

# PARLIAMENTARY DEBATES

## HOUSE OF COMMONS OFFICIAL REPORT

### Fifth Standing Committee on Statutory Instruments, &c.

#### NATIONAL HEALTH SERVICE (ASSOCIATION OF COMMUNITY HEALTH COUNCILS—ESTABLISHMENT) ORDER 1977

*Tuesday 22nd November 1977*

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### The Committee consisted of the following Members:

#### Mr. Alan Fitch (*in the Chair*)

Boscawen, Mr. Robert (*Wells*)  
Bottomley, Mr. Peter (*Woolwich, West*)  
Callaghan, Mr. Jim (*Middleton and Preswiche*)  
Chalker, Mrs. Lynda (*Wallasey*)  
Clark, Mr. Alan (*Plymouth, Sutton*)  
Cunningham, Mr. George (*Islington, South and Finsbury*)  
Deakins, Mr. Eric (*Under-Secretary of State for Health and Social Security*)

Garrett, Mr. John (*Norwich, South*)  
Harper, Mr. Joseph (*Pontefract and Castleford*)  
Knight, Mrs. Jill (*Birmingham, Edgbaston*)  
Molloy, Mr. William (*Ealing, North*)  
Newton, Mr. Tony (*Braintree*)  
Pavitt, Mr. Laurie (*Brent, South*)  
Sever, Mr. John (*Birmingham, Ladywood*)  
Thompson, Mr. George (*Galloway*)  
Vaughan, Dr. Gerard (*Reading, South*)

Mr. D. L. Natzler, *Committee Clerk*



# FIFTH STANDING COMMITTEE ON STATUTORY INSTRUMENTS, &c.

*Tuesday, 22nd November 1977*

[Mr. ALAN FITCH in the Chair]

## NATIONAL HEALTH SERVICE (ASSOCIATION OF COMMUNITY HEALTH COUNCILS— ESTABLISHMENT) ORDER 1977

10.30 a.m.

**Dr. Gerard Vaughan:** I beg to move,

That the Committee have considered the National Health Service (Association of Community Health Councils—Establishment) Order 1977 (SI No. 1204).

We thought it important that the establishment of this new association should be debated here. That is why we put down a prayer on this order.

I should make it clear from the start that most Opposition Members are not opposed to community health councils. We think that they could have a very useful part to play, although a future Conservative Administration would want to look very carefully at their rôle. We are doubtful whether they are actually performing the function for which they were set up.

The question facing us today concerns a national association forum. The very essence of a community council is that it should be a local body carrying out functions for the local community and dealing with the local hospital service.

I have had a number of letters from members of community health councils expressing great anxiety and concern about setting up a national body. For example, the new body states that it has 73 per cent. membership. I merely point out that a number of community health councils have joined in order not to left out, not because they approve of the association. If individual community health councils do not think there should be a national association, I think that we should carefully consider their reasons.

One of their reasons is that it is a drain on their resources. Originally, it was suggested that there should be a subscription of £60 a year. That figure has now been increased to £150 a year, and it has to come out of their budget. There is a double argument here: on the one hand, that the national association will not

reduce the rôle of the local bodies whereas, on the other hand, if it is to cost this amount of money, presumably it has a job to do.

There is a fear that the national association will be consulted by the Government and that this process will bypass consultations with the local bodies. In fact, there is already some evidence that of this happening. Even before the association was formally set up, the working party was in discussion with the Government, and there was a danger that matters were going to be discussed on a national level, thereby bypassing local views.

Again, there have been serious complaints that the procedure for setting up the national body was irregular. I understand that when it was being discussed at the first meeting, a number of representatives of CHCs left because they did not agree with the business on the agenda. It was only after they had gone that the proposal was put through, and there is some doubt whether there was a proper quorum for passing a resolution of that kind. That is a serious matter. We should like to hear the Minister's view on the legality of the association.

Briefly, there is the view that the association is unnecessary in any case; that it is expensive; that it may take away from the local community health councils consultations and functions which should be kept at local level; and that it has been set up improperly.

I ask the Minister in reply to give us not a set answer on the whole sphere of community health councils, but to address himself to these particular matters, which are very much to the point.

10.35 a.m.

**Mr. William Molloy:** I should like the Minister to make a little more clear the purpose of this national association. If it is to back up the local councils, I am in favour of it. If it is to give them a bit of backbone, I am in favour of it. But my experience at the moment is they are a complete waste of time.

I cite as an example the deaths of a number of mothers in Pervale Hospital in my constituency. In my judgment this situation demanded investigation by the community health council. But its endeavours were pathetic. It could not get at the almighty consultants—the powers that be—and it had practically no assist-



ance whatsoever from the Department of Health and Social Security.

If my hon. Friend wants me to support him this morning, he must give me an assurance that this national association will give some backbone to the local community health councils and that his Department will take cognisance of it. I want his assurance that, the association will be treated in a right and proper manner and that it will not be palmed off, as I have been palmed off, by the DHSS on this vital issue. What can be more vital than a number of women over a period of a few months losing not only their lives, but their babies' lives, and nobody caring? The DHSS did not care. The community health council did its best, but it was blocked. It could not pierce through the armour that had been formed around Perivale Hospital. I have had letters from senior consultants and doctors who have pleaded "Please do not reveal my name, but you have had the wool pulled over your eyes at the so-called investigation into Perivale Hospital."

I believe that if other community health councils so afflicted in trying to provide a *poignard* to puncture the bladder of lies that can issue from other sources to confuse them can have the assistance of a national association that in turn will be recognised on occasions other than this morning by my hon. Friend, I might change my mind and support him.

10.39 a.m.

**Mr. John Wells:** I support strongly the hon. Member for Ealing, North (Mr. Molloy) on this matter, but perhaps rather the other way round. I believe that community health councils represent a gathering of useless talking shops that achieve absolutely nothing because they have no teeth. If we are to have a club for talking shops, which is what this instrument amounts to, it seems absolutely ridiculous. The hon. Gentleman has already indicated that he, by his efforts as a Member of Parliament, achieved more than the talking shop of the local community health council. In my constituency, my local newspaper, particularly and, in a humble capacity, I myself over nearly 20 years have achieved far more year by year and week by week than the community health council can begin to achieve.

Is it not absurd to suggest that there should be a club for these people? That is what it amounts to. It would be different if, as the hon. Member for Ealing, North said, it would put some spine into them, give them some rights and some success and make them useful. It could even set up courses and examinations for secretaries of community health councils. The people who now run them are well-salaried ham-handed amateurs who do not know their job or how to oppose a Minister—I liked the hon. Gentleman's flamboyant words about a *poignard* pricking a bladder of lies—and all the codswallop that the Minister has behind him. We want to be able to prod at some of these things. If there can be real teeth in the community health councils and if they can become effective, I shall be all for them.

What about the cost? My hon. Friend the Member for Reading, South (Dr. Vaughan) said that this might be £150 a year. I cannot conceive that for £150 a year we shall get very good value. It will merely go to pay a secretariat to produce more jaw. It will not produce anything useful.

