

## ACHCEW - AGM RESOLUTIONS 1978-1984

<u>Year</u>	<u>Motion</u>
<u>ABORTION</u>	
1979	15      The Association of CHCs for England and Wales opposes any restriction of the 1967 Abortion Act.  *****
<u>AMBULANCE</u>	
1978	18      Health Authorities are at present restricted by the policies of commercial suppliers in  (a) waiting for a set number of orders before manufacture, and (b) in using an existing commercial chassis and other components, which were not designed for and in many cases are unsuitable for ambulance transport for the sick.  In view of the difficulties experienced by Authorities in obtaining suitable ambulance vehicles owing to the problems of commercial marketing, the Association calls upon DHSS to undertake responsibility for the planning and building of suitable vehicles for purchase by Health Authorities throughout the country.  *****
<u>COMMUNITY HEALTH COUNCILS</u>	
<u>CHCs: Budgets</u>	
1983	13      This AGM considers that the proposed cuts in CHC budgets in the North East Thames Region will cause a reduction in their services to patients and that the effectiveness of CHCs will be in jeopardy.  We call on ACHCEW to make a strong protest to the DHSS regarding the present classification of CHC funding as management costs, for we consider that CHC budgets are mainly spent on services to patients.
<u>CHCs: Employment Protection Act</u>	
1978	13      That this Association of CHCs requests that Community Health Council members should be brought within the terms of the Employment Protection Act for the purpose of being entitled to reasonable leave to attend to their statutory functions.
1984	12      This AGM instructs the Standing Committee to press for a change in the Employment Protection legislation, to permit CHC members in the same rights to "time off for public duties", as are accorded to members of health authorities.

### CHCs: FPCs (Consultation)

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|------|----|--|
| 1978 | 14 | That the DHSS be called upon to provide for observer membership of Family Practitioner Committees to be available to Community Health Councils on the same basis as observer status is accorded to CHCs by Area Health Authorities.  |
| 1980 | 7  | This AGM views with alarm the tendency towards the closure of branch surgeries, particularly in rural areas which suffer from transport problems, and considers that FPCs should have a statutory obligation to consult local CHCs about any significant development, alteration or reduction in contractor services.  |
| 1980 | 8  | This Annual General Meeting urges the Secretary of State for Social Services to introduce, as a matter of urgency, the appropriate consultative machinery by way of Regulation whereby Family Practitioner Committees would have a statutory duty to consult Community Health Councils before proposing to undertake a substantial variation of services in their area, in the best interests of patient care. |

### CHCs: Health Authorities (Consultation)

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|--------------------------|----|---|
| 1979<br>Emergency Motion |    | In the light of the Secretary of State's letter to the Chairman of the North West Thames Regional Health Authority in relation to consultation with Community Health Councils in the Region, we call upon the Annual General Meeting of the Association to request its Standing Committee to seek immediate talks with the Secretary of State to clarify the rights of Community Health Councils.   |
| 1981                     | 10 | <p>This Association is concerned that in order to allow CHCs to carry out their statutory role of representing the interests of the public in matters relating to the health services, they should be given adequate opportunity to respond to all consultative documents seeking their views on matters which affect the delivery of health care to the public, and that Health Authorities should be required to give full details of all the options they had considered, including the arguments for and against each option, as well as the favoured option which forms their substantive proposals.</p> <p>To enable Councils to undertake this response adequate time must be given to ensure that they are able to study the document, possibly consult the public and obtain reactions and prepare a meaningful response by the required date.</p> |
| 1982                     | 12 | Where a Regional Health Authority proposes closure, change of use or to substantially vary a service they must be required to consult the CHCs with the procedure laid down in HSC (IS) 207 "Closure or Change of Use of Health Buildings", October 1975.   |



In view of the fact that:

- (i) planning within the NHS has become dominated by the annual Regional Review procedure;
- (ii) the recently circulated DHSS "Performance Indicators" do not include any assessments of patients health or satisfaction as outcome measures and
- (iii) the Government has recently announced cuts in public expenditure that will reduce the current NHS budget by £140 million:

This Annual General Meeting requests that the Government confirm CHCs in their duty to represent and defend the interests of patients by:

- (a) being formally consulted, through their Regional Association, on all aspects of the DHSS Reviews of Regional performance and
- (b) being formally consulted by DHAs on all aspects of the Regional Reviews of District performance;

and furthermore instructs its Standing Committee to take all possible steps to expedite this policy .

1984            3

This AGM recognises that the application of the law regarding the management of the health service, and in particular regarding consultation, is an area in which consensus of interpretation has not emerged.

It affirms that in those difficult cases where a CHC comes into conflict with a health authority on such an issue, the CHC may feel the need for legal advice which is independent of the mainstream health service. ACHCEW therefore adopts as policy the view that in such circumstances payment for independent legal advice is an expense which may reasonably be incurred by a Council.

CHCs: Functions, Staffing and Review

1978            8

That the Association of CHCs for England and Wales should press the DHSS to undertake a review of CHC objectives, functions and staffing with a view to incorporating the CHCs fully into the forward planning system for service developments.

CHCs: Future

1981            17

This Annual General Meeting of the Association of Community Health Councils for England and Wales welcomes Sir George Young 's confirmation that the Association is to continue in being.

It is concerned, however, that the future of CHCs should be satisfactorily founded, and recognising that individual CHCs are "essentially local bodies but that they provide an important local focus on issues of national significance in the NHS, this meeting wishes to assert:

(1) the right of CHCs in England and Wales to adequate consultation with the DHSS and the Welsh Office, and with Regional and District Health Authorities, where policies or other factors affecting the availability of a comprehensive health service in their districts are at issue.

(2) the key role that CHCs have developed as guide and friend to the public in relation to queries or complaints about the NHS and the need for it to continue undiminished;

(3) the need for CHCs to have an adequate level of membership to perform their duties to and on behalf of the public;

(4) the importance of continuity of CHC attention to the development of health services in each district during the period of reorganisation, and particularly the necessity for CHCs to have the right to relate fully to "shadow" district health authorities as they prepare to assume responsibility for the new districts;

(5) the entitlement of CHC staff to personal job security during the process of reorganisation, and to continuing support and reassurance from the establishing authorities during the period of uncertainty;

This meeting reminds the departments of these basic considerations, which it expects to see enshrined in any forthcoming statements on the role, membership and staffing of the CHCs in England and Wales.

Further, this meeting reaffirms as a sixth principle, that it considers CHC News a valuable means of communication and education for CHC members, and that the invaluable work of CHC News and its staff should be continued and where possible expanded under the present arrangements.

