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CHC
Public Activities
Material

WARRINGTON

COMMUNITY

HEALTH

COUNCIL

7, Springfield Street,
Warrington, WA1 1BG.

Tel. No. Warrington 34317

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

Chairman: Dr R K Griffiths
Secretary: M A Gerrard

362 Euston Road
LONDON NW1 3BL
Tel: 01 - 388 4814

MAG/REW

Thank you for your letter which has been sent on to me following the recent YOU AND YOURS programme on elderly people being obliged to sell their houses in order to pay for private or local authority residential care.

This problem was uncovered by the Community Health Council for Sutton and West Merton, whose Secretary was one of the people who appeared on the programme. Following the programme, we are now collecting together all the evidence you and other people have sent us, with the intention of using it to argue for changes to present practice.

Throughout their working lives, in paying their rates and taxes, people have contributed to the provision made for the elderly by local authorities and the State. It seems to us that when they themselves grow older their protection is simply a question of justice. It is on this basis that we intend to take matters forward rather than by attempting to compare the plight of the (thrifty) elderly with other members of the community who benefit from the Welfare State.

As a first step we propose to discuss an approach to the problem with the National Council for the Single Woman and Her Dependants, and with the Centre for Policy on Ageing. It is my hope that we shall be able to make progress together.

Unhappily, any solution we reach will not benefit the people you have drawn to our attention. But we may be able to prevent the same sort of thing happening again. At the very least, we can throw a national spotlight on the way in which the affairs of elderly people are at present handled, and put pressure on central and local government for change.

Yours sincerely

M A GERRARD
Secretary

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

Chairman: ~~D R K O Gifford~~ D M Thomas, FCIS
Secretary: M A Gerrard

362 Euston Road
LONDON NW1 3BL
Tel: 01 - 388 4814

MAG/CNC

18 January 1982

I am taking advantage of this month's copy of CHC News to inform you that the DHSS wishes to stop its direct support for the magazine from 1 April this year. This amounts in the current year to £74,000.

Taking all relevant considerations into account, we have reached the conclusion that this course of action can only be detrimental to CHCs, the Health Authority with which they interact and the National Health Service. Enclosed is a copy of a case we have presented for retaining the existing method of funding, and it would be much appreciated if you would write to the Secretary of State, Rt Hon Norman Fowler, MP, expressing your agreement with our position.

I hope you will feel able to do so.

Yours sincerely,

M A Gerrard
Secretary

Enc.

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

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I hope you will feel able to do so.

Yours sincerely,

M A Gerrard
Secretary

Enc.

BOLTON
COMMUNITY HEALTH COUNCIL

Chairman:

Councillor D.G. CARR

Telephone BOLTON 28755
Ext. 291.

Secretary:

Mrs. JUNE CORNER,
ANDOMAC CHAMBERS,
ARNDAL CENTRE,
HOTEL STREET,
BOLTON BL1 1DA.

7th March, 1979.

Mr. M. A. Gerrard,
Secretary,
Association of Community Health Councils
for England and Wales,
362 Euston Road,
London, NW1 3BL.

Dear Mike,

Bolton Community Health Council has not spent any money on publicity since its first year because:

- (a) It preferred to spend time doing things which incidentally brought the Council plenty of free publicity in all the media, and:
- (b) It has been so busy that it felt that extra publicity would create a demand for help which could not be met.

This month the Council has been granted permission to employ an extra Assistant, at least temporarily. Therefore with money available in this year's budget it has ordered publicity from a public relations firm so that it will have polythene carriers, car stickers, posters etc. available for the next year when it is hoped there may be a little spare capacity. In any case some publicity material is always useful to keep our name before the general public. A logo is included with the publicity material ordered but this is of no use to the National Association since the initials BCHC are linked with the name of our own town.

This is not to say that Bolton CHC would not be interested in a National Emblem if one is chosen, but it has thought fit to go ahead with the publicity already ordered in that the National Emblem may not be available for several more months. Furthermore the Council has had the bitter experience of trying to be part of North West Regional Publicity Scheme which has never come to fruition, it having been found that CHCs can rarely agree to common policy on publicity. ||

Sorry not to be of further help but will be very interested to hear of any progress you may make and I shall be happy to help with any publicity advice I can give arising from my experience as a journalist before taking this job with the Bolton Community Health Council.

