

Community Health Councils
and Public Involvement in the NHS

Health Services Research Centre

1980

Community Health Councils & Public Involvement in the NHS

INTRODUCTION

Community Health Councils have a duty to act as a patient's voice within the NHS. The Royal Commission ⁽¹⁾ on the NHS endorsed this role while the DHSS consultative paper Patients First ⁽²⁾ merely "recognises the time and energy that many CHC members have devoted to their role." No systematic study appears to have been carried out on the methods CHCs have used to inform and involve the public.

A two part study was undertaken which aimed to rectify this omission but the urgency of the current consultative process appears to warrant an interim report. Part one of the study was a questionnaire designed to give a snapshot picture of activity and it was intended that part two would involve a more detailed analysis of particular techniques being employed by CHCs.

This interim report is based upon questionnaire returns from 159 (70%) of CHCs who replied to the initial circulation of questionnaires. It is possible that there may be an upward bias in the data because only the most active CHCs have responded, though this seems unlikely to be significant with a 70% return. It is also possible that the replies are inflated as a result of anxiety created by the current consultation. However many of the aggregated scores are incomplete because some councils did not file or retain the requested information. Some estimation of any upward bias may be possible when part two of the study is completed. With these riders the study presents a realistic picture of this sphere of CHC activity.

METHOD

Each CHC in England and Wales was sent one copy of a highly structured questionnaire. We know that CHC secretaries are frequently asked to complete questionnaires or furnish information so every attempt was made to make the proforma as simple as possible. The questions covered the subjects shown in the tables and in addition there was a space for brief comments. Secretaries were not invited to send additional material although a number did so. Full analysis of comments and additions is not included in the report.

RESULTS

Tables 1, 2 and 3 shows the bulk of the data.

TABLE 1

Surveys and Public Meetings

| | 79/80 | 74/78 |
|-----------------------------|-------|-------|
| <u>General Public</u> | | |
| Postal | 23 | 32 |
| Street interview | 10 | 27 |
| House to house | 16 | 20 |
| Newspaper ballot | 14 | 22 |
| <u>Related to Hospitals</u> | | |
| In patients | 22 | 36 |
| Out patients | 19 | 42 |
| Ex patients | 18 | 15 |
| Waiting list | 3 | 5 |
| Staff | 8 | 10 |
| Visitors | 14 | 21 |
| Public meetings | 378 | 966 |

TABLE 2

Public involvement
in CHC meetings

| | YES | NO |
|---|-----|----|
| Do you allow the public an opportunity to speak at CHC meetings? | 84 | 16 |
| If members of the public speak, do they participate in discussions? | 60 | 40 |
| Do the public participate in more than 50% of your meetings? | 49 | 51 |
| Do you use your powers of co-tion? | 83 | 17 |

TABLE 3

Contact with
organisations

| | YES | NO |
|---|-----|-------|
| Have you ever sent speakers to other organisations in the community? | 158 | 1 |
| Does your CHC nominate to other organisations in the community? | 104 | 54 |
| How many times have speakers gone to organisations last year? | | 3055 |
| On how many bodies are you represented? | | 547 |
| How many organisations receive regular mailings of information from the CHC? (Average frequency x 6/year) | | 19176 |
| How many organisations receive some other information from the CHC during the year? | | 29248 |

As CHCs are the only public body in the health service who are required to produce an annual report, they were asked if they regarded their annual report as a major publicity vehicle and 132 of the respondents answered 'yes'. The replies record a steady increase in numbers of annual reports printed from 124,355 in 1976 to 175,160 in 1978; an average of 1,000 each. There is a wide variation; from 200 to 4,000.

Further questions asked how many column inches of local press is devoted to CHCs. The answer is an under-estimate because many Councils did not record this data. The figure was 3,350 inches per month, an average of 30. We have some independent corroboration of this because the CHC national information service receive 500 press cuttings from an agency per week. Only 42% of the sample send out press releases as a normal course of events. Fifty-eight percent believed that more than half of their press coverage resulted from press releases.

Twenty-five CHCs participated in regular radio programmes and 3 in regular T.V. spots. In addition CHC staff and members from the sample have had 858 appearances on radio in the last year and 72 appearances on T.V. On average someone from a CHC is talking on the radio somewhere in the country three times a day, every day of the year and more than once every week on T.V.