I suggest that the Minister should take this instrument away and think again. If he can see a way of putting some vitality and effectiveness into the community health councils, I believe that everyone on the Opposition side—myself in particular—would welcome it. At present I see my health area starved of care for real things. Nursing personnel in Maidstone are down to 73 per cent. of establishment. Would it not be better if the money were spent on nurses rather than on a talking shop for talking shops? Should not the community health councils be abolished and the estimable young women who bang their typewriters and churn out letters be re-trained as nurses? Might not that be a better deployment of labour? Are they really being useful? The whole Kent area is starved of nurses, but my constituency happens to be one of the worst hit.

I feel very strongly about the fact that we should be discussing having this club of clubs when the base clubs themselves ought to be abolished until some strength and kick are provided.

I do not wish to be partisan about this matter. I believe that the original idea set out by the Conservative Party was quite good, but that the implementation was absolutely lousy, and that the present



[Mr. WELLS.] Government have taken no real steps to improve that implementation.

This wretched little measure is no real improvement. I urge the Minister to take it away and to be bold and resolute. The Opposition would support him wholeheartedly if it were going to work, but this is peanuts. It is not worth having. Let us get rid of it.

10.43 a.m.

**Mr. Laurie Pavitt:** It is inevitable that, if we are to discuss the establishment of an association of community health councils, the hon. Member for Maidstone (Mr. Wells) and my hon. Friend the Member for Ealing, North (Mr. Molloy), who shares my community health council with me, should consider the constituent parts.

I remind the hon. Member for Maidstone that when his right hon. Friend the Member for Leeds, North-East (Sir K. Joseph) forced this reorganisation through the House, against the opposition of the Labour Party, aided and abetted by the hon. Member for Reading, South (Dr. Vaughan), we said that the community health councils would be watchdogs with very few teeth. In fact, that has proved to be the case.

The establishment of the CHCs was not the responsibility of the then Labour Opposition. I pay tribute to the Department for what it has done to make the relationship at the local level more effective, though this is still totally inadequate.

We are now talking about the establishment of an association which will have direct access to the Secretary of State. However, unless community health councils have more weight at area level, what is done at the centre will not be so important.

We have made one slight change since 1974 by giving community health councils the right to sit in with one delegate or representative at an area health authority meeting at which they can speak only with permission and they cannot vote. For example, the Brent and Harrow CHC covers the whole of Ealing and Acton. We find that when it comes to local representation at either the district management team—

**Mr. Molloy:** I am sure that my hon. Friend does not wish to mislead the Committee, Mr. Fitch, but he mentioned his community health council involving

the whole of Ealing. It does not involve the whole of Ealing. In the way it was to have been drawn, I was to operate between two community health councils and so was he.

**Mr. Pavitt:** My hon. Friend is right. It became an impossibility. The catchment area of the Central Middlesex Hospital was given as the boundary for the district management team rather than the local authority boundary which cut across three local boroughs. Therefore, we have this basic problem.

Today we are discussing how the establishment of a central organisation can give more effective support to the lower levels by being able to co-ordinate what has been happening. I pay tribute to the establishment of a magazine for community health councils, which at least provides a line of communication to what is going on.

I support the establishment of this association as a further means of providing an articulate and knowledgeable CHC of the kind to which my hon. Friend the Member for Ealing, North referred which can bring pressure to bear. The fact that its success or lack of success can be communicated to other CHCs may be of great benefit to them in their struggles at local level.

**Dr. Vaughan:** From experience with the local community health council, does the hon. Gentleman find that it is consulted even on quite major health matters doing on in the area? The West Berkshire community health council has just been given less than a week to examine an extremely complicated document on the future of health services in its area. It cannot possibly give a reasoned opinion in such a preposterously short time. In a recent report it is pointed out that a number of community health councils have not been consulted on important matters—for example, when hospitals have been closed locally. I wonder whether the hon. Gentleman is also finding that situation?

**Mr. Pavitt:** I am grateful to the hon. Gentleman, who has put the precise case of my own CHC where a hospital was closed without consultation. The situation was so bad that the local borough council decided that it would sue the area health authority for lack of consultation. However, one public body suing



another means that the ratepayers or the community at large loses money. In this instance, the local borough council lost its case and the hospital was closed six months later. A central association would be able to spotlight this kind of problem and would perhaps be able to bring pressure to bear, because the original order gives access to the Secretary of State. The kind of case which the hon. Gentleman mentioned is similar to what happened when the Willesden General Hospital was closed without any consultation. Such a matter could be referred to the association, and perhaps extra pressure could be brought to bear on the DHSS merely because of the existence of that central body.

However, may I make a suggestion to the Clerks of the House. We are discussing a very short order, which merely confirms a previous order. The previous order was 1977 No. 874. I think that I am probably the only member of this Committee who has a copy in front of him. I suggest that when a second order is brought forward and there is a reference to a previous order, at least the number of that order might be printed in the order before the Committee. At the moment one has to do a certain amount of research to find the original order to which the supplementary order refers.

**Mr. Tony Newton:** I picked up the reference from footnote (c) on the order before us.

**Mr. Pavitt:** It means that reference is made in the last sentence to the original order. It would be a simple matter to put in the number of the order so that hon. Members did not have to go searching for it, especially as we have a new Session between the two orders. It would be a simple matter, and I hope that the appropriate authorities will take notice of it.

**Dr. Vaughan:** The hon. Gentleman may not be aware that the Opposition have put down a prayer against the first order. We considered it so important that we asked that time should be given to debate the matter on the Floor of the House. For various reasons, the Government did not allow us time for it.

**Mr. Pavitt:** I think the Committee always recognises that, whether in Government or in Opposition, this is often the

only way to get a debate. The Opposition are probably not going to vote against the order, but the only way that they could get a debate was to pray against it.

**The Chairman:** Order. The hon. Gentleman is out of order. We are not discussing the procedure for the granting of a debate by prayer. We are discussing the establishment of an Association of Community Health Councils. I hope that the hon. Gentleman will direct his attention to that matter.

**Mr. Pavitt:** I apologise, Mr. Fitch. I shall return to the substance of our debate. I think that it might have been quite useful to have referred to one of the few opportunities that Back Benchers have to air these matters.

The hon. Gentleman raised the whole question of the legal status of the association. I shall look forward to my hon. Friend's reply on that point. I have in mind that the Act, as it stands, provides for direct access and that the whole weight of the CHC is at local level. The establishment of the association gives another avenue for pressure to be brought to bear on the Department. This is not new.

The Family Practitioner Committee has managed to get entirely outside the 1973 Act and has direct access. General Practitioners would not accept integration with the rest of the service and, naturally, they were strong enough and had enough muscle to force the Government of that day. The Labour Government have not been able to ensure that family doctors were brought within the same structure as other doctors. This direct access is comparable with the Family Practitioner Committee's opportunity of direct access to the Minister.