Yours sincerely,

June Corner

June Corner,
Secretary.

ACK 30/3/79
EOS

BOLTON
COMMUNITY HEALTH COUNCIL

Chairman:

Councillor D.G. CARR

Telephone BOLTON 28755
Ext. 291.

Secretary:

Mrs. JUNE CORNER,
ANDOMAC CHAMBERS,
ARNDALE CENTRE,
HOTEL STREET,
BOLTON BL1 1DA.

February 16th 1979.

Dear Mike,

Thank you for your interesting offer re summaries of official circulars, reports, etc. I should be grateful to have copies of any summaries of any reports.

- a) I should be glad to have a note of reports and summaries of NHS circulars, reports of official committees on NHS matters etc.
- b) I should also appreciate a digest of relevant parliament bills.
- c) I should like to be included on a regular subscription list for supply of summaries. I should like summaries of a kind which could be easily copied so that I could circulate to all members if I thought it was advisable to do so.

EOS.

Publicity Activities of CHCs

Bolton CHC has been so busy doing things for which it has attracted a large amount of free publicity from the media that it has not undertaken any recent publicity activities of a general and purely publicity kind. I have therefore no interesting publicity schemes to report to you except that I would like to say that our regional publicity committee in the North West appears to have fallen apart for the time being and I consider it to be very difficult indeed to get CHCs within a region to agree the same kind of publicity. A number of CHCs in the North West are now doing their publicity through commercial public relation organisations and I have, in fact, invited the representative of one such to visit this office on Monday as I do not wish to spend much of my time doing general publicity. Therefore, though I have no interesting information to pass on to you, I should be glad of anything done nationally by the Association as I certainly do need publicity material of a general kind, for instance, posters, leaflets, balloons, carriers, calendars, logos, etc. but at present I would prefer to latch on to other people's ideas as I do not feel I shall want to spend too much time on this myself.

I do, of course, have considerable experience of getting publicity through the media for free and any help I can give you in this direction I should be glad to do so.

Publicity apart, Bolton has conducted a public participation exercise in the last few months about which you will be able to read in CHC news and the Health & Social Services Journal so I do not need to bore you with that in a letter.

continued.....

ACK
23/2/79
EOS

Mr.M.A.Gerrard.

February 16th 1979.

I might say that this CHC had 196 enquiries from the general public for the month following the public participation exercise which confirms my view that activity brings its own publicity.

Yours sincerely,

June Corner

June Corner,
Secretary.

Mr.M.A.Gerrard,
Secretary,
Association of Community Health Councils
for England and Wales,
362 Euston Road,
London NW1 3BL

BRENT
COMMUNITY
HEALTH
COUNCIL

Rear Block
16 High Street
London NW10
01~961 2028

Dear Mike; Publicity Activities

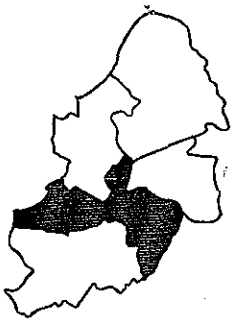
We try to do ours by publicising
the issues rather than the CHC

- enclosed copies of our news-sheet.

Best wishes,

Jeannette

ACK 2/3/79
EOS



CENTRAL BIRMINGHAM COMMUNITY HEALTH COUNCIL

161, CORPORATION STREET, BIRMINGHAM B4 6PH
Telephone 021-233 1810
Secretary Steve Burkeman

Your Ref.
Our Ref.

Mike Gerrard,
Secretary,
Association of Community Health Councils
for England and Wales,
362 Euston Road,
LONDON, NW1 3BL.

Doc 23/2/79

20th February 1979

Dear Mike,

PUBLICITY ACTIVITIES OF CHCs

Thank you for your note of 9th February 1979. This Council is very firmly committed against the resolutions on publicity adopted as a result of the last AGM. However, your request for information to be made available to other CHCs is the kind of thing which we think ACHCEW should be doing, and the following may be of interest.

