The consumer hits back

Tony Smythe, the new secretary of the Association of CHCs, believes that the role of the NHS's consumer watchdogs should be extended rather than contracted. Here he talks to Andrew Cole

TONY Smythe, the new head of the Association of Community Health Councils, seems to collect good causes in the same way that other people collect stamps or old coins.

Probably best known as the former director of MIND and before that general secretary of the National Council for Civil Liberties, he is currently chairman of both the Campaign for the Homeless and Rootless and the National Peace Council as well as being treasurer of War Resisters International and co-secretary of a project for disabled children and their families in Haringey.

And that is not counting the job as secretary of the Association of CHCs which he took over from Mike Gerrard at the beginning of July and which, he admitted when I spoke to him in the association's tiny office in Euston Road, is more than a full-time job in itself.

The cramped offices which house Mr Smythe, his assistant Chye Choo, and the two full-time staff of CHC News, are symptomatic of the position the CHC movement finds itself in at the moment.

Set up as a part of the ill-fated 1974 reorganisation, its entire future was placed in the balance in 1979 when the government issued *Patients First* which suggested that CHCs might become superfluous following restructuring and reminding everyone that they cost around £4 million a year.

Despite the fact that, after widespread consultation, the government decided to make only minor adjustments, there is clearly a continued sense of unease both at headquarters and in the localities.

This anxiety was lifted to some extent by health minister Kenneth Clarke's announcement at the recent annual general meeting that 'the future of CHCs is not at any risk whatsoever — we value your role as watchdog'.

Tony Smythe . . . benign tolerance not enough

But he went on to add that the government would be reviewing the CHCs' role — and especially their relationship with DHAs — once they had settled into the reorganised structure.

Mr Smythe may only have been in his new post for a couple of months, but he already has trenchant views on such matters. 'The minister's statement shows that we now have some breathing space,' he acknowledged, 'but that kind of benign tolerance is not actually enough. If the CHCs and the association are only going to be allowed to play their relatively minor role under constant review and without adequate resources, then quite clearly their ability to prove their worth within the NHS is so much reduced.'

So are community health councils a spent force? Have the local watchdogs lost their teeth?

Mr Smythe remains optimistic. CHCs are, after all, part of one of the most popular social institutions ever established in Britain — the NHS. With so many DHAs now composed of newcomers, their knowledge and experience of the local scene is more valuable than ever. And while their effectiveness is variable, their impact in many districts is remarkable, he claims.

Nor is that impact confined to the more obvious functions such as monitoring hospital and ward closures, keeping a check on staffing levels and maintaining the pressure on health authorities to provide the best service.

Many CHCs are involved in health prevention, some are producing health booklets for ethnic minorities in their own language, while others have launched research projects on particular health problems relevant to their locality. Other initiatives are even more imaginative. In Manchester, for example, they organised a special 'thank you' month last year in which members of the public were invited to nominate individuals or units which had done something beyond the call of duty. The response was so overwhelming that most CHCs in the North Western region are participating in a similar scheme this year.

Mr Smythe waxes enthusiastic as he talks about these projects. 'I don't think the CHC movement should be defensive,' he states. 'My own preference is to talk about the areas where the CHC role should be extended.'

A number of CHCs, for instance, believe that if they are to be true representatives of the community they should be the ones who receive and follow up individual complaints about the health service — a role currently carried out by the health service ombudsman.

There could also be a case, Mr Smythe believes, for the establishment of parallel CHC organisations for the social services. So often the problems of the NHS spill over into the social services — and this always artificial dividing line will become increasingly blurred, he predicts, as the numbers of elderly ill grow.

The purpose of all this is not self-aggrandisement, he insists, but simply that if CHCs are to have any chance of success in their appointed role of

consumer watchdogs they must be both visible and accessible to the public, and they must have some teeth to add to their bark.

Yet the reality is very different. Instead of increasing, CHCs' powers seem to be contracting. The number of members on each CHC has been pared as a result of the government's review while the costs of the council's journal *CHC News*, estimated at £74 000 a year, is no longer met by the government but by the CHCs.