I should like my hon. Friend to tell us whether there can be any sideways movement at the same time between the central association of CHCs and what is happening, for example, in the General Medical Services Committee with which he negotiates and discusses the whole arrangements for family practitioners in our communities. There is a tendency, because the hospitals dominate the NHS, for CHCs to be pre-occupied mainly with hospital matters. Yet primary health care is probably the most important part of the service with which they should be dealing. Therefore, if we have a new association and a new



[Mr. Pavitt.]

arrangement with the DHSS, I should like to know how far its central pressures may be balanced with the central pressures of the family doctors and whether there will be a sideways movement.

The hon. Member for Reading, South (Dr. Vaughan) raised the question of direct consultation and legality. I should like to press my hon. Friend on the way in which the association may approach his Department. For example, if I read the speeches of the hon. Member for Reading, South correctly—I read most of them if I can, because he is very knowledgeable on this subject—and of his right hon. Friend the Member for Wanstead and Woodford (Mr. Jenkin) and, as a member of the Labour Party's working party on the subject take into account the general pressures, it would seem likely that we are going to shed a tier in the structure of the NHS at some future date, whichever Government are in power.

If I understand the Opposition correctly, the tier that is likely to be shed is the area health authority. If I understand the Labour Party correctly, the tier that is likely to be shed is the area health authority.

That brings us directly to this order. If the main emphasis of administration and organisation is to be at the district level, the community health council and its association has an increasingly important rôle to play. It is unlikely that any re-organisation or amendment to the 1973 Act would leave the district management team as the sole arbiters completely outside any democratic control. The only existing organisation for control is the community health council. The only body which would then be able to speak for community health councils as a whole in any rearrangements that take place would be the association that we are now seeking to establish.

I am in favour of this order because I feel that, with the balance of power that exists at various points within the NHS, the community health councils must be given far more powers. If they are given those powers, they should be consulted as to the way those powers should be exercised. If that is to be done in a meaningful way, the association will be extremely important in being able to get the hundreds of different opinions throughout the country into some form which can be discussed round a conference table and

which will be an enlightenment to hon. Members who may have to pass amending legislation.

I should welcome the thinking of the Department on establishing this association and as to how far it has in mind the extension of the powers of community health councils through the association at the centre and in terms of negotiating and discussing arrangements at local level. If the patient is to become the centre point, it is vital that the community health council be democratically elected and controlled and responsive to the pressures around it, not only from organisations, but from any patient. It may be that there should be an extension of the way in which the council at the local level of reform should get the right kind of central association.

**Mr. Wells:** Will the hon Gentleman expand on what he means by being democratically elected? The present system in my area does not seem too bad. But I am a bit scary about having yet another round of elections.

**Mr. Pavitt:** As the hon. Gentleman knows, the present system is that the local voluntary associations get together and take turns when there is a changeover. These are associations of special interest. For example, in my area there are 70 associations: the Brent Association for the Disabled, the Multiple Sclerosis Society, the Hard-of-Hearing Club, and so on. The patient, however, is not necessarily disabled. He is the ordinary person to whom the hon. Gentleman referred. There may be the problem of infant mortality, for which there is no set organisation to deal with the subject.

I should like my hon. Friend to consider the matter when he is looking at the way that the community health councils will associate at the centre. Instead of the League of Friends being the basis, perhaps the patients of general practitioners would form an association to bring forward views to the community health councils and, ultimately, to the association.

After all, the majority of patients are not hospital patients, but ordinary people having domiciliary care—a sector that we have neglected for 25 years. Therefore, when the association is established under this order, I hope that, at the same time, the Department will look at its constituent



parts—as has the Committee this morning—to ensure that the establishment agreed by the previous order will be effective and will ensure the maximum benefit for the National Health Service.

10.58 a.m.

**Mr. Robert Boscawen:** I shall be brief. I agree with much of what has been said on both sides.

I should like to say a word in defence of the CHCs. They are a great deal better an idea than what existed before, when there was little control over such arrogant self-perpetuating bodies as the HMCs and local executive councils, which were wholly doctor-oriented bodies and hardly patient-oriented or local authority-oriented at all.

I agree entirely with my hon. Friends the Members for Maidstone (Mr. Wells) and for Ealing, North (Mr. Molloy) that the CHCs are extraordinarily ineffective in operation, and disappointing in what they have achieved since they have been in operation.

I am at present witnessing a disgraceful incident in my own area health authority, where the closure of the 600-bed major psychiatric hospital came as a bolt out of the blue a fortnight ago without consultations with anyone, least of all the area health authorities, the CHS or any of the staff involved in that hospital. That sort of action is a prescription for bad industrial and public relations in the NHS.

Certainly the CHC, whatever evolves from the Royal Commission, must be given more punch and bite and become a more effective body. Whether or not it is an elected body is a matter that I do not wish to go into, but that will no doubt be the subject of debate in the future.

However, I am not sure that this order is not putting the cart before the horse. Perhaps we should be looking more in the future to changing the CHC and giving it more teeth rather than getting it more embedded into the establishment, as may happen if we get it into its own association, its own cosy little club. It will then be a more difficult body to change and I question whether the Government are wise to push this through now.

I have no doubt that the Royal Commission will be reporting on the whole idea of checking on area health authorities and their relationship with the public. If not, it jolly well ought to be. Clearly we must wait for that report before any measure will come before the House for improving

the CHC. I wonder, therefore, whether we are wise now to embed the CHC as it is in the establishment and not delay that for the next year or so.

We shall not make much difference to the effectiveness of the CHC by merely allowing this order. The CHCs will meet, and possibly meet the Minister as an association and make points to him, but I do not think that they will be any better informed or better able to control their own area health authorities until some definite change in the system is proposed.

11.3 a.m.

**Mr. Tony Newton:** Since I want to join in some of the rather rude remarks that have been made about the proposition before us, I preface my remarks by saying that although I am not much in favour of the national association I very much favour both the existence of the community health councils and the work that they have been trying to do in the face of considerable difficulties. In my own area I have good relationships with both the North-East Essex Community Health Council and the Chelmsford Community Health Council. I work with them as closely as possible and much admire the work they do, and the effort made by their officers and members in speaking for the public.

Indeed, I echo the plea made in the annual report of the North-East Essex council for the Press to take more interest in its activities. This is important because such a body speaking for the public must be heard by the public and make an impact on the community. The CHCs could do with rather more support from the local Press than they perhaps get, and I hope that they receive it.

Having said that, may I say a word about the powers under which the proposed association is created. There has been some query this morning about the legal basis on which it rests. What struck me, when looking through the order last night, and checking back into the National Health Service Reorganisation Act 1973 to see the powers under which it was made, was the extraordinary God-like power that the 1973 Act gave the Secretary of State.

I am well aware that I cannot hold present Ministers responsible—indeed, I was not myself a Member at the time—but I advise any member of the Committee who has not looked at it to look at Section



[MR. NEWTON.]

