

Muzzling the watchdog

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The self-congratulatory fanfare announcing the launch of the national plan for the NHS has overshadowed real concerns about accountability, raised by the plan's proposed abolition of community health councils (CHCs).

Established in 1974, CHCs have provided a national network of independent health watchdogs. The plan fragments part of their work across a number of new bodies and gives no indication as to who will perform which of their functions. There are also significant worries about how effective and independent the proposed replacement structures will be.

Patient advocates will be based in trusts. They will perform a role combining meeting and greeting in hospital reception areas and troubleshooting to deliver on the spot solutions to patients' problems. They will "steer" patients towards the complaints system "where necessary", rather than play the proactive role that CHCs have in supporting patients and families when things go wrong.

Advocates based in trusts will struggle to be truly independent and, more damaging, will not be seen as independent by patients. Hospital-based advocates have a role, and effective schemes already exist. But they are a complement to the independent support and advice provided by CHCs - not an alternative. The plan also introduces trust-based patient forums and advisory committees to act as sounding boards at health authority level. The right of CHCs to refer contested, substantial variations in local health services to the secretary of state will be given to local authority scrutiny committees.

Our CHCs are independent. They have statutory rights. They draw on individual complaints work, regular visits and public involvement to inform their scrutiny role. Without a co-ordinating body, there is a real danger that separating the scrutinising function from the monitoring and complaints work will mean that broader patterns that emerge from individual complaints, or from problems in service provision, will never come to light.

To be an effective public voice in the NHS, the new system will need to be independent and integrated. It will need specialist support staff, clear statutory rights to act on behalf of local communities and mechanisms for exchanging best practice across the country. This sounds very familiar. Renamed, reconstituted and given a higher public profile, CHCs could be transformed into new bodies that could rise from the ashes of the national plan's ill thought out proposals to deliver real patient power.