Letter from Westminster

Will CHCs be saved from the scrap heap?

WILLIAM RUSSELL

It looks as if Mr Patrick Jenkin, Social Services Secretary, is about to have a change of heart over the future of community health councils. If they were to go, as he wants, it would mean an immediate saving of about £4m, and in Mr Jenkin's eyes that is a big incentive for getting rid of them—especially as it would please the Prime Minister. But CHCs have their friends on both sides of the Commons. Many MPs believe they are a cost-effective way of seeing that the consumer's voice is heard in the NHS. Keeping them, in their view, would prove a useful counter to the criticisms about the Government's plans to cut local authority representation—the democratic element so far as Labour is concerned—on the new health authorities.

Questioned the other day in the Commons about the part he saw CHCs playing in the future, Mr Jenkin started to hint strongly that the decision he will announce next month is unlikely to be their consignment to the scrap heap. The point had been made, he said, that if CHCs did not exist many of the costs would be incurred by health authorities which would have to deal with the public and provide the information at present given by CHCs. He even suggested that they would stand to gain and their work be made more relevant if they had a higher proportion from the voluntary sector among their membership. His conclusion was that CHCs had been valuable in helping patients to put across their complaints when they had difficulty finding their way around the NHS's administrative system.

July is going to be a busy month for the DHSS. Mr Jenkin will make a statement setting out the Government's conclusions on the proposed changes in the management and structure of the NHS in the light of the consultations on *Patients First*, which are now over. The timetable for action was set out in the Commons during the report stage of the Health Services Bill by Dr Gerard Vaughan, the Health Minister. Once the statement has been published the regions will have until February next year to report back. After that work will start on implementing the changes.

No staff commission

He turned down the case for a staff commission put by Mr Roland Moyle, shadow Health spokesman, who declared that the staff side wanted one to look after their interests in the reorganisation. The Minister's Labour shadow warned the Government that even at this early stage the signs were that it was mishandling the industrial relations side of the reorganisation. Dr Vaughan said the 1974 staff commission had been widely criticised, largely because of the lack of flexibility over individual appointments. The Government was concerned that that sort of problem should not arise again, so it had concluded that there should be a special independent small body to lay down central guidelines.

"There should be discussions on how posts are to be filled, on protection of pay, on the terms for premature retirement, and, in the last resort only, on redundancy," he said. "A joint mechanism—a special subcommittee of the General Whitley Council—for these discussions has now been agreed within the staff side." The membership from the management side—the staff side makes its own proposals—suggested by Dr Vaughan will be: five members of the General Whitley Council; a regional officer from each of the five regions; representatives of the NHS management in Scotland and Wales; and representatives of the DHSS. That represented an all-embracing, wide-ranging group of people and there would be something very wrong if out of it justice could not be secured for individuals.

"We have in mind what I believe are clear safeguards," he said. "We are suggesting that for older staff—people over 50—salaries should be safeguarded indefinitely. For people under 50 we believe they should be safeguarded for at least five years." In a bid to reduce the need for compulsory redundancies Dr Vaughan reported that the Government intended to offer, where the management agreed, premature retirement for people over 50, with an immediate payment of pension and a lump sum calculated on an enhancement basis related to length of service. There will also be a local appeals procedure, the details of which will be discussed with the staff side, and some local flexibility about the details of shortlisting appointments to posts.

"Knocking at an open door"

The Opposition found that for once it was, in Dr Vaughan's words, "knocking at an open door" with a new clause to set up a pharmacists' review body, one of the proposals by the Franks Committee. Mr Moyle did not think ad hoc arbitration was the way to deal with the matter, and he wanted initial service on the new body to be for three years to allow the Government to review the idea in the light of experience. "It should consider the terms and conditions of service of pharmacists, make recommendations to the Secretary of State, and be empowered to take evidence from wherever it wishes," he added.

Dr Vaughan reported that he had already agreed the terms of reference of an independent review panel with the Pharmaceutical Services Negotiating Committee, and he hoped this would mark the end of a dispute which had gone on far too long. "The panel will be able to advise on any aspect of retail pharmacists' gross remuneration, and be available to help resolve any disputes at the invitation of either party," he added. It would consist of a chairman, plus four members who would include a lawyer, someone with knowledge of industrial relations, someone with knowledge of professional activities, and someone with knowledge of commerce. He also confirmed that the Franks formula would apply from 1 July, the basic practice allowance would be £2000 a year, and a discount inquiry would be held in the autumn. "It wipes the slate absolutely clean," he said.