54(2) of the National Health Service Reorganisation Act 1973, under which this order is being made, which gives the Secretary of State power to make:

“incidental, supplemental, transitional or consequential”

provision for more or less anything, and goes on to say that

“nothing in the . . . Act shall be construed as prejudicing the generality of the power conferred by this subsection.”

I should like to record that I do not think that Parliament should be in the business of passing general powers as wide as that. It adds to my surprise that we are able to have this new body set up without passing an Act of Parliament, but by this minuscule regulation being debated in this slightly hole-in-the corner way upstairs here today. It is an extraordinary situation. As I said, I do not blame the Minister for that—it goes back to another administration. I simply want to observe it, almost as an aside.

We are all agreed, I think, that one of the problems in the health service today is excessive bureaucracy. It is common form on both sides of the House, I think, to believe that we overdid it with the number of layers that we set up in 1973. Obviously, I do not make that a party point; it is something of which we are all conscious. But what are we now doing?

As far as I can judge, we are moving towards setting up an exactly parallel bureaucracy on what might loosely be called the voluntary side. All that we require now is a set of regional associations of community health councils and the whole thing is recreated. This is crazy. In circumstances where we are worrying about the amount of health resources being consumed in shifting paper from place to place instead of caring for patients and building hospitals, I very much doubt whether it is wise for the Government to bring forward this proposal for what I call a parallel bureaucracy on the community health council side.

My other question concerns money. My hon. Friend the Member for Reading, South, has referred to the subscription which is to be demanded of the community health councils, and £150 may not be a huge sum but it is money which cannot be spent on something else, and there are many useful pieces of equipment in hospitals or surgery surgeries that could be bought for that price. Nor is it just the

subscription from the health councils themselves that we are talking about. The earlier regulation—1977 No. 874—to which reference has been made and which underlies this order, states in paragraph 6:

“The Secretary of State shall pay to the Association such sums as the Secretary of State thinks necessary to enable the Association to carry out its functions under these regulations and such sums shall be paid at such times and subject to such conditions as the Secretary of State may from time to time determine.”

more Godlike power. It is our money, of course, but the Secretary of State has more or less absolute power to decide how much and to whom it is given, and I should like to hear how much money is to be involved in this.

What does the Secretary of State propose to conjure up with his magic wand and what are the alternatives to which that money could be devoted if it were not taken by the Secretary of State and devoted to this purpose? I suspect there is likely to be far more money than £150 times 73 per cent. of the community health councils and to be a far larger erosion of resources that could go into other more valuable purposes.

Everybody has asked what precisely this body will do. I confess to sharing the general scepticism. I note that in the annual report of the North-East Essex Community Health Council there is the following paragraph:

“This year has seen the formation of the National Association of Community Health Councils which we have agreed to join.”

there is not much enthusiasm there—  
“and let us hope that it will be the vehicle where we can put our collective views more forcibly to both Government and Regions in order to maintain or give a better service to the patients in this area.”

I share that hope, but I am afraid that it is a pious hope. A Secretary of State who can parade around the country during this summer's recess saying that in his view the health service is better than ever shows no sign of listening to anybody. If that is his view, he certainly has not been hearing what has been said to him either in the House or, I guess, by the community health councils throughout the country.

More seriously perhaps, may I make the point that I do not believe that the community health councils can function effectively by trying to put some great national view about the National Health Service. The NHS to those who are the users on the ground, is not a great national



problem. It is a set of widely differing local problems. People are not interested in "the" hospital problem. They are interested in the problem of "that" hospital in that town, whether it has the right facilities, whether it will be closed or whether another hospital will be built instead. The problems in the health service vary greatly from region to region, from area to area and district to district, and I am not sure what this collective view will be.

Not only are there great differences, but there are real differences of interests between different areas and different regions. This is why RAWP was set up. Admittedly, RAWP has been rather shoved on one side, because it involves a lot of very difficult decisions, but the very difficulty of those decisions reflects the difficulty that the community health councils will have in forming a collective view on the problems that face the people in their areas.

For example, in the North-East Thames Region there is a straightforward conflict of interests, especially between some areas within the Greater London Metropolitan Area and my area, which is the Essex area. My view—and it is the view of many of my constituents—is that London has been given too big a share of the resources, that while the population has been moving out into Essex the resources have been concentrated on London. I do not want to develop it now, but that is the argument. How is a collective view formed on that?

*Mr. Pavitt rose—*

**Mr. Newton:** I shall give way to the hon. Gentleman in a minute. I think that there will be real difficulty in producing a common interest between community health councils unless they are to cease to do their real job, which is to represent the people in their district or area, and become, literally, just another bureaucracy taking grand views of national problems.

**Mr. Pavitt:** I am grateful to the hon. Gentleman for giving way. With regard to the examples he has given, in the North-East Thames area, might not there be comparable problems—for instance, RAWP—where there has been an overall assessment of resources and where the community health councils in various parts of that area are looking at the balance between teaching hospitals on the one hand and ordinary hospitals on the other?

The results of their endeavours could be equally applicable to Manchester, Edinburgh or Glasgow. Therefore, experience of the kind of thing mentioned by the hon. Gentleman may well be of great value, through the association, in helping other councils to do a similar job.

**Mr. Newton:** That is possible, but a large national association is not required for such information to be disseminated. One could achieve an interchange of information without necessarily setting up—to use my earlier phrase—a parallel bureaucracy with the structure of the service itself. There may be some cross-fertilisation, and it would be foolish for anyone not to acknowledge that there may be some benefits from it. But it is difficult to see how large those benefits will be, and I am sceptical about them. Above all, at a time when the whole cry is that there is not enough money to do all we want in the health service, I very much doubt whether this is the first priority for such money as may be available.

I come to my final point. It has been said throughout our discussion that community health councils need teeth. I am a little doubtful about that, because I am not quite sure what "teeth" means. I am not sure that it is practicable for them to have teeth. It will be bad enough having two great set-ups, one for the community health councils and one for the professional administration. It will be even worse if we give the community health councils some power of veto or control—which I take it is what "teeth" implies—over the professional administration. That is absurd. There would then be not only parallel, but conflicting administrative forces. That is not sensible, and in that sense I am sceptical about the notion of "teeth".

What is needed, however—and this brings me straight back to the central argument this morning—is more resources for the community health councils to make sure that they really can dig in to what is happening and can, therefore, speak up more effectively on behalf of the people they are supposed to represent. When I say "resources" I basically mean staff. I do not see how a community health council can do its job properly unless it has one or two researchers to do a certain job in its district or area.

I am not sure that that would be a priority at present, either, but I am saying to the Minister that if he is determined to



[Mr. NEWTON.]

spend this money to create a national organisation, allegedly to try to strengthen the community health councils, it would be far better to insert that money directly at local level and not create a body which will in the end, in my judgment, invent tasks for itself in order to justify the money that has been spent in setting it up.

To sum up, I am doubtful of the value of this proposal. I want community health councils to be strengthened, but if money is available for that purpose, it should go in at the local level. For the moment at least, on balance, I personally would not put money there at all, but rather into improving hospitals and improving the health service.

