

THE ROLE & DUTIES OF COMMUNITY HEALTH COUNCILS.

Community Health Councils (CHCs) were originally set up under the National Health Service Act 1973 and came into being the following year. They are now governed by s20 and Schedule 7 of the National Health Service Act 1977.

Each CHC's overall remit is '*...to represent the interests in the health service of the public in its district.*' To achieve this CHCs have been given specific rights and responsibilities which are detailed in two sets of Regulations put out in 1996.

The rights of CHCs

These are rights to be consulted, the right to require information from the health authority and the right to inspect and report on hospital and other facilities in which NHS patients receive treatment or care.

Health authorities have a duty to consult their local CHC, before making decisions which would substantially change or develop health services in the area - (Regulation 18 of the 1996 Community Health Council Regulations.)

The splitting of the NHS into purchasers and providers has caused problems for CHCs, because many of the changes which would fall into this category are brought about by NHS trusts who have no duty to consult. However,

once the health authority becomes aware of proposals for change, the duty to consult then is triggered.

The Secretary of State for Health, through the NHS executive and its regional offices, is required to consult CHCs on any proposals to establish, dissolve or merge NHS Trusts and before changes are made to NHS trust powers. The former government gave a swathe of Trusts additional powers, without consulting CHCs, just days before the introduction of the National Health Service Trusts (Consultation on Establishment and Dissolution) Regulations, in April 1996. However, consultation will now be necessary before decisions are taken on current proposals to merge NHS trusts, or to grant them any further powers they may need before they can enter PFI contracts.

CHCs can call for the provision of information from health authorities. This wide power is subject only to exceptions where the information relates to the diagnosis or treatment of individuals, or personnel matters, or the disclosure of other information prohibited by law. Under this provision, CHCs can ask to see information, which they think a health authority should have considered before reaching decisions about health care provision. If the authority fails to disclose information on request, the CHC can ask the Secretary of State for Health to order them to do so.

The right to inspect premises providing NHS treatment or care, does extend not only to NHS trust premises, but also to private sector facilities where NHS

care is purchased. Where services are bought from the private sector, the health authority is supposed to require agreement to CHC inspections within the contract with the private provider and then to enforce its terms where necessary. CHCs can inspect GPs, dentists, pharmacists and opticians premises, but only with the consent of the practitioners concerned.

At least once a year, health authorities are required to meet with the local CHC to discuss matters of mutual concern and interest.

The duties of CHCs

The specific responsibilities detailed in the 1996 CHC regulations stem from their broad duty represent the interests of the local community in the health service and should be considered in that context. Those specific duties are to;

- keep under review the operation of the health service in its district and to advise and make recommendations to the relevant health authority about the operation of local health services (Regulation 17),
- inform the Secretary of State for Health when the CHC considers that consultation has not been carried out properly (Regulation 18(5)),
- hold their meetings in public, at intervals of not less than 3 months, and

- produce annual reports of its activities and to ensure that these are available to the public, the Secretary of State, and the relevant health authority and trusts.

The work for which most CHCs are best known, assisting complainants through the NHS Complaints Procedure, is not a statutory duty, but a job that they saw needed to be done and which they took on. By taking on this role, they can monitor problem areas within the health service in their locality and represent the interests of individual health service users.

The Association of Community Health Councils for England and Wales, is a small support organisation, which facilitates discussion between CHCs, provides advice, training and publications to CHC members and officers and represents their interests at the national level.

Marion Chester 06/10/97