



King Edward's Hospital Fund for London

14 Palace Court
London W2 4HT
Telephone 01-727 0581

Secretary: R J Maxwell

9th May 1985

Dear Tony,

Thank you for your interesting letter dated 18th April. I sympathize with the situation in which you and the Association find yourselves and I understand the case for a rapid policy analysis project of the type you describe. Whether or not we can help to fund it, I am uncertain at this stage, but I am very prepared to find out, and to give you a reasonably quick answer. I am afraid that the soonest I can do so, because of the pattern of grant making meetings, is mid-July. Will that be soon enough?

Meanwhile it would help if you could check your costings carefully so that I can be certain of £8,000 as correct for the project that you have in mind. I think it would also be helpful if you could set out the terms of reference for the project worker. I recognise that these are inherent in your letter, but it would do no harm to have them developed in a form that could in due course be given to whoever did the job. I will need to have this further information by about mid-June, if you can manage that.

With kind regards

Yours sincerely

R Maxwell

Tony Smythe,
Secretary,
Association of Community Health Councils for
England and Wales,
Mark Lemon Suite,
Barclays Bank Chambers,
254 Seven Sisters Road,
London N4 2HZ

Our ref: TS/PM

Robert Maxwell
Secretary
The King Edward's Hospital Fund for London
14 Palace Court
London W24 HT

18th April 1985

Dear Robert,

I would appreciate your advice and assistance.

During the course of making representations to the DHSS following the announcement and, subsequently, the publication of new CHC Regulations to deal with the change of status of FPCs and to introduce a provision for dismissal for misconduct, and about which we had no forewarning, I discovered from officials that Ministers intended to review the role and structure of CHCs in about 12 months time.

I had guessed as much before and from November 1984 have been nagging my Committee and CHCs to think about their future in the sense of identifying problems that need to be resolved, moving from their defensive pre-occupations and developing more visionary concepts of what CHCs could and should become. In essence, I want to pre-empt Ministerial thinking which will rely heavily on the rather limited appreciations of officials at the DHSS. In July I shall have been working for ACHCEW for two years and I believe that I now know enough to at least sense the deficiencies and opportunities. As an ex-CHC member and one who in mental health terms benefited from the creation of the CHC network, I am now even more convinced that public participation and patient representation in the NHS are essential for the future of health services and almost regardless of the stresses and strains produced by opposing dogmas at the political level.

I need not bore you with a description of our position but, almost one month into the financial year, I do not know what my budget is beyond a guess of £60,000/£70,000, because it is dependent on the voluntary subscriptions of member CHCs. Although we negotiated deficit grants from the DHSS in the last financial year we still have no assurance that central government funding will be made available this year. All this means that I have to keep the ship afloat doing lamentably little real work with a staff complement of 2½ including myself. I need to get into the pre-empting exercise mentioned above but I can only do this if I were able to employ a suitably qualified research assistant to work with me in gathering in the experience and ideas of CHCs and turning all the material into some kind of coherent document.

cont/

As an administrator yourself you will know without my having to go into more detail why it is that I personally cannot undertake the heavy part of yet another additional task. Basically, I would like to find and hire a very bright youngish person to work with me under my supervision to produce an assessment of what CHCs have achieved and failed to achieve and how, in the future, they could be developed to enhance public involvement and participation in health and the health services including, perhaps, breaking down some of the boundaries between the NHS and private, voluntary and local authority provision for, basically, the same clientele. It would be a short, sharp project which, out of political necessity, would have to be accomplished within the next six months. As I don't know if it is feasible I haven't done any costings but I suppose the amount involved would be £8,000 which would include salary, overheads and expenses.

As I cannot abide vegetating here any more and as the need is urgent I would appreciate some rather quick advice and help.

Yours sincerely

Tony Smythe
Secretary

* £20,000