**Mr. William Molloy:** Having listened to the interesting contribution of the hon. Member for Braintree (Mr. Newton), one could be forgiven for thinking that he was one of the great delegation of protest who went to see the right hon. Member for Leeds, North-East (Sir K. Joseph) when the right hon. Gentleman had the responsibility for establishing this abortion of a set-up, because many of his arguments this morning were made then, only in much greater detail. If the hon. Gentleman was there, one can only congratulate him on gathering so many of the quintessential points that were made on that day of great protest to the right hon. Gentleman. Of course, much of what was said then obtains today.

If the order is accepted, there will be an Association of Community Health Councils for England and Wales. That immediately suggests that there will be more conferences. There is a plethora of conferences in Great Britain today. Everybody is going to a conference. Nothing can be done at local level because of this. The hon. Member for Maidstone (Mr. Wells) made a valid point. We all know it. When people cannot get hold of someone, whether it be the chief officer of this council or that organisation, because he is away at a conference, they decide that the best thing to do is to write to their Member of Parliament.

**Mr. Pavitt:** Does that mean that I, as a member of the selection committee of the IPU and the CPA, do not have to consider my hon. Friend's name any more for conferences?

**The Chairman:** That remark is completely irrelevant.

**Mr. Molloy:** We are discussing a serious matter. With respect to my hon. Friend, a nonsensical contribution of that nature shows that somewhere we are missing the point.

In a few months' time we shall be celebrating 30 years of the National Health Service. In its first dazzling 18 months, under one of the most brilliant Ministers we have ever seen in this House, almost a miracle was performed. Twenty-six years after that, we dragged along in a most remarkable way, without any real contribution. So I hope that the order will be passed and establish an Association of Community Health Councils for England and Wales.

Might I at this stage ask my hon. Friend in parenthesis whether associations for area health councils and regional health councils exist? Are we to have more orders for such associations to be set up? It could eventually be that everyone outside the House of Commons involved in the health service, except the medical profession, will always be away on conferences. It is a very serious situation.

What I have said is in no way a criticism of those who sit on the community health councils. The hon. Member for Braintree summed up the point. I wrote down what he said, namely, that the people who sit on the community health councils were trying to do their best in very difficult circumstances. The only people who can make these circumstances more tolerable are the people in the DHSS and Parliament, and some of us have tried. Because of the difficult circumstances we are experiencing, one is bound to ask whether there is any need for the councils to exist at all. They consist of decent, honourable people who give up much time in a voluntary capacity, and they are bashing their heads against a brick wall. Is it simply to know how nice it is when they stop? I do not accept that for one moment.

There is a feeling of frustration among these men and women who serve on community health councils. Let me give an example. The hon. Member for Maidstone said that in the end people come to the Member of Parliament.

11.20-25 a.m.

A hospital was due to be built in Ealing in the early 1970s. There were all kinds of



arguments. There was no progress. The community health council did its best, as did the regional health council and the area health council, but nothing happened for four years. In desperation they turned to me, and I secured an Adjournment debate last August. The hospital may be finished before Christmas Day.

There is nothing miraculous about me. Cognisance ought to be taken by the DHSS of community health councils without their having to go through the Member of Parliament. If there is to be any improvement through this national association, will the ordinary men and women who sit on community health councils be able to see before very long that their endeavours will be worth while? Will we be able to say to them "You should stay on the community health councils. We are hoping that Parliament, through your association, will see to it that you play a proper role and that you get proper rewards for all your endeavours"?

11.21 a.m.

**The Under-Secretary of State for Health and Social Security (Mr. Eric Deakins):** We have had a wide-ranging debate, and I think that every Member present has contributed to it. Many suggestions have been put forward, not merely in connection with the order, which is to do with the association, but to do with the future of CHCs. Indeed, we have ranged rather wider, as is inevitable in a discussion such as this, over the possible future organisation of the health service and democratic control of it.

I begin by returning to the order. I assure all members of the Committee that I shall deal with the individual points that have been made. However, I think that it would be fair to those who would like to have it on record—we are speaking not just for ourselves, but for those who may read our discussions later—to give the background to the setting up of the association, because a number of doubts have been expressed about the processes that were gone through.

We go back to 1973, when the National Health Service Reorganisation Act gave the Secretary of State power to make regulations for the establishment of a body to advise and assist community health councils in the performance of their functions and to perform such other functions as might be prescribed. When this Government came into office we

attached great importance to the need to develop community health councils into a powerful forum where consumer views could influence the National Health Service, and where local participation in running the National Health Service could become a reality.

We took certain decisions shortly after taking office to strengthen the role of the councils, and at the same time it was decided to give them the opportunity to have their own association if they wished. I stress those words—if they wished. We believed then—and still believe—that such a body could make a vital contribution towards enabling councils to be effective local representatives of the users of the health service. Of course, that includes all the users of the health service locally.

Shortly after that the Secretary of State appointed two advisers to visit councils and to report their views on a number of matters, including the possible setting up of a national body. The advisers' report showed that there was widespread support for the idea. We therefore announced that a committee would be set up that was representative of councils in every region—and in Wales—to draw up proposals for a national body. All along we took the line that it was for the councils themselves to decide whether they wanted a national association.

The chairman and vice-chairman of the committee were appointed by my right hon. Friend the Member for Blackburn (Mrs. Castle), who was Secretary of State at that time. They had previously been the two advisers to whom I have already referred. The regional and Welsh representatives were chosen by the councils themselves.

My right hon. Friend the Member for Blackburn announced to the House in December 1975 that the committee had informed her that its consultations with councils had shown that a majority were in favour of setting up a national body. The committee recommended that a meeting of all councils should be held in the autumn of 1976 to consider detailed proposals which the committee would by then have worked out. My right hon. Friend accepted that recommendation and also publicly welcomed the committee's recognition of the need for the utmost economy and its wish to keep the cost of the national body as low as possible.

The committee drew up a draft constitution and convened a conference in



[Mr. DEAKINS.]

November last year, to which two representatives from every council in England and Wales were invited. The arrangements for, and the conduct of, that conference were in the hands of the committee—the members of which were mainly chosen by the councils themselves in each region and in Wales.

At the conference the council representatives were given the opportunity to vote on whether to have an association. The conference decided by a small but clear majority that an association should be set up without delay.

11.25-11.30 a.m.

The hon. Member for Reading, South (Dr. Vaughan) mentioned possible illegities in the procedure.

It is not for Ministers generally to comment on the conduct of a meeting which was entirely in the hands of the steering committee which had been working for the previous year. It is clear that a number of councils at that time were opposed to the setting up of a national association, and some are still opposed. I respect their views, but it is equally clear that the great majority of councils support the association.

**Dr. Vaughan:** Our understanding is that it was well under 60 per cent. If it was a majority, it was a very small majority. I shall read from a letter dated 10th June 1977 from the Harrow Health District CHC:

“The Secretary of State is aware from the protests of many community health councils that the validity of the decision taken at the conference is questionable. It is undeniable that no representative was permitted to voice an objection and that the signatories of validity submitted amendments appealing on the agenda were not permitted to speak.”

