delivery. Pressures that, among other things, result in long waits for patients and difficult working conditions for staff. ACHCEW co-ordinated a Nationwide Casualty Watch to see how long patients were having to wait and the RCN surveyed nurses in charge of A&E departments to seek their views about some of the issues and problems. *Why are we waiting?* discusses the results of the surveys, and seeks to identify and develop solutions. More specifically, the report aims to explore the relationship between the experiences of patients and local variables such as staffing levels and access to other services.

ACHCEW and the RCN make a number of recommendations that would go some way towards addressing the problems identified. For example, they recommend that managers, nurses and other staff, CHCs and other patient groups collaborate to ensure that local problems are identified and local solutions implemented. They also recommend the introduction of medical major incident protocols for the management of excessive A&E waits.

Why are we waiting? is available free of charge from the RCN. Publication number: 001230. Telephone: 020 7647 3820.

The culture of healthcare

Health Perspectives, Issue 1/2000, ACHCEW

The Bristol Royal Infirmary Inquiry is looking at the retention of children's organs without their parents' consent following heart surgery between 1984 and 1995.

As part of Phase Two of the Bristol Royal Infirmary Inquiry, ACHCEW was invited to produce a position paper on the culture of healthcare. This briefing summarises this paper. It sets out a vision for the future culture of the health service, identifies current problems and proposes ways forward.

Advance Directives

Health Perspectives, Issue 2/2000, ACHCEW

The use of an advance directive, or living will, allows people to express what treatment they want in future circumstances in which they might have lost the capacity to make or to communicate decisions.

This briefing looks at the legal status of advance directives.

New Health Perspectives are sent free of charge to all member CHCs. One copy is sent for each CHC member. Otherwise they are £1 to member CHCs and £2 to others. To order send a cheque made payable to ACHCEW.

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