

The National Health Service Today and Tomorrow - and the future of CHCs  
(Paper for delivery at the Ravenswood Seminar 12 January 1981)

I should like to devote my time to stating why my Association is committed to the form and financing of the NHS as we have known it for the last 30 years, and to giving three compelling reasons why Community Health Councils should remain a part of it.

Community Health Councils exist to represent the interests of the public in the NHS, and the Association's first statutory duty is to represent the same interests in relation to England and Wales that individual Councils do for their own district. This implies a commitment on all our parts to the NHS, which we obviously wish to see develop and flourish. Any other eventuality is unlikely to correspond as satisfactorily with the interests in the NHS of the public.

The broad statement that we are committed to the form and financing of the NHS is true as a generalisation, but must be open to challenge in detail. In the first place it is widely agreed that the NHS is not sufficiently a health service, in that it does not do enough to promote and sustain good health, to prevent ill health from developing, to educate providers and recipients alike, and to engage in research and improvements which are socially and psychologically as well as medically beneficial. Second, the NHS is still a service in which the power resides with the professional providers (especially doctors) and the establishment, while the patients' role is essentially passive and his ability to challenge the system (even when he is right) is extremely limited. Third, the distribution of health services and their ready accessibility to those in whatever need, in whatever part of the country is far from even. Fourth, there are still financial barriers between some persons in need and the treatment they can get, and this will continue so long as prescription and dental charges are imposed, so long as services such as chiropody are confined to certain categories in the population, and so long as health authorities fail to make adequate provision for their elderly, their mentally and their physically handicapped communities. The evolution of the NHS and its future blossoming must therefore imply progressive correction of these negative elements to the users' interest.

Yet at this moment there is substantial pressure being applied in influential quarters with the aim of reducing very substantially the comprehensiveness of the NHS, and radically altering the basic source of finance. For a saving in public expenditure which in fact is partly illusory, proponents of this approach are prepared to discard the unimpeded access to primary and emergency services which is what has made our health service the envy of other western countries, and to embark on a method of finance which results in the health care system itself becoming the ping pong ball between the conflicting desires of the insurance practitioners and their medical counterparts to maximise their income. This certainly runs counter to the interests of the users of the NHS, and it is the serious duty of Ministers to ask themselves whether it does not also run counter to the national interest.

Returning to the antiquated buildings, the waiting lists and the "make do and mend" spirit characteristic of the NHS, surely we do not wish to continue this way indefinitely. Politicians, professionals, managers and the public must work together to make the NHS a worthy element in the tripartite investment we make in our population - education, health, and support in need and old age. Community Health Councils were not established to make revolutionary changes, but to accelerate the evolution of the NHS progressively in the direction of the population who pay for it. We are committed, and obedient to this responsibility.

Why then, do I think that Community Health Councils must remain in being? For one reason, because their abolition is not politically acceptable. Mr Jenkin has done his best to challenge

their existence, and has found sufficient people of all political persuasions ready to argue forcefully for their continuation. Secondly, they are cost effective, in that they have injected considerably more information and ideas into the NHS than could have been obtained conventionally for the same price, in particular providing the bridge between the voluntary organisations and local NHS management with the productive potential it offers. Finally, the present Government has acknowledged in its legislation that in housing (provided by local democratically elected authorities) it is necessary to have an organisation representative of the interests of tenants in addition to the local housing committee. If this is necessary in housing, how much more so in health, where the issues are less easy to comprehend, and where the authority is not subject to the democratic process. If there is logic and consistency in Government, there must be Community Health Councils.

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NHS is best & most effective  
 system for provision of  
 health care

It is doctors who make decisions  
 as to whether & with what intensity  
 to treat, whether to engage other  
 doctors in their procedures, & whether  
 or not to apply expensive technological  
 approaches or costly drugs to the cases  
 before them.