If the Minister thinks that that is a reasonable way of setting up a new body, I ask him to think again.

**Mr. Deakins:** I am certainly not making any comment on the form and conduct of that meeting, which was conducted by representatives of the councils. Had the Government, the Department or anyone else been responsible it might have been conducted differently. I cannot say. All I know is that the conduct of the meeting was in the hands of the CHCs themselves. I accept the hon. Gentleman's point. A number of strong criticisms were made

about the conduct of the meeting, but those who protest should direct their protests to those who organised the meeting, and not to my Department.

**Mr. Newton:** I have given the *Official Report* my copy of the regulation which has the phrase in it, but my recollection is that it says that the Secretary of State can set up this body if he is satisfied that it is the wish of the community health councils. How can the Minister be satisfied that he knows that it is the wish of the community health councils without being positively satisfied with the conduct of the meeting at which those wishes were signified? It is no use the Minister's saying that it is not his business how the meeting was arranged. The Secretary of State has to be satisfied that it is the wish of the community health councils, and what the Minister has said implies that he does not know whether the Secretary of State is or is not satisfied.

**Mr. Deakins:** No. I must correct the hon. Gentleman. Without regard to the way in which the meeting was conducted, a vote was taken. There was a majority. The figures were something like 112 to 91, and thereafter a number of associations—I think 20 to 30—walked out in protest about the conduct of the meeting. Again I offer no observations about that.

I can say that my right hon. Friend the Secretary of State is satisfied that a majority of the associations were in favour of setting up a national association. Perhaps in the view of the hon. Gentleman and his hon. Friends the majority was not big enough. That is a valid point of view to express, but we tend to go by simple majorities, except when there is a built-in constitutional clause demanding two-thirds or a similar majority. The representatives who set up this conference made it clear that the vote would be taken on the normal democratic process of a simple majority.

That conference resolved to ask for regulations to be made under the 1973 Act to enable an association to be established, which it had every right to do. My right hon. Friend the Secretary of State said that, although he respected the views of the minority of councils who were opposed to the association's being set up, he decided that the wishes of the majority should be met. Accordingly, regulations were laid and came into operation on 13th June this year. These were the regulations which the Opposition prayed



against, as the hon. Gentleman said. These regulations provided for the establishment of the association by order, which is what we are discussing today, at the request of a meeting of representatives of councils. Therefore, there had to be a further meeting, which was held on 15th June this year. Well over half of all councils were represented. The meeting requested the Secretary of State to make an order establishing the association. My right hon. Friend made the order before us today, which was laid before Parliament on 22nd July and came into operation on 15th August.

I apologise for having gone into this amount of detail, but it was necessary in view of the criticisms that were made earlier and during my remarks. It was necessary to describe in detail the events leading up to the formation of the association to bring out two points which we think are very important. First, there has been no undue haste in setting up the association. Indeed, three years have elapsed between the start of consultations with community health councils and the formal establishment of the association. Secondly, all along we have been at pains to ensure that the decision was made by the community health councils themselves.

I take up the point about the functions of the Association, in which my hon. Friend the Member for Ealing, North (Mr. Molloy) and other hon. Members were interested. The functions, as prescribed in the regulations, are to advise and assist councils in the performance of their functions and to represent the public interest in the health service nationally as the councils do for their districts. These provisions are naturally in broad terms and the detailed objects of the Association are laid down in its constitution. These objects—they are more detailed—are to provide a forum for the exchange of views and for discussion among members; to express views on National Health Service matters to Ministers, or to Government Departments or other bodies and to publicise such views. There is nothing hole-and-corner about the way it will operate. It is to provide information and advisory services to councils and perform such other functions as may be necessary or desirable in the interests of councils.

**Mr. Wells:** May I take up the Minister's words on publishing views. I accept that. But whose views? At present in my local

Press there is a raging debate between the abortionists and the anti-abortionists. The young lady who runs the community health council is in favour of abortion. My Roman Catholic constituents and many others are anti-abortionists. Let us consider this subject on a national level. Whose point of view is the association to represent?

**Mr. Deakins:** We are not seeking to suppress the power of publicity. I shall turn in a moment to the point raised about how much publicity community health councils get. The power of publicity of local community health councils is another angle, which will be in addition to the general aspect. Clearly the association, which will have a few officers, will decide on how to publicise its views in a democratic way as would any other national association, with presumably a majority of the members either on the executive or at general meetings—

**Mr. Wells:** A majority of one?

**Mr. Deakins:** That applies not merely to Parliament, but to community health councils at local level. Let me take the hon. Gentleman's example of abortion. Some of the councils may decide not to publicise any views at all because it is a highly controversial issue and a matter of conscience for many people. Other councils may decide that they have a public duty to speak out on the issue.

How the community health councils take their decisions is up to them. I should have thought that it would be a very bold secretary of a CHC who, without consulting her membership of the council in a formal meeting called for the purpose, would then speak out to the Press. On average there are between 24 and 30 members of each CHC. Half come from local authorities, one-third from the voluntary organisations about which my hon. Friend spoke, and one-sixth from the regional health authority. There is therefore a clear majority in favour not of any particular view, but of local people as against anyone else coming in from outside.

If those members decide by a majority that they will say something about abortion, for or against, that is no concern of mine. It is a matter for them. I do not think that either we or the national association would in any way be justified in interfering with that right. I want to



[MR. DEAKINGS.]

stress that the individual councils will continue in the same way as before. Councils which do not join the association—someone made a remark which suggested that it might be compulsory to join; that is not the case—will not, so to speak, be left out in the cold. They will remain entitled to receive free copies of the news magazine CHC News on the same basis as members. I happen to think that it is quite a good publication. I do not know whether any of my hon. Friends or hon. Gentlemen have seen it, but it is a very good magazine. The CHCs are also free to use the information services provided by the association, even though certain councils are not actually members.

**Dr. Vaughan:** The Government have a responsibility to Parliament in setting up this association. Once they were aware that there were serious objections about the validity of the decision made, what steps did the Government take to find out whether this was a genuine wish on the part of community health councils?

**Mr. Deakins:** We have been guided all along by the vote that was taken and by the views that were courted before the meeting of November last year was set up. That was the vital meeting. It had been long prepared, being at least a year in preparation. It was a democratic meeting in the sense that everyone was invited to it. I am not going to comment on the conduct of the meeting; that was a matter for the representatives themselves. After all, in a democracy one must assume that one cannot lead by the hand every new organisation and lay rules and procedures for it. There are well-established ways of going about matters and conducting meetings and so on. If the normal procedures were not observed, it is obviously a matter for the people concerned. I am not offering any comment as to whether or not normal procedures were or were not observed.

