



ASSOCIATION · OF

COMMUNITY HEALTH COUNCILS

FOR · ENGLAND · & · WALES

30 DRAYTON PARK · LONDON N5 1PB · TEL: 01-609 8405 · FAX: 01 700 1152

PARLIAMENTARY BRIEFING

For further information contact:

PARLIAMENTARY BRIEFING

TOBY HARRIS

PARLIAMENTARY BRIEFING

(Director)

PARLIAMENTARY BRIEFING

01-609 8405

NATIONAL HEALTH SERVICE AND COMMUNITY CARE BILL

Schedule 1, Page 53, line 14 at end add -

'(f) a nominee from one of the the community health councils in the region

This amendment has the effect of placing a nominee of local Community Health Councils on Regional Health Authorities.

At present, RHAs do not have any member who can be said to represent the patients' interests. The Bill would reduce the size of RHAs, so that there would be only a handful of non-officer members. This is likely to have the effect of making RHAs even more remote from patients.

However, RHAs are going to become an even more significant part of the NHS structure under the Bill. Family Practitioner Services Authorities will be made accountable to RHAs. This is sensible and may promote better integration of primary care and hospital services, given that FPSAs are still to be separate from DHAs.

Moreover, the White Paper "Working for Patients" boasted that "The overall effect of these changes will be to introduce for the first time a clear and effective chain of management command running from Districts through Regions to the Chief Executive and from there to the Secretary of State." This intention has been evident for some time, as General Managers appear to respond to directives from on high. An input by those representing the users of service in the deliberations of RHAs is therefore of increasing importance.

An arrangement whereby the CHCs of the region could nominate someone to sit on the RHA would provide a mechanism whereby CHC concerns and views could be heard directly by RHA members. At present, there is no parallel at Regional level to the situation on DHAs, where the CHC can nominate an observer to sit in on meetings and speak (but not vote) on items being discussed there.

This briefing is prepared by the Association of Community Health Councils for England and Wales (ACHCEW). ACHCEW was set up in 1977 to represent the consumer of health services at national level and to provide a forum for member CHCs. 194 CHCs out of the 215 CHCs in England and Wales are members of the Association. ACHCEW is mainly funded by subscriptions from individual CHCs, but also receives grants from the Department of Health and a number of other bodies.