#### CHCs: Publicity

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|------|----|--|
| 1978 | 9  | The Association of CHCs is aware of the problems CHCs face in obtaining publicity for their aims and attracting community interest, involvement and support. This AGM therefore requests that the Association undertakes a survey of the experiences, both good and bad, of CHCs regarding all aspects of publicity.   |
| 1978 | 10 | This Annual General Meeting of the Association of Community Health Councils for England and Wales requests the Standing Committee of the Association to investigate the promotion of a national programme of advertising the existence and work of Community Health Councils.  |
| 1978 | 11 | That ACHCEW should undertake a national initiative in publicising the existence and role of CHCs to support local activities in this respect. This initiative to include the use of such television programmes as Open Door, Help Line and public service announcements. The financing for such an operation to be considered by the ACHCEW Standing Committee and proposals to be made. |
| 1980 | 9  | That in view of the general public's apparent continuing unawareness of the existence of Community Health Councils, the National Association should increase their efforts to ensure powerful effective national publicity for the work of CHCs.   |



## Scottish Local Health Councils

- 1980            19    This Annual General Meeting pays tribute to the work done by Local Health Councils in Scotland in representing the interests of the Scottish population in the National Health Service.  
They have served as a pivot for consultation between health and local authorities and voluntary bodies in Scotland in the development of health services, and although backed by meagre resources have accepted their responsibility to the people and discharged it with credit.  
The meeting accordingly looks forward to the continued success of the Local Health Councils and calls upon the Government to provide the essential support they require.

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## CHILD HEALTH

### Visually handicapped children

- 1979            20    See FPS: Optical Services P.14.  
Children's Committee

- 1981            16    This Annual Meeting regrets that the Children's Committee, and post of SCM (Child Health) and Area Nurse (Child Health) are all to be abolished, and calls upon ACHCEW to take all possible steps, including pressure on HM Government, to ensure that each District Health Authority has a policy for children and a named representative with paediatric experience to act as an advocate for services for children.

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## COLLABORATION

### Co-operation between NHS and Social Services

- 1979            17    This conference urges the Government to encourage greater co-operation in funding and care at all levels between the National Health Service and Social Services departments.

In particular to ask local authority Social Services Departments to invite the participation of CHCs in planning new facilities and improving current provision; this involvement should include attendance at Joint Consultative Committee meetings and it should extend to visits to and discussion of Social Service facilities.

### The NHS and Personal Social Services

- 1983            10    This Association believes that if suitable provision is to be made for care within the community in this decade, there is an urgent need for positive collaboration between health and local authorities.

It urges the Secretary of State to recognise the need for legislation which provides for greater flexibility between National Health Service and personal Social Services.

It calls on Health Authorities and Local Authorities to break down the barriers which prevent the development of community care schemes.

## COMMUNITY CARE

### Joint Financing

- 1983            8        This Association urges the DHSS to expedite arrangements for Joint Financing put forward in Suggestion 5 in Para. 6.21 of the Consultative Document "Care in the Community" i.e. funds should be transferred by an adjustment at national level in public expenditure plans. Such funds should be earmarked and subject to audit.

- 1982            1        Moving Resources for Care    \* See p.27

### Resources for Care in Community

- 1982            2        While the principle of transferring care from hospital to care in the community is agreed so long as it is not to the disadvantage of patients, this cannot be achieved without the injection of massive resources into the community services, and in the meantime it is important that long-stay hospitals for the mentally ill, the mentally handicapped and the elderly should not start 'emptying' wards and discharging patients unless health service staff have ensured that appropriate health and local authority resources, such as day care facilities and accommodation, are available for each individual patient who is discharged.

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## COMMUNITY HEALTH SERVICES

### Patients in need of nursing care

- 1979            6        That the DHSS be requested to give urgent consideration to the provision of facilities for those who are not considered suitable for admission to Hospital as "acute cases", but nevertheless do require "in care" nursing.

### Preventive and Community Services

- 1979            11       This Association urges the DHSS to bring about a meaningful expansion of preventive and community services.

### Community Hospitals

- 1981            8        ACHCEW urges the Secretary of State to recognise the role played by Community Hospitals as laid out in HSC (IS) 75. The Secretary of State is further urged, after consultation, to designate such hospitals and to ensure that the statistics regarding such hospitals reflect the special work and types of patient therein and are not evaluated under the same criteria as large district general hospitals.



## Community Nursing

- 1983            23      That considerably more finance be allocated to the community nursing services in order that additional nurses can be recruited to ensure that adequate nursing facilities are available to patients in their own homes following discharge from hospital.
- 1984            12      This AGM is concerned that:-
- (a) Patients are being discharged prematurely.
  - (b) The back-up facilities of both Health and Social Services appear inadequate, particularly for ex-psychiatric and mental handicap patients.
  - (c) Often patients are concentrated in specific areas and are not fairly integrated in the community.

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## COMPLAINTS PROCEDURES

- 1979            5      The Association calls on Her Majesty's Government as a matter of urgency, to revise the complaints procedure for both the managed and contracted parts of the National Health Service. It further suggests that the Report of the Davies Committee remains the best available basis for a revision of the procedure for the managed services, and that the proposals circulated by Health Department Ministers during 1978 would be an acceptable basis for a revision of the Service Committee procedure, with the following modifications:
- i) Para.3 The two professional members should be appointed by the relevant professional bodies from outside the region; one of the lay members should be appointed by the Area Health Authority and the other by the appropriate Community Health Council.
  - ii) Para.4 The Administrator of the Family Practitioner Committee should not act as Clerk to the Service Committee, which should be - and should be seen to be - entirely independent of the FPC. It is proposed that Service Committees should be serviced by officers of the AHA.
  - iii) Para.10 Appellants - whether the original complainant or the respondent - should have the right to an oral hearing on appeal if they so desire.
  - iv) Para.11(ii) All contracting General Practitioners should be required to display the proposed leaflets advising patients how to lodge a complaint in their practice premises.

v) Items not covered in the circulated proposals

(a) Service Committees should be empowered to make decisions on the matters referred to them rather than recommendations to the Family Practitioner Committee - which should play no part in the complaints procedure. (para.10 of current regulations)

(b) The proviso that the maximum amount which may be recovered in respect of expenses incurred or to be incurred in obtaining further dental treatment should not exceed the cost of such treatment calculated according to NHS rates should be lifted. (para.10(2) (b) (ii) of current regulations).

(c) The Secretary of State's decision on a withholding of remuneration from a practitioner should be final and conclusive and there should be Pharmaceutical and Ophthalmic Advisory Committees with similar functions to the Medical and Dental Advisory Committees. (para.14 of current regulations)

(d) Where it is considered that a General Medical Practitioner has been guilty of over-prescribing, the matter should not be investigated by the Local Medical Committee but by a Committee specially appointed by the Secretary of State, including lay representatives. This principle should apply to all questions of over-prescribing by all professions. (paras. 16-23 of current regulations).

1980	16	That this Association calls on the Secretary of State for Health and Social Services to approve the investigation of matters of clinical judgement in complaints made by patients to the Health Service Commissioner.
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1980	17	That this AGM urges the DHSS to proceed, for the sake of patients, firstly to the earliest possible completion of the much-needed review of the complaints procedure for Family Practitioner Services, and secondly to the speedy adoption of an agreed procedure for dealing with complaints in respect of hospital services.
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- (a) to review urgently the current Complaints Procedure as it applies to deputising doctors not included on the same FPC list as the General Medical Practitioner for whom they are deputising with a view to making deputising doctors personally accountable under the procedure;
- (b) to extend the time limit for lodging complaints against Family Practitioners from 8 to 13 weeks;
- (c) to extend the new procedures for investigating complaints involving clinical judgment of hospital doctors and dentists to include community physicians and community dentists (and any other clinician working in such a capacity) and
- (d) to do all in his power to oppose the restriction imposed by the British Medical Association on the release of information concerning complaints involving clinical judgment to Community Health Councils.

This Annual Meeting also directs the Standing Committee of ACHCEW to establish a working party to review all aspects of current Complaints Procedures with a view to formulating proposals for their improvement.

#### FPC Service Committee Hearings (CHC Observer)

- 5 This AGM believes that Family Practitioner Committee Service Committee Hearings would be seen as more equitable to the patient if a CHC Observer could attend in the same way that a Local Medical Committee Observer is present at Hearings, and urges the Secretary of State to amend the Rules accordingly.

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## DEATH GRANT

- 1980            1        That the Association of Community Health Councils considers the present death grant payable to dependants is totally inadequate at the present amount of £30. The average cost of funerals is now in excess of £250 and it is strongly recommended that further investigation is made with a view to substantial increase being made in the grant at the earliest possible opportunity.
- 1982            4        That the AGM urges the Secretary of State to review the Death Grant and take action as follows:
- (i)    increase the Grant to cover 60% of average funeral costs at 1982 prices;
  - (ii)   in future, increase the Grant annually on an index-linked basis, funded by increased employees' National Health Insurance contributions;
  - (iii)   remove the age discrimination anomaly;
  - (iv)   remove VAT charges from funeral expenses.

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## DISABILITY

### Mobility Allowance

- 1979            16        That the regulations governing the spending of the Mobility Allowance be amended so as to allow the AHA, acting as agent for a physically handicapped person who is also mentally handicapped, the same flexibility in the spending of the Mobility Allowance as is enjoyed by a relative acting as agent.
- 1982            5        Mobility Allowance for severely mentally handicapped hospital patients  
See p. 22.
- 1984            14        The regulations at present restrict Mobility Allowance to those persons who are unable, or virtually unable, to walk because of physical condition which is likely to exist for at least a year. This AGM proposes that the regulations be amended:-
- (a)    To extend eligibility for the allowance to any persons whose mental illness, infirmity or handicap or whose visual handicap is such as to prevent them travelling alone outside their place of residence without an escort.
  - (b)    To permit any person over the age of 5 years to apply for the allowance irrespective of:-
    - i)    The age at which the disabling condition first commenced.
    - ii)   The age at which a claim is first lodged.
  - (c)    To permit the allowance to be used by the recipient or on the recipient's behalf, wherever the recipient may reside in the UK, for travel and for the cost of an escort.



## Chronically Sick and Disabled Persons Act 1970

- 1980                      2                      The Association of Community Health Councils for England and Wales calls upon Her Majesty's Government to underline its commitment to the provisions contained in the Chronically Sick and Disabled Persons Act 1970 by making available sufficient finance to allow Local Authorities to fulfil their mandate, and thereby, protect this especially vulnerable group from the effects of current financial restrictions.

### Access for Disabled People

- 1981                      1                      As statutory provision is already made, we would press the Government to ensure that all local authorities and public bodies fulfil their obligations under the 1970 Chronically Sick and Disabled Persons Act that buildings which cater for the general public are accessible to and equipped for disabled people.

### Multiple Handicap

- 1981                      15                      That this Association expresses its anxiety about the number of patients suffering from multiple physical and mental handicap for whom appropriate inpatient care is to an increasing extent not available within the NHS, and asks the Secretary of State to consider what initiative might be taken at national level to identify the reasons for this deficiency in NHS provision and what action might be taken to remedy this situation.

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## ELDERLY

### Discharge procedure

- 1979                      19                      That the Association of Community Health Councils for England and Wales press for a clear and comprehensive discharge procedure for elderly patients to include post-discharge support.
- 1980                      3                      This Association is concerned that a substantial number of elderly people leaving hospital after an acute admission slip through the net of care provided by the community health and social services. The Association considers that the moment of discharge, especially if it is at a weekend, is too late in the process to remedy the situation. It therefore proposes that it should be a requirement that all elderly patients who live alone should be assessed by appropriate staff and arrangements made in good time for community services to be provided.

### Resources for the Elderly

- 1980                      4                      ACHCEW presses for additional funding for the NHS to ensure the development of services for the care of the elderly mentally ill and the physically infirm geriatric patients, including resources for emergency services. While agreeing with the quick turnover of patients from geriatric wards, ACHCEW is convinced that they should not be discharged into the community unless, or until, there are really adequate support services available.

### Accommodation for the Elderly

- 1980                      5                      That the National Association should press the Government to exert strong pressure on the Social Services Departments on a matter of extreme national importance, to provide, by either building or adapting older properties, increased accommodation for the elderly population who, having been medically treated, have to remain in hospitals, at present, because they have no home with care available to go to and are, consequently, blocking the entry into hospitals of other elderly persons in need of urgent medical care.

### Geriatric Units

- 1980                      18                      That special funding be provided for small local geriatric and psycho-geriatric units in districts where, for historical or other reasons, there is no foreseeable likelihood of the current DHSS guidelines for the provision of these services being met without this help.

### Care of the Elderly

- 1981                      3                      Bearing in mind the DHSS instructions in the handbook "Care in Action" that Health Authorities should:
- (a) maintain capacity in the general acute sector to deal with the increasing number of elderly patients;
  - (b) maintain an adequate provision for those elderly people requiring long term care in hospital;
  - (c) strengthen primary and community care services to enable elderly people to live at home

the Association of CHCs urges that additional funding should be made available for these specific purposes from central Government. This will enable planning by the new District Health Authorities to commence immediately for provision of adequate facilities for the increasing number of elderly people who need community, acute or long term hospital care.



- 1981                      4                      That this Association considers pressure should be exerted by the Government and by CHCs on Regional Health Authorities and the new District Health Authorities to respond to the Minister's exhortations for additional geriatric provision to be made throughout the country.
- 1983                      6                      This Association believes that two steps would prove particularly valuable in meeting the growing need for care of the elderly:
- (a) Being gravely concerned at the harmful effects that the present shortage of Consultant Geriatricians, and especially of Psycho-geriatricians, will have on the urgently needed development of services for the elderly in the next two decades, the Association urges:
    - (i) British Medical Schools to consider ways in which they can show more undergraduate students the challenge of good rehabilitative geriatric practice in hospitals and in the community at an early stage in training.
    - (ii) British Medical Schools and Health Authorities to meet the resulting need for more, recognised, postgraduate training posts in geriatrics, and for the introduction of such posts in psycho-geriatrics.
  - (b) For those who need less intensive care than acute hospitals provide, the DHSS and health authorities should develop forms of NHS nursing homes where 24-hour nursing care and support is available.

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#### FAMILY PRACTITIONER SERVICES: GPs

- 1978                      7                      The Association of Community Health Councils for England and Wales calls upon the Department of Health and Social Security to recognise General Practitioner beds as a separate entity to all other beds in the National Health Service - bearing in mind its present policy of assigning these beds as Acute whilst, at the same time, accepting that most of the occupants are, in fact, non-acute.

#### Inspection of General Medical Practitioner Accommodation Regulation 24

- 1983                      14                      The DHSS should issue guidelines on what constitutes the provision of proper and sufficient accommodation for practice premises. On receipt of a written request from the Family Practitioner Committee, doctors should be obliged to accept one lay member as part of the inspection team.

A doctor shall provide proper and sufficient accommodation at his practice premises having regard to the circumstances of his practice, and shall, on receipt of a written request from the Committee, allow inspection of those premises at a reasonable time by a member or officer of the Committee or local Medical Committee or both, authorised by the Committee for the purpose.

- 1983            15        This Annual General Meeting of ACHCEW, acknowledging the difficulties sometimes encountered by patients wishing to change GPs, resolves that the Standing Committee of the Association should initiate discussions on these problems within the Patients Liaison Group of the Royal College of GPs and with other appropriate professional and administrative bodies.

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### DENTAL SERVICES

- 1978            15        This Association calls on the Secretary of State to take urgent steps to reach agreement with the Dental Profession for undertaking services under the various emergency dental schemes.

### Dental Services

- 1980            6        This Association considers that a comprehensive dental service is an integral and necessary part of the National Health Service and therefore deplores the restrictions placed by the dental profession on the availability of National Health Service treatment, including the provision of dentures, and calls upon HM Government to ensure that NHS treatment is made available to all.  
The Association also requests HM Government to change the regulations to allow the public to assume that they are accepted as NHS patients unless the dentist specifically indicates otherwise and obtains the patient's agreement to private treatment.

### Orthodontic Waiting Lists

- 1983            25        There is a pattern of lengthy hospital waiting lists in certain parts of the country (largely because of a shortage of orthodontic consultants) and this AGM suggests there should be more postgraduate training for dentists in order to become qualified to undertake orthodontic work.

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### OPTICAL SERVICES

- 1979            20        Visually handicapped children

That regulations governing the supply of optical appliances for children be amended to allow more than one appliance to be supplied on other than medical grounds.

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## CHIROPODY

- 1979            8        This Association is deeply concerned that many Area Health Authorities appear to be unable to provide adequate footcare even to priority classes such as the elderly. It therefore asks the DHSS to take action to recognise Chiropody as a profession supplementary to medicine, to "close" this profession, and to make more training facilities available. At the same time footcare assistants should be employed to provide simple treatment such as nail cutting under the supervision of qualified chiropodists.
- 1980            15        The Association of Community Health Councils for England and Wales, viewing with alarm the continued shortage of chiropodists within the NHS, calls on the Secretary of State to take steps firstly to safeguard the professional status of chiropodists by statutory provision; secondly, to review the pay and conditions of service of chiropodists with a view to attracting more into NHS employment, and thirdly, to seek the profession's agreement to fully establishing the grade of foot-care assistant within the NHS, to perform duties supportive to fully qualified chiropodists.

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## FERTILITY

### Standards of Conduct

- 1983            18        This Association urges the Secretary of State to introduce legislation in Parliament to ensure that a Code of Conduct enforceable in law is constituted in respect of recent and potential developments in medicine and science related to human fertilisation and embryology.

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## FIRE REGULATIONS

- 1983            22        That health care premises be designated under the Fire Precautions Act of 1971 and not be exempt from liability by Crown immunity.

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## FOOD AND HEALTH

- 1984            16        This AGM urges HM Government to affirm its commitment to disease prevention through the development of a National Food Policy and to require District Health Authorities to produce and implement local good food policies and practices.
- 1984            18.        This AGM considers that Crown immunity from inspection by officers of the appropriate Environmental Health Department should no longer apply to those parts of National Health Service premises used in connection with the storing, preparation and distribution of food.

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## HOSPITALS AND NHS SPECIAL UNITS

- 1978            5        That this Association should approach the DHSS to discuss the status of specialised hospitals and the consultation procedures that should be followed if there is a proposal to close any such hospital. It expresses its concern at the plan to close the Elizabeth Garrett Anderson Hospital and asks that a procedure for wide ranging consultation be instituted wherever the withdrawal of any special category of treatment centre is envisaged.
- 1981            9        This Association urges the Secretary of State, having regard for the reduction in the size of District General Hospitals and the move towards more locally orientated hospitals, to review the policy for provision of minor injuries departments and to consider provision of minor injury departments in community hospitals.
- 1982            7        This AGM regrets the closing of the Clinical Ecology Unit at Basingstoke General Hospital on 1st February, 1982. Started only five years ago to pioneer treatment for allergies, its closure so soon, and at a time when allergy was just beginning to be recognised by the medical profession as the cause of much undiagnosed illness, must be seen as a retrograde step causing concern to sufferers and their families.
- Mrs Amelia Hill - Chairman of Action Allergy claims that "thousands of people are able to lead normal lives only because their allergies have been recognised and treated" and furthermore, urges that treatment should be made available in all parts of the country which she is convinced would save the National Health Service millions of pounds.
- This AGM therefore, calls upon the Government to set up a broadly based enquiry into what appears to be a controversial area of medical practice and recommend a future programme of action.
- Supra Regional Specialities
- 1983            20        There are ever increasing numbers of units which specialise in treating specific ailments by new therapy (e.g. heart transplants, bone tumour therapy and laser surgery). These specialised units tend to evolve without sufficient thought for their funding; therefore, financial problems occur which may result in detrimental cut-backs. Specialist units must exist if medical science is to progress; thus they should be funded nationally. This Annual General Meeting of ACHCEW therefore resolves to urge the Secretary of State to investigate the funding of supra-regional specialities within the NHS, and to take appropriate action.
- \* See also NHS Finance/Resource Allocation P.25
- 1984            15        This AGM welcomes the advances in medical science over recent years which made possible the survival of many more patients suffering from brain injury following accident or illness.

Regrets that the Secretary of State has not sufficiently stimulated the development of specialised facilities to provide the intensive rehabilitation these patients need to realise their full potential for recovery.



Urges the Secretary of State to expedite further research in this area of rehabilitation and to establish treatment centres for these patients throughout the country as appropriate.

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### INEQUALITIES

- 1978                      3        The Association calls on the Secretary of State for the DHSS to examine the operation of the Inner City Partnership Scheme as it is currently affecting the development of health services in the districts concerned.

The Association calls on the Secretary of State for the DHSS to enquire of the appropriate bodies, i.e. Department of the Environment, relevant Local Authorities and Area Health Authorities, why in some instances CHCs are not being afforded opportunities for direct involvement on appropriate Partnership working groups.

#### Inequalities in Health

- 1981                      12        This Annual Meeting regrets that after 30 years of a National Health Service marked inequalities in health still persist as highlighted in the recent Black Report. Her Majesty's Government is therefore urged:

- (a) to initiate an experimental health and social development programme, as proposed in the Report, in a number of areas of the kind to which the Report draws special attention.
- (b) to require Health Authorities to take action to implement the recommendations in the Report, and in particular to improve the delivery of services to those most in need
- (c) to provide funding sufficient to meet the cost of the implementation of those recommendations which do have revenue consequences for the NHS or other statutory bodies
- (d) formally to advise Regional Health Authorities that target allocations to DHAs should take account of inequalities in health highlighted in the Report.

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### MATERNITY

- 1979                      14        This AGM is concerned at the present rate of perinatal mortality and the birth of damaged infants in the British Isles.

There are many factors which work against early attendance at ante-natal clinics, e.g:

1. Local transport problems
2. Hours at which clinics are open
3. Education in schools
4. Communication to pregnant women
5. Grants and allowances are tied to National Insurance contributions, and are not available to many young and unsupported mothers - for whom ante-natal care is extremely important
6. The £25 maternity grant which has remained unchanged for nearly 10 years is paid after the birth of the child.

and resolves to recommend that

- a. Her Majesty's Government substantially increase the maternity grant to all pregnant women.
- b. In view of the fact that many women are in full-time employment during the early part of their pregnancies, Health Authorities be urged to arrange evening clinics in order to encourage maximum attendance.
- c. The Health Education Council be asked to consider how more might be done in schools to help youngsters appreciate the importance of proper ante-natal care and how communications with pregnant women might be improved - including the possibility of using a less forbidding name than "ante-natal clinic".

1983            16      That Family Practitioner Committees should be required to maintain lists of family doctors who are prepared to supervise home births, and that individuals should have access to such information on request.

1984            22      For the first time it is recognised that the health of the father as well as the mother is important at the time of conception.

This AGM urges the Department of Health and Social Security to press all District Health Authorities to set up either Preconceptual Care Clinics or train personnel to work and give this advice at Family Planning Clinics, Baby Clinics and Maternity Units, in order to prevent stillbirths, the birth of low weight babies, premature babies and certain handicaps.

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#### MEDICAL ACCIDENTS

1982            11      This Association is concerned that as shown by the experience of the Hereford and Worcester AHA, a Statutory Health Authority can be prevented from holding an effective inquiry into a medical mishap in one of its hospitals because of advice given to doctors by a medical defence society.

It considers that such a situation places in jeopardy the holding of such inquiries by health authorities and is not in the best interests of the Public, the Health Service or the Medical Profession.

The Secretary of State for Health and Social Services is therefore asked to review the present procedures relating to the holding of inquiries into medical mishaps.

The Secretary of State is also asked to consider the financing of a 'no fault' compensation fund.

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## MEDICAL RECORDS/HEALTH SERVICE INFORMATION

- 1979            9        ACHCEW should pursue the aim of achieving the right of every adult patient to have access to his or her own medical notes if the patient wishes this.
- 12        That all Community Health Councils should:
1. Alert the general public to the implications of their giving permission for the disclosure of confidential medical information to a third party not involved in their health care
  2. Urge the British Medical Association, the Data Protection Committee and the Life Officers' Association to draw up a new and strict code of practice.
- 1981            7        This Annual Meeting is gravely concerned about the suggested cuts in OPCS statistics. We believe that the reduction in information will seriously affect the planning basis for health care. We therefore request the Government to restore the OPCS data collection to its January 1981 level.
- This Meeting further calls upon the Government to take no decisions to reduce information to or about the NHS until it has had the opportunity to consult users on the findings of the Körner Committee.

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## MENTAL HEALTH

### Access to Patients

- 1978            12        ACHCEW believes that in order adequately to represent its community, a CHC must have reasonable access to representative patients, ex-patients and people awaiting treatment. To this end:
1. CHCs can rarely be satisfied with a self-selected sample;
  2. Unusual CHC activity on health service premises which draws attention to a CHC investigation should be avoided; and
  3. In the interests of reasonable efficiency CHCs cannot be expected to sample the whole population when seeking opinion on subjects of interest only to a small minority.
- ACHCEW affirms that, except when a patient is incapable of making the decision for himself or herself, the decision whether to participate is for the patient alone, and not for NHS staff, whether consultants or otherwise.
- ACHCEW therefore adopts as policy the view that, subject to agreeing procedures to maintain confidentiality, CHCs are entitled to the names and addresses of appropriate people.

The Association urges that in relation to the review of the Mental Health Act 1959, the mentally handicapped be excluded from the scope of that Act.

This would allow separate legislation under the National Health Service to be made for these cases (as was done by the Mental Deficiency Act 1913) and ensure more clearly defined provisions for the mentally ill, thus avoiding such ambiguity as to need informal patients, mentally incapable of giving consent to treatment, being subject to applications under Section 26, in order to obtain treatment.

This Association considers that mental illness and mental handicap should be clearly recognised as separate and distinct from each other, and that all appropriate authorities be urged not to use a single term (such as "mental disorder") to cover both specialities as this can only confuse the issues concerned.

More publicity is needed to inform the public of the difference between mental illness and mental handicap, and in particular, the Association urges HMG to remove such confusion as is currently caused by existing legislation when considering a review of the Mental Health Act (1959).

That the Association of CHCs for England and Wales welcomes the broad thrust of the proposals set out in the Mental Health (Amendment) Bill currently passing through Parliament.

The Association recognises, however, that detained patients are in a peculiarly vulnerable position which requires that commensurate care be taken to ensure that their civil liberties are not unduly infringed, and therefore calls for the Bill to be amended to provide:

- a. That a patient capable of giving an understanding consent to treatment shall not be treated without his consent;
- b. That hazardous or irreversible treatment (such as psychosurgery), or treatment which is not fully established, shall not be given without a patient's understanding consent, except in well-defined circumstances, such as the need to save his life;
- c. That certification of consent to treatment shall always be provided by a person independent of the responsible medical officer.
- d. Where the patient is incapable of giving understanding consent such consent shall be given by two persons other than the responsible medical officer one of whom should if possible be the nearest relative as defined in the Bill;



- e. That a certificate to enforce treatment shall have a limited life (which should be defined in each case);
- f. That detention for the protection of the public shall require an expectation that others would suffer serious harm if the patient were not detained;
- g. That a duty be imposed on the responsible medical officer to take all reasonable steps to ensure that a detained patient understands his rights; and to ensure that if possible the nearest relative as defined in the Bill is similarly informed in writing;
- h. That no patient shall be repeatedly detained for assessment.
- i. That patients assessed as not suffering from mental disorder shall receive statutory protection against discrimination as a result of their detention;
- j. That the Code of Conduct shall offer guidance to all professions dealing with the admission, detention and treatment of detained patients, and not only the medical profession;
- k. For the introduction of community guardianship orders where these are more appropriate than detention in hospital;
- l. For the establishment of experimental schemes for patients' advisers, as advocated in the 1978 White Paper;
- m. For the publication of an Annual Report of the Mental Health Act Commission on its monitoring of the working of the Act.

The Association further looks forward to the promised consolidation Bill, and in particular to the fulfillment of the Government's undertaking to separate out in that consolidation the provisions which apply to Mentally Handicapped people.

1983                      9                      Composite No. 3 - Mental Illness and Mental Handicap

\* See Page 23.

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#### MENTAL HANDICAP

1978                      6                      The Government should make it mandatory on each local authority to provide appropriately for the mentally handicapped children from their areas (in total 5000) who are now in mental handicap hospitals.

#### HAS/NDT reports

1979                      13                      The Association of CHCs for England and Wales urges the Secretary of State for Health and Social Services to instruct the Health Advisory Service and the National Development Team for the Mentally Handicapped to publish their recommendations.

1979	16	<u>Mobility Allowance</u>	* See Disability P.10
1981	15	<u>Multiple Handicap</u>	* See P.11.
1982	5	<u>Mobility Allowance for severely mentally handicapped hospital patients</u>	

That legislation be introduced to permit the hospital authority to act 'in loco parentis' in the use of mobility allowance paid to severely mentally handicapped hospital patients, incorporating adequate safeguards for the patients.

1983	9	<u>Composite No. 3 - Mental Illness and Mental Handicap</u>	
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\* See Mental Illness P. 23

1984	11	This AGM affirms the following principles as a basis for action at local and national level:	
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Mentally handicapped people have the same rights to live and participate in the community as any other citizen. This right can often only be fulfilled by the provision of appropriate support facilities.

Services should only be developed after full consultation with representatives of potential users as well as relatives and staff.

The choice of services should rest with the individual and where relevant, their family. There should be a range of alternatives available to meet individual needs. Services should be developed in such a way as to allow every individual to share equally in the benefits and difficulties of life in the community.

There should be a variety of housing types available but normally residential provision should be in 'living units' on the same basis as provision for other people within the community and not within hostels or hospitals except as a means of providing short term care.

Hospitalisation is only necessary in the case of medical ill health, although it is recognised that many mentally handicapped people currently in hospital on a long term basis may remain for the foreseeable future, particularly where they have become institutionalised.

There should be a range of non-residential support services including carers, advocates, medical and nursing staff and domestic staff. Support staff should be specially trained and may be full or part time, paid or voluntary.

There should be access to an appropriate range of employment, recreational, educational and transport services enabling the individual to play a full part in the local community.



It is particularly important to recognise the need for day care services of which Adult Training Centres form an important part. The work of Adult Training Centres should be developed and extended as the core of future Community provision.

In the development of services it is important to recognise the need for them to be as near as possible the same type and quality of provision as provided for other members of the community. This will sometimes mean intensive and costly provision but without such provision the quality of life of the individual will suffer to an unacceptable degree. Community based provision should never be based on the premise that it is a cheaper alternative but on the basis that it is the appropriate way of meeting the needs of the individual.

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### MENTAL ILLNESS

1981            13    Mental Illness and Mental Handicap

\* See P.20.

1982            8    Mental Health (Amendment) Bill

\* See P.20.

1983            9    Composite No. 3 - Mental Illness and Mental Handicap

This Annual Meeting urges the Department of Health and Social Security to make a determined effort to develop priority services for the Mentally Ill and Mentally Handicapped in the Community:

- (a) by developing where appropriate the concept of care for the mentally ill within the community based on Psychiatric Teams operating from Health Centres, thus giving the benefit of close liaison with GPs, Health Visitors, Community Nurses and supportive Voluntary Organisations and individuals.
- (b) by increasing Day Care provision for the adult mentally handicapped including appropriate day time occupation.

### Benefits to Psychiatric Patients

1983            26    This Annual General Meeting urges ACHCEW to take up with the DHSS the need for a complete review of the procedures for the payment of benefits to psychiatric patients on admission to and discharge from hospital, so as to ensure that correct and speedy payments are made to this vulnerable priority group of patients.

1984            13    This AGM believes that all informal patients in NHS hospitals should have the same rights as other people to register as electors in the constituency in which they are permanently resident. It will campaign for a change in the law to remove the restriction in Section 7 of the Representation of the People Act 1983 which prevents any patient of a mental hospital from using the hospital address for electoral registration and requires the patient to complete a declaration for voting purposes without assistance.

## MISUSE OF DRUGS/SOLVENTS

### Misuse of Solvents

- 1983            3        This AGM calls on the Standing Committee of ACHCEW to investigate what action can be taken by Community Health Councils to halt the misuse of solvent-based products (glue-sniffing) which appears to be increasing, having regard to the many attempts which already have been made (all of which are considered to be counter-productive).

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### NHS: CHARGES/BENEFITS/EXEMPTIONS

- 1980            14        Exemption from Prescription Charges
- That this Association urges the Secretary of State for Social Services to extend the categories of exemption from payment of prescription charges so as to include all those persons suffering from chronic physical and mental illnesses.
- 1981            5        This Association presses the Government to carry out a full review of its policy of exemptions from prescription charges with a view to including in the list of exemptions the after-care of women giving birth to stillborn babies, and that anyone in receipt of invalidity benefit should automatically qualify for free prescriptions.
- Further, the review should include a comprehensive look at payment of double charges for duo-packs and all such matters as have been shown to have produced anomalous situations and a feeling of injustice among patients.
- 1981            6        ACHCEW affirms that the inconsistent regulations regarding exemption from Dental, Optical and Pharmaceutical charges on grounds of age, income, various health conditions and other social factors cause confusion to many patients.
- ACHCEW therefore calls for the amendment of these regulations to provide for a smaller number of more easily defined categories of people entitled to particular groups of exemptions, in such a way that no person be entitled to less benefit than under the present arrangements.
- 1982            3        This Association urges the DHSS to include the following items on the NHS drugs tariff:
1. Disposable syringes and needles, and "Click" syringes for visually handicapped persons.
  2. Testing strips to monitor blood glucose levels.
- 1983            26        Benefits to Psychiatric Patients

\* See P.23.

### Prescription, Dental, Optical and Appliance Charges

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|------|---|--|
| 1982 | 6 | ACHCEW is concerned at the continual increase in charges to patients for NHS prescriptions, dentistry and ophthalmic services and calls upon H.M. Government to impose a freeze upon all further proposed increases in these charges for a period of two years.  |
| 1984 | 7 | This AGM deplores the continuous rise in prescription charges and urges ACHCEW to pursue the possibility of a phased reduction in these charges.   |
| 1984 | 8 | The recent increases in prescription, dental, optical and appliance charges will place a heavy burden on certain sections of the community, namely those on low incomes and pensioners not receiving Supplementary Benefit. This will have an adverse effect on the nation's health and we urge the Standing Committee to seek a meeting with the Minister to discuss our concern. |
| 1984 | 9 | This AGM recognises that the process by which young people of 16 years of age and over can secure reimbursement of prescription charges is unnecessarily cumbersome and recommends that the wording on the reverse side of the prescription form FP10 should be altered to read 'under 16 years of age or engaged in full time education'.   |

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### NHS: FINANCE/JOINT FUNDING/RESOURCE ALLOCATION

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|------|---|--|
| 1978 | 2 | That the National Association of CHCs for England and Wales request the Secretary of State for Health and Social Services to arrange for an earlier date for the notification of financial resources to Regional Health Authorities in respect of the forthcoming financial year.  |
| 1978 | 4 | This National Association rejects the increasing concentration of National Health Service resources on very big Teaching Hospitals as it prevents the development of a comprehensive and adequate hospital service in non-teaching areas. It is detrimental to the welfare of patients generally because of the increasing centralisation, remoteness and impersonality of services and the unfair allocation of resources to which it leads. This Association notes that disparities in resource allocation between areas within regions are as detrimental to a soundly based service as those between Region and Region and asks the Secretary of State to reverse this trend towards increased concentration of resources in a relatively few major hospitals which is creating a two-tier standard of hospital service. |

### Funding of the National Health Service

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|------|---|--|
| 1979 | 1 | This AGM is concerned that the levels of services to patients in the NHS will deteriorate unless additional resources are allocated as national policy. Alternative methods of funding the NHS and of distributing funds to Regions and Areas; possible savings through economies and the elimination of waste; and the role of voluntary contributions and of preventive services have all been considered in some depth, but it has been concluded that (1) the only way of achieving a significant improvement is through agreement to give greater priority to the NHS at national level, and (2) the only fair and equitable method of funding is through general taxation. This AGM supports the adoption of these principles by her Majesty's Government. |
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## Resource Allocation

- 1979                      2                      This AGM strongly deplores any attempt further to delay the already slow process of levelling up of resource allocations to Health Authorities and requests that ACHCEW formally adopt as policy the defence and further strengthening of measures designed to ensure equitable source distribution based on identified needs.

## Teaching Areas

- 1979                      3                      This Association is concerned about the existing method of funding the teaching hospitals which frequently results in the use of district funds to subsidise the teaching function of these hospitals.

This Association believes that the cost of each teaching hospital should be assessed individually and not on the basis of an "average" and the SIFT allowance adjusted accordingly so that Area Health Authorities (Teaching) do not become financially deprived.

## VAT Liability

- 1979                      4                      That the Association of CHCs for England and Wales urges the Government to remove VAT from NHS expenditure.

## Joint Funding

- 1980                      10                      That the Secretary of State be asked to set up a Study Group on the existing joint planning and joint funding arrangements so that increased provision in community care for the mentally handicapped, the mentally ill and the elderly may be positively encouraged, and local initiatives in this field given every support.

- 1980                      11                      That the present system of joint funding be reviewed, and that joint funding be made available on a continuing basis to relieve local authorities of taking over full financial responsibility at the end of a set period. This would enable projects such as hostels for the mentally handicapped to be funded jointly so far as revenue consequences were concerned, and would enable provision to be made for those in the community requiring support of this nature

## NHS Finance

- 1980                      12                      The AGM is alarmed at the effect that continuing cuts have on the quality and standard of provision of service to patients in the NHS. Services continue to be curtailed and withdrawn. We consider that investment in the health service should be maintained at sufficient level to improve and develop services to make it a National Health Service, since investment in good health is investment in the future.

## War Officers

- 1981                      2                      This Association deplores the Government's intended expenditure of £400,000 a year on the employment of war officers to work within the National Health Service and urges the Government to transfer this expenditure to the National Health Service for additional provision in one of the seriously underfunded services.

- Moving Resources for Care
- 1982 1 This Annual General Meeting regards the consultative document on Moving Resources for Care to be of prime importance. It urges Her Majesty's Government to seek a solution whereby one agency will be responsible for rehabilitation; to review existing legislation to permit flexibility of use between the money available to the NHS and to the personal social services, and to permit the extension of joint funding arrangements to enable Health Authorities to participate where appropriate in joint funding projects with housing and education authorities, housing associations (via the Housing Corporation) and other statutory and voluntary bodies.
- 1982 2 Resources for Care in Community \* See p 6.
- NHS Finance
- 1982 9 This Annual Meeting supports the principle of the continued existence of a free National Health Service at point of need. It believes that financing the National Health Service from general taxation is the most efficient, equitable and economic method, and would strongly deplore any departure from this method. It requests the Standing Committee of ACHCEW to set up a monitoring group to keep under review developments which may prejudice this principle.
- 1983 7 Composite No. 2 - The National Health Service
- This Association calls upon Her Majesty's Government to demonstrate its commitment to the National Health Service as a comprehensive, national service for the prevention and treatment of ill-health, free at the point of need and readily available to all.
- As a pledge of this commitment, we call on behalf of all NHS users for vigorous action to maintain and improve standards of health care throughout the country; and in particular we urge
- (i) that additional funding be made available to increase the resources of under-provided Health Districts (as defined by the Resource Allocation Working Party) without requiring cutbacks elsewhere; and
  - (ii) that all plans to direct resources away from the NHS into the private sector be rejected; including the requirement for NHS catering, domestic and laundry services to compete with private contractors, which we believe will damage the quality of patient care.
- 1983 8 Joint Financing
- \* See Community Care P.6
- 1983 20 Supra Regional Specialities
- \* See Hospitals and NHS Special Units P.16

### NHS Premises

- 1983      21      That the Association urges the Government to review the procedures for planning and managing major national health service building projects having regard to the catalogue of errors which have come to light during the construction of new hospitals and, in other cases, after completion of building work resulting in vast sums of money being spent to undertake remedial work, money which could have been put to better use to improve other facilities in the National Health Service.
- 1984      20      This AGM requests the Government to make funds available for the computerisation of records of organ donors and to take the initiative in setting up such a scheme.

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### NHS: MANAGEMENT/PLANNING/STAFFING/TRAINING

- 1978      1      That this Association considers that there is a duplication of administrative functions between the several tiers of management and control of the National Health Service, namely the Department of Health, the Regional Health Authority, the Area Health Authority and the district tier. This, we believe, results in
- (i) a disproportionate amount of expenditure on administration relative to that spent on the caring services;
  - (ii) unnecessary delay in the decision-making process, which is in general too far removed from the point at which service is delivered;
  - (iii) frustration of local management of the service, in particular of patient services and key supporting services.
- We therefore consider that changes are necessary to the structure of the National Health Service. The Association urges that the Royal Commission expedite publication of its report.
- 1978      16      That the Secretary of State be asked to ensure that, in view of the proposed implementation of a reduction in hours for nurses in 1980 there is no resultant impairment in the quality of patient care.
- 1978      17      This Association is concerned that, whilst there is high unemployment in the country, there is still a shortage of trained staff in the National Health Service and therefore the Association urges the Government to improve the recruitment and training of all staff.

### NHS Staffing

- 1979      7      That attention be given nationally to the question of Staffing levels and the importance of conditions of service and training so as to aid the recruitment of Staff.



Composite No. 5 - Communication Skills

This Association recognises the need to improve communications skills in many sectors of the Health Service and therefore urges the DHSS to include these as an integral part of the training of all medical, para medical, nursing and other staff directly involved in patient care, with particular application to:-

- (i) the need to involve patients and relatives as partners in the treatment process and to communicate information fully in language which may be clearly and easily understood.
- (ii) an understanding of the special needs of people who may have a sensory or mental handicap.
- (iii) an understanding of the culture of people from ethnic minority groups and of their communication needs.
- (iv) the problems of communicating distressing news to patients and their relatives.

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NHS: DECLARATION OF FINANCIAL INTERESTS

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This Association urges the DHSS to instruct all Health Authorities to change their Standing Orders along the lines of the lead taken by Oxford Regional Health Authority to ensure adequate safeguards in relation to the declaration of financial interests of DHSS officers and consultants in private hospital developments.

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PRESCRIBINGSupport for voluntary effort

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That this Association calls upon the DHSS to support financially, for expenses only, a group of volunteers who undertake prescription collection/delivery service, or perform any other activity of material assistance to the NHS.

Prescribing Instructions

1979

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The Association calls on the Secretary of State to consult with the professions in an endeavour to obtain full, clear and legible written instructions with all prescriptions.

- 1980 13 This meeting is concerned at the astronomic increase in the NHS drugs bill from £249 million in 1973-74 to £729 million in 1978-79 and urges the DHSS to encourage all General Practitioners to prescribe drugs by their chemical 'approved' name instead of by a trade name by:-
- (i) issuing to GPs an approved 'formulary';
  - (ii) regulating the packaging of drugs so that trade and approved names are equally prominent.

Debendox

- 1981 14 The use of the drug Debendox should be suspended until full investigations concerning its possible effect on the foetus have been completed.

Information to Patients

- 1982 10 ACHCEW recognises that a significant proportion of drugs prescribed remain unused by those to whom they were prescribed and that such underuse represents an unnecessary drain upon NHS resources.

ACHCEW therefore calls for

- (i) a greater emphasis on specific counselling of patients by practitioners on compliance at the time of prescription;
- (ii) a sustained publicity campaign by Councils and other appropriate bodies designed to inform patients of the costs and potential dangers of abuse and under-use of prescribed drugs, and to encourage greater responsibility in the use of such drugs by patients.
- (iii) the practice of 1 + 9 prescribing to be further examined.
- (iv) closer monitoring of the side effects of drugs, and more information to patients about the possible dangers.
- (v) more information about the costs of drugs for patients and nurses as well as doctors.

- 1984 10 This AGM urges professionals who prescribe the use of drugs for treatment to inform patients of any known effects of the use of such drugs. Further, it recommends that pharmacists give written information on such known side effects when they are dispensing these drugs.

Generic Prescribing

- 1983 4 Subsequent to recent reports concerning the financial benefits of prescribing generic, as opposed to brand-name drugs, ACHCEW urges the DHSS to take all appropriate steps to encourage the prescribing of generic drugs within the NHS.



1979 11 Preventive and Community Services

\* See Community Health Services P.6.

Health promotion

1983 24 This AGM is concerned that there is so little preventive health work carried out in the community. We believe the promotion of good health and self-responsibility is often impeded by the detachment of General Practitioners.

We urge the DHSS to set up a Working Party to look into the problem, review existing preventive services, and offer a wide range of services to help the population to feel and keep healthy.

This meeting also urges the DHSS to encourage Regional Health Authorities to set up a Well Woman Clinic in each Health District in order to promote good health generally and to try to give women alternatives to using drugs such as sleeping tablets, tranquillisers and anti-depressants.

1984 16 Food and Health \* See p.15

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PRIVATE NURSING HOMES

1984 17 In the light of the development of the health care sector through Private Nursing Homes, both in the community and joint financed schemes, this AGM calls upon the Secretary of State to review the powers of CHCs to visit and inspect all premises used for health care.

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SEAT BELTS

1981 11 The Association urges HM Government to legislate to ensure:

- (i) that the wearing of seat belts by the driver and front seat passenger of cars is made compulsory;
- (ii) that it should be unlawful for young children travelling by car to be seated in the front passenger seat;
- (iii) for VAT not to be payable on all children's seat belts.

1983 5 Seat-belt Exemption Certificates

This AGM believes that existing regulations regarding seat-belt exemption certificates are unsatisfactory, as there are no agreed criteria regarding people who can obtain exemptions for medical reasons, and there is no appeal system available if people feel they have been treated unfairly either by their GP or by the DHSS. The system should be altered to provide for consistent and free examination for all applicants by the medical boarding centres of the DHSS and should include an appeals procedure. Certain categories of patients, for example women who have had recent mastectomies, should be entitled to automatic temporary exemption certificates.