I should like to emphasise that the association's task, which is what we are now dealing with basically, is essentially to strengthen and support councils and to increase their effectiveness. The setting up of an association should in no way diminish the individual rights of community health councils. Indeed, many of my hon. Friends this morning have commented on the need to strengthen the

councils. That is our objective, too.

Membership of the association is optional. Councils can join or leave at any time. Furthermore, it is not intended that the association should in any way interfere in the local activities of CHCs or attempt to direct the way in which they should carry out their responsibilities. Nor do I believe that the association has any such intention. It has other things to do. Indeed, the constitution of the association is quite clear on this matter, as the following passage in the constitution shows.

"This Constitution should in no way reduce the independence of individual CHCs or in any way undermine their right to make direct representations on health service matters to any person or organisations."

I think that that is a fair statement which ought to satisfy them.

**Dr. Vaughan:** One of their fears is that they will be by-passed by the new association. Indignation has already been voiced to the hon. Gentleman about the Secretary of State's action, when he invited, and accepted, a nomination from the provisional Standing Committee—not from any authorised body—to have a member on the DHSS working group on mental illness hospitals. That is the kind of situation that the local community health councils fear, because their views have not been sought at all on this matter.

**Mr. Deakins:** Once the association is set up it will become one channel, but not the only one, whereby views can be sought. I want to make that absolutely clear because the hon. Gentleman has raised an important point, but one which, with respect, shows a misunderstanding of what is intended. Neither the Department nor, I am sure, the association itself would want the association to stand between community health councils and the Department. There is no intention of that at all.

Councils will be free to raise matters directly with Ministers and the Department as they have in the past. The Department will continue to consult the individual councils on matters concerning their own rôle and functions and on major strategic policies, where there are wide consultations generally. Obviously, we shall consider representations additionally from the association, on behalf of its member councils, and we shall seek the association's views on policy matters, as we seek



those of other national bodies representing the interests of the public.

I come now to the important point which the hon. Gentleman and some of his hon. Friends fixed on: the costs of the association. It is right to get the actual figures on the record. It is estimated that the association—I stress “the association”—will cost approximately £70,000 in 1978–79, its first full year. This covers all costs including salaries, accommodation and all other expenses. This sum represents a small fraction of the total cost of community health councils, which last year was approximately £3 million.

Over two-thirds of the sum of £70,000 is for a news and information service for all councils, which has been operating for nearly three years. This service will continue to be supplied to community health councils whether or not there is an association and whether or not they are members. This part of the association's expenses is directly funded by the Department—namely, two-thirds of the £70,000. The remaining £20,000 or so spent on the association's other activities is raised by subscriptions from member councils.

I should now like to deal with the issue of subscriptions, raised by the hon. Member for Reading, South. I understand that the CHCs at their meeting in June this year fixed a subscription of £150 per council for next year. Lower figures were mentioned at earlier stages in the setting up of the association, but these were, I think, based on broad assumptions about the level of membership and costs. There have, of course, been steep cost increases.

We are reasonably satisfied that a subscription of £150 is based on known staff costs and realistic estimates of other costs. If any hon. Gentleman would like them, I can give details of employees and what they are to be paid. There will be a secretary, or secretary's assistant, an editor of CHC News and two assistant editors. The Association employs five staff. Three of these work entirely on the essential and widely appreciated news and information service for CHCs. We are therefore satisfied that the cost of running the Association is reasonable and that there are adequate safeguards to ensure that this will remain so. Indeed, we think that the desire of local councils to economise as far as possible and concentrate their resources locally is exemplified in the very character of this institution.

**Mr. Wells:** I am totally opposed to the whole idea, as the Minister will have gathered, but he is now saying that he will set up a rotten salary scale and rotten little jobs and he will attract rotten little people.

**Mr. Deakins:** I do not want to leave the hon. Gentleman or members of the Committee with that understanding. I did not mention the salaries, but in response to that interjection I ought to say that the secretary is likely to be paid between about £6,000 and £7,250 a year, with various supplements. The secretary's assistant is likely to be paid about £3,000 and £3,750 a year; the editor of CHC News will be paid roughly between £5,000 and £6,000 a year and the two assistant editors will be paid roughly between £4,000 and £5,000 a year. I do not know whether the hon. Gentleman regards these as footing salaries but, by comparison with, say, the salaries of Members of Parliament and many other members of the community doing important jobs, I should have thought that these were not unreasonable in the circumstances and ought to be able to attract the right calibre of staff.

Perhaps I could deal with the point made by my hon. Friend the Member for Ealing, North (Mr. Molloy) about Perivale Hospital if and when he returns.

**Mr. Newton:** If the Minister is about to move on to another point, may I press him now, admittedly on a slightly different tack, to say how three people—I think it was to be six people in all—

**Mr. Deakins:** Five.

**Mr. Newton:** There will be three people running a magazine which is running already, so that two people are to do all the grandiose tasks implied in the earlier order and in what the Minister has said—advisory services, research and helping the CHCs to do their work locally. Certainly the Minister will not get two people capable of doing this for the salaries he is talking about. Indeed, I do not think that he would find two people in the country who would do the job the Minister has outlined on their own. It seems to me to be ludicrous.

**Mr. Deakins:** The hon. Gentleman is reinforcing the point and arguing against some of his hon. Friends who earlier were worried about the possible excessive costs of this bureaucracy. It has been kept to the bone—it has not been cut to the bone,



[**Mr. DEAKINS:**] as it has not been cut back from anything. Two people should be capable of at least maintaining the Association and representing views of the Association and the councils and of calling the occasional conference, the annual general meeting, and so on. The hon. Gentleman may feel that the Association will act as a sort of post box. It may well be that it will be one of the major ways in which it will work. But, on the otherhand, that will help to keep down costs.

I do not know whether we can have it both ways. If we had a grand organisation with lots of secretaries, assistants, directors and so on, no doubt from the start it might have been much more powerful in making its views known, but it would have been more costly. I think that we have probably got the balance right. I believe that the Association has to learn to walk before it can run. If the hon. Gentleman is saying that he would like to see it run, I should like to see it walking first. Now we have it established, let us give it a chance to show what it can do. If it does not do the job that the CHCs, which have set it up, want it to do, they have to come to Ministers and say that they need more power, more staff, or more money. That will partly be in their own hands, because there is nothing to prevent them from increasing their subscription, but I know that would not please the hon. Member for Maidstone.

I come back now to the point made by my hon. Friend the Member for Ealing, North about Perivale Hospital. I am only one of a number of Ministers in the Department concerned with the issue of Perivale Hospital, which I believe was dealt with by my hon. Friend the Minister responsible for health matters. But I shall look into the matter and will undertake to write to him on the topic.

I return to the more general point about CHCs in relation to this association. The hon. Member for Maidstone (Mr. Wells) said that the CHCs should either be made more effective or be abolished. I believe that we have to give them a chance. They have been going for three years and, as with others aspects of National Health Service reorganisation—I make no party political point here—there has been much concern and anxiety about the way in which it was done and in which it has turned out. But we have set our faces against any major reorganisation of the health service pending the outcome of the

Report of the Royal Commission. One reason for taking that view has been not merely that it ought to be able to settle down and so on, but the interests of the vast number of staff employed in the health service at every level and doing every type of job. They have been—perhaps “mucked around” is too strong an expression—subject to considerable pressures of restructuring and regrading, changing functions and responsibilities, and so on. We feel now that the best thing that we can do is to let the matter settle down and await the report of the Royal Commission.

That brings me to the point made by my hon. Friend the Member for Brent, South (Mr. Pavitt) about more weight for CHCs at area level. That may well be one of the solutions that emerge and that would be broadly acceptable politically as a result of the report of the Royal Commission. I hope that representations on this point have been made to the Royal Commission. I know that the Labour Party has submitted evidence, but I cannot recall off-hand to what extent the point was covered.

My hon. Friend also referred to a future reorganisation—to the possibility of CHCs controlling district management teams. That is a fascinating idea.

**Mr. Wells:** Horrible.

**Mr. Deakins:** We have varying points of view in the Committee as to what the future may hold. But the councils at the moment have a fair amount of power.

I want to take up a point which several members of the Committee have raised—their powers in respect of closures. I am genuinely amazed at some of the comments that have been made. CHCs must be consulted about hospital closures, and they must agree, or, if they do not agree, the matter must go for decision by my right hon. Friend the Secretary of State. We know of no cases where CHCs have not been formally consulted about hospital closures. If there are any such cases, I hope that members of the Committee will write to me or to my right hon. Friend immediately with details. It would certainly go against the rules and instructions laid down.

**Mr. Pavitt:** The Willesden General Hospital was the case in point which I quoted. That is mended now, but it was closed without consultation.

May I ask my hon. Friend at the same



time whether he is aware that, in many DMTs, the CHCs are not called into consultation until after the decision has been made and ratified? Therefore, they have only a protest afterwards rather than being able to influence the decision before it is made.

**Mr. Deakins:** That may be a valid criticism of the way that the operation goes at present, but there is a longstop for them. My local hospital was one of the first in the country to be closed. It went through all the procedures of informal consultation and then a formal consultation document with the CHC protesting very vigorously—I was associated with that campaign—against the proposed closure. Representations were made and alternative suggestions for achieving the revenue savings that had to be made were put up by the CHC. The matter came to my right hon. Friend and he concluded, after a great deal of deliberation, that the closure should go ahead.

Most of the closures that have taken place throughout the country so far have been with the approval of CHCs. There was a Parliamentary Answer recently showing that, up to a certain time earlier this year, only nine or 10 closures had actually gone ahead over the dead body, so to speak, of the CHC. That is not to say that the position may not change now with all the pressures that there are on the health service locally.

I turn to another of my hon. Friend's points about the movement sideways—the influence of the association possibly counterbalancing the influence of GPs. It would be up to the association to decide what matters to take up with Ministers. Ministers, I am sure, and politicians generally, would hope that the association would be as interested in community health matters as it would be in hospitals.

My hon. Friend also put forward some interesting ideas about democratic control of the health service generally, which perhaps takes us wider than this morning's debate, and asked whether we could consider giving CHCs additional powers. We have already taken steps to strengthen them in their important work. We gave them a right to observer status at meetings of area health authorities, and we have also asked family practitioner committees to allow a CHC observer at their meetings. We have also placed on them a special responsibility, which I have just dealt

with, in relation to hospital closures. We shall certainly keep the situation under review, but we have no proposals at present for extending their legal powers.

Finally, I come to the point raised by the hon. Member for Braintree, who made an interesting speech, in admiring the work of CHCs, about the Press impact. I am told that there are about 9,000 references to CHCs each year in local newspapers. That means roughly an average of one per week per CHC. That may not be enough, but those of us who are local politicians know how difficult it can be, depending on the views of the local newspaper editor, to get one's own views reported in the Press. They are not, therefore, doing a bad job as far as the Press is concerned.

The hon. Gentleman also asked about the possibility of a parallel bureaucracy building up. There is certainly no intention of that.

**Mr. Newton:** Not with two people.

**Mr. Deakins:** Not with two people. Further, there is to be no area or regional association of CHCs. The answer to my hon. Friend the Member for Ealing, North is that there is no association of the sort we are discussing for area health authorities or for regional health authorities. They have links with my Department, but generally it takes the form of my right hon. Friend having meetings with the chairman of regional health authorities, and from time to time meetings with the chairmen in two or three groups—as there are so many of them—of area health authorities.

**Mr. Molloy:** That is the point. That is what frustrates community health councils. They know that my right hon. Friend will see the chairman of the regional health authority but that he will have nothing to do with them. They have got to go through that chairman. If the chairman is not convinced that they might have a case, as happened at Perville Hospital, all their endeavours are null and void. The chairmen of community health councils should have just as much right to see the Secretary of State, and as much authority, as does the chairman of any other organisation. Will my hon. Friend at least give me an assurance that this very valid and important point will be examined?

**Mr. Deakins:** On any question of



closures, which is the most important issue affecting us—

**Mr. Molloy:** And deaths of patients.

**Mr. Deakin:** Yes, but I have in mind my own local case. We are all thinking of our own cases. My local CHC came with a deputation to see my hon. Friend the Minister of State about a closure. It chose the delegates, who did not have to include the chairman and were, I believe, the secretary and someone else—a couple of council representatives.

There is a difference between the CHCs and the regional and area health authorities, which are statutory bodies with the function of running the health service. One finds oneself as a Minister—I do not blame anyone for this—of having all the responsibility for the health service with not too much power, because the power very much resides with the regions and areas. I will not say that one is in a cleft stick, but one is in a difficult situation from time to time with one's colleagues, and that is understood. Certainly the right of the CHCs, through their Members of Parliament, to see

Ministers on particular topics cannot be taken away from them by the existence, or otherwise, of this association.

I hope that I have answered the points made and that we can go ahead, in spite of the misgivings expressed by some hon. Gentlemen. I hope that we have at least satisfied the Committee that the association will be run economically. It may be open to question whether it can do the job more effectively, but I should rather first see the association walking rather than running.

**Mr. Pavitt:** Will my hon. Friend be kind enough to send every member of the Committee a copy of the constitution of the association?

**Mr. Deakin:** Certainly.

*Question put and agreed to.*

*Resolved,*

That the Committee have considered the National Health Service (Association of Community Health Councils—Establishment) Order 1977 (SI No. 1204).

*Committee rose at seven minutes to Twelve o'clock.*

#### THE FOLLOWING MEMBERS ATTENDED THE COMMITTEE:

Fitch, Mr. Alan (*Chairman*)

Boscawen, Mr.

Callaghan, Mr. Jim

Deakin, Mr.

Harper, Mr.

The following also attended, pursuant to Standing Order No. 73A(2):  
Wells, Mr. John (*Maidstone*)

Molloy, Mr.

Newton, Mr.

Pavitt, Mr.

Sever, Mr.

Vaughan, Dr.