More ominously, he claims that a number of CHCs are now complaining that the new-style health authorities are effectively neutralising the CHCs' statutory right to be consulted over hospital closures and changes of use. The authorities, led by chairpeople who often hold disproportionate power because of the lack of experience of the rest of the members, are unveiling proposed changes in their operational plans, but releasing so few background details that informed opposition becomes impossible.

Now, to add insult to injury, at least one RHA has decided that CHCs, who are funded by region, come within the remit of the latest round of cuts. If their budgets are reduced, Mr Smythe predicts, one of the first things the CHCs will jettison will be their contribution to *CHC News* and their membership of the association — and so the cycle of deprivation will take another turn.

And yet this is clearly not the full story. Even before *Patients First*, CHCs were facing their problems — this was, after all, why they were included within the reorganisation remit in the first place. The plain fact is that in most districts the majority of residents have never heard of their CHC and even when they have, many do not know where to contact them or what services they offer.

Mr Smythe acknowledges there is some truth to this criticism. 'The NHS is a great mystery to many people,' he observes. 'We erect these massive institutions which through their sheer size are difficult to comprehend.

'What's more worrying is that many people who work within the NHS have very little idea of what the role and function of the CHC are. Yet the fact is that CHCs need people within the health service advising them, feeding them with information and using them.' They also need to involve more actively the public at large.

This is partly a matter of individual CHCs promoting themselves more effectively at local level. But there is also a need for national promotion — and this is where the association comes in.

The association has already produced a series of brochures informing the public about the innovative things being done up and down the country, and in November it is staging the first-ever CHC Week, which will, in Mr Smythe's phrase, help to 'network' CHC achievements across the country.

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Somewhat heretically, he also believes that the association serves a political role in co-ordinating CHC concerns which have national implications — the most obvious example at the moment is the latest NHS cutbacks — and bringing pressure to bear on the Department of Health.

What effect the association actually has on national policies is another matter. 'This association has no real power apart from the power of persuasion,' Mr Smythe admits. 'It is a matter of how successful we can be in creating relations and developing influence at the DHSS.'

There is also the small matter of establishing a consensus within the CHC movement — differences of opinion inevitably blunt the impact of national representations. 'But when you are in a position to move forward, that is when the association becomes a lobbyist and a pressure group — the means of posing a dilemma or problem to the public and then to the people who make decisions.'

And if anyone is to succeed in this tactic it must surely be Tony Smythe. While director of MIND in the 1970s Mr Smythe acquired a reputation as one of the most effective exponents of pressure group politics, and the Mental Health Amendment Act bears many of the hallmarks of MIND's lengthy campaign on behalf of mental patients.

His account of that campaign is a fascinating one. 'When I went to MIND the Butler committee was meeting and I anticipated thet were about to recommend some changes in the Mental Health Act of 1959. It seemed to me that if that was the case it was time to look at the whole thing,' he says.

'Larry Gostin (MIND's legal director) came to work for us at around the same time and he provided a conceptual framework for mental patients' rights. Then we used a careful strategy of searching out test cases, going to the European Commission of Human Rights, winning our cases and creating media interest which led ultimately to that spate of TV documentary programmes on the subject.' Out of that, he believes, sprang much of the philosophy of the new Act.

His analysis of the powers and the limitations of the pressure group is equally illuminating. 'I learnt early on that pressure groups are most effective when dealing with peripheral issues that don't affect too many people — and here you can be very successful. But when it comes to doing something that touches the funny bone of those in power then you have got to have stamina and a strategy, and you have got to be prepared to hammer away at the same thing for many years.'

Mr Smythe insists that the association, being a statutory body, is not really a pressure group in the normal sense of the word.

However, he does not deny that part of the association's role is that of a pressure group, and that if the normal channels of communication between the assocation and the department become clogged up, it will be left with little alternative but to pursue pressure group tactics to achieve its goals. With Mr Smythe's formidable past record, the government should be warned. NT