The Council has -

- * distributed a single A4 newspaper style leaflet door to door to 10,000 households
- * prepared and distributed a magazine style Annual Report designed for popular consumption
- * organised a "public service campaign" with the local commercial radio station involving "commercials" broadcast on 45 occasions during one week, and several times a week thereafter
- * adopted a policy of issuing regular press releases to a full press list with the consequences that press publicity has massively increased.

I should emphasise that the basis of our approach to publicity is also the reason for our opposition to handing over the function of publicity to ACHCEW: the Council's publicity depends entirely on the Council's work and our public image must be an accurate reflection of reality.

All good wishes,

Yours sincerely,

Steve Burkeman
Secretary

EO's

Enclosures

Community Health

News

CHC wins case for local girl

MRS. HOWARD has good reason to bless Central Birmingham CHC.

Some months ago her daughter Jean was due to go into hospital for a heart operation and everyone said it was urgent. But the hospital never seemed to get round to admitting Jean.

Mrs. Howard contacted Central Birmingham CHC and the Secretary made a couple of telephone calls and wrote a few letters.

It emerged that somehow an error had been made and Jean should have been admitted to hospital some weeks earlier.

Fortunately, however, it was not too late and she went into hospital, had a successful operation and now leads a normal life. Ask Mrs. Howard whether CHCs are useful and she will give you a pretty positive answer.

Of course, it is not always that easy. Central Birmingham CHC's Secretary Steve Burkeman, who handles much of the CHC's day to day work says: "We can't perform miracles. Some waiting lists are long and we can't help people to jump them.

"But we can draw the Authorities' attention to the problems which result and try to bring pressure to bear on them to reduce the waiting lists.

"We don't just stop at individual cases. We suggest ways in which the machinery could be improved and, particularly, ways in which better use could be made of resources available".

The facts outlined above are true. The names are fictionalised to protect the complainant's anonymity.

Of course, matters of a personal nature are never raised at the CHC's public meeting.

What your CHC can do for you..

IT WAS a good year for democracy in 1974 when Community Health Councils were set up.

For too long, the Health Service had been a case of "them and us". Now people were going to have a say.

How have the Community Health Council fared, four years on?

Chairman Rod Griffiths reckons things will never be the same.

He says: "People now expect to be consulted about what happens in the Health Service.

"A lot of mistakes can be avoided by asking people what they want and what they need before spending money on the wrong things".

If you ask Rod Griffiths what the Community Health Council (CHC) actually does, he says: "We advise people who have problems with the Health Service, how to tackle them and who they should go to for help.

"We look at particular local needs. For instance, if a neighbourhood does not have a good clinic, we'll draw the matter to the attention of the Health Service and press them to improve matters.

"We look at Government plans and tell them where we think they are going wrong.

"Above all, we try and keep in touch with Health Service patients in Central Birmingham to find out what THEY need".

Not just an ordinary housewife

CELIA Winter says she's just an ordinary housewife. True maybe. But she's extraordinary in one way at least.

She's a member of Central Birmingham Community Health Council and as there are only 30 members, there must be something special in Celia.

"No, not really," she says, "I have kids and I work part-time as a school welfare attendant. I was put on the CHC by a voluntary group, the National Association for the Welfare of Children in Hospital. It takes quite a bit

of time, of course.

"I have to attend the main CHC meeting each month and then there is a monthly committee meeting and possibly a visit or two to a hospital or clinic. But I feel we're doing a useful job".

Central Birmingham CHC members are not all "ordinary housewives", of course. There are magistrates, teachers, trade unionists, welfare workers, general practitioners and local councillors as well.

But, as Celia Winter says: "We all have one thing in

common — we want to hear from more people in Central Birmingham about their Health Service, so that we can try and improve it."

In action...

THE Central Birmingham Community Health Council meets on the second Thursday of each month at 7.30pm in Birmingham Children's Hospital, Ladywood Middleway.

Meetings are open to the public.

SINCE the Central Birmingham Community Health Council was set up, it has been much easier to find out what is happening in the National Health Service.

All the CHC's meetings are open to the public and the CHC is able to find out information about all aspects of the Health Service.

Central Birmingham CHC meets monthly and arrangements can be made for members of the public to

raise local issues at the meeting or send questions in advance and come along to hear the answers.

The CHC often needs to study items in depth so it has set up a number of Com-

mittees.

These meet in private but often have meetings with members of the public or experts on particular subjects.

If you think you have an

important point to make, contact CHC Secretary Steve Burkeman at his office.

Either call in between 9.30am and 5pm or telephone 233 1810.

LOCAL ISSUES RAISED BY CHC

It's your health service – but what do you want?

IF EVERYONE who reads this leaflet calls at the address at the bottom of this page, then the Community Health Council office will be very crowded.

But we will probably end up with a better Health Service.

The CHC was set up by the Government to find out what sort of Health Service people want and to make sure that the Authorities are providing what is really needed.

To help them do this the CHC has access to all the information that is used to plan health services. But the most important information – what people want – is the hardest to find.

Reluctant

So what do people want?

Experience shows that people don't tend to make suggestions until something goes wrong.

This means a lot of the CHC's work with the public involves giving advice about problems.

The CHC does not have the power to investigate individual complaints – there are already proper bodies to do this – but sometimes people do not know what to do.

This is where the CHC can help. If you are having trouble

because, for example:

– you do not know how to set about finding a new family doctor,
– or you are having difficulties with a local hospital or clinic, then the CHC may be able to help by putting you in touch with the correct authorities.

If you have difficulty, we will assist you with your problem by writing letters on your behalf or finding someone who can help you personally.

If you have no problems, then perhaps we already have a perfect Health Service.

If you do have problems, then tell the Central Birmingham Community Health Council about them and help make a better Health Service.

Touring CHC takes 'show' on the road

THE CHC has a duty to inspect Health Service premises like hospitals and clinics to make sure they are up to standard.

But the CHC also has to tell the public what it is doing.

A travelling exhibition has been set up that tours various sites in the district. It is quite likely that it has been near you already – it has visited all the libraries for instance.

But if you think the CHC has missed a good site near your home, then get in touch with us.

Speakers are available to talk about the CHC's work to groups large or small.

If you belong to a group that might have something to say about the Health Service, you have another good reason for contacting us.

Become a panel member

CENTRAL Birmingham CHC has a panel of ordinary members of the public who keep in touch with us.

The CHC sends a newsletter from time to time and occasionally asks the panel to answer questions on local Health Services issues.

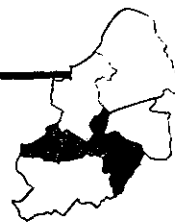
JOIN US?

Just contact Steve Burkeman at:
Central Birmingham Community Health Council,
FREEPOST,
161 Corporation Street,
Birmingham B4 6BR Telephone: 021-233 1810.



Central Birmingham CHC

REPORT '78



THIS IS HOW CHCs CAN BUILD BRIDGES

THE CHC's SUCCESS STORY

IN THE 12 month period ending May 31, 1978, Central Birmingham Community Health Council achieved the following successes:

- A new bus service (to start autumn 1978) serving the Queen Elizabeth Medical Centre;
- The go-ahead for a health centre in Balsall Heath;
- An increase of nearly 90 per cent in the number of patients who have brought their problems to the Council;
- A major survey of chiropody needs in Central Birmingham, the results of which were accepted by members of the Area Team of Officers;
- Publication of the first-ever 'best buy' leaflet on choosing a family doctor;
- Vastly improved publicity and media coverage, bringing the CHC's work to the attention of health service users in Central Birmingham;
- The creation of a new advisory committee on health education;
- Improvements in arranging prescriptions for patients discharged from hospital.

WALKING to hospital is tough, especially if you are elderly, disabled or heavily pregnant. When there are two flights of steps in the way, it is tougher still.

This is why Central Birmingham Community Health Council – CHC, the patients' watchdog in the National Health Service – has been pressing for improvements

to the footpaths at the Queen Elizabeth Medical Centre.

As the picture shows, some of those improvements are being made. A new footbridge is being built, which will make it easier for people getting off the trains and the bus near the new railway station to walk to the Queen Elizabeth Hospital on one level.

Welcoming the new bridge, CHC Chairman Rod Griffiths said: "This is just one more example of the effectiveness of the patient's voice. CHCs – when they listen to the public – can build a bridge between the users of the NHS and the people who run it. And when the people running the Service listen, we can make progress together."

NO COMMENT . . .

18 (1) It shall be the duty of a Council as soon as practicable