CHCs were also asked what leaflet material they had currently available, the total being over 3,800 pages of text presently in use. The print runs must amount to several millions. Much of the leaflet material is similar, along the lines 'what your CHC does' but it also includes useful local information or assistance for particular client groups. Twenty-five CHCs produce posters; eleven have book-marks available in local libraries and similar outlets; two mentioned shopping bags; one had produced car stickers.

DISCUSSION

No attempt has been made to apply a correction factor to the data in order to scale up the findings to an estimate of a national (England & Wales) figure. Even if it were assumed that there was no activity in the non-respondents (which late replies and other sources show not to be the case) the presented data speaks for itself as a record of CHC work.

Table 1 suggests a fair balance between work directed at forward planning and that which is simple monitoring. Some of the informal comments gives a flavour of CHC work such as "resulted in the acceptance of our recommendations", "travel questions prior to transport experiment". Some comments suggested problems such as "worked well having been carefully prepared but almost overwhelmed with resulting work"; more ominously, referring to a planned survey, "failed to obtain permission".

The data also shows that the volume of survey work is increasing, the number in the last year being much more than the average of previous years. Clearly refusals must cause problems but they are not inhibiting work on a demonstrable scale.

It is clear that CHCs are using their regular meetings as a public forum in a way that few other public bodies have attempted and are supplementing this with an increasing number of public meetings. Some CHCs go further, 26 of the sample held surgeries in the community, an activity that can generate heavy case loads. Eight CHCs now maintain panels in the community but there is difficulty in servicing large numbers.

The large scale contact with organisation is perhaps to be expected given the source of CHC membership. The one CHC that does not send out speakers is the Isles of Scilly where the secretary writes "The vicars announce details of

the meetings from their pulpits and posters are put up at vantage points on all islands. In a small community contact is mainly through meeting people - because the community is so small the CHC is involved with all aspects of life in the islands." A comment which gives a vivid picture of the CHC in action. The data says nothing about the nature of the information but it certainly indicates that large volumes are transmitted.

(3)

Studies such as that carried out for the National Consumer Council have shown varying awareness of the existence and functions of CHCs. Like other consumer bodies, many of which have been established for a longer period, the general level of awareness of CHCs appears to be no better than moderate. The interim findings of this research suggest that the other studies may have been asking the wrong questions. CHCs do not see their main function as increasing awareness about CHCs but increasing awareness about health issues. The results show that CHCs have produced a considerable volume of material about the health service, disseminated it very widely and produced a consequential large response from the media. It is difficult to see how they could have done much more with the resources available to them.

Media coverage itself is, of course, only a measure of a small part of what CHCs are for and what they should be doing. The purpose in publishing these interim findings is to throw some light on the simple question 'Have CHCs been able to involve the public in the NHS?'. The answer on the basis of this information has to be 'yes'. There is no part of CHC activity in which there has not been a large scale attempt to inform and involve the public.

The implications for the current consultation about the future structure of the health service depend to some extent upon the stance of the observer. Certain important questions do need to be posed. Do we want the public to be involved in the health service? Could the management authorities achieve the same degree of public information and involvement at the same cost? Last

of all could the management authorities create the same degree of enthusiasm for the job? The questionnaire asked CHCs to describe anything else they planned to do to involve the public and many diverse activities were reported. Perhaps the most expressive is the simple statement 'always looking for new opportunities'.

The Government have specifically asked for comments about CHCs. It is to be hoped that these interim findings based upon 70% sample of CHCs will help to clarify what CHCs have been doing and assist individuals and organisations in formulating the comments they send to the Government.

REFERENCES

1. Royal Commission of the National Health Service. H.M.S.O. 1979.
2. Patients First. D.H.S.S. 1979.
3. National Consumer Council. Survey on public awareness of Consumer Organisations. 1979.

ACKNOWLEDGEMENT

This work was carried out at the Health Services Research Centre, University of Birmingham. We are grateful to Swansea/Lliw Valley CHC whose secretary Brian Maunder assisted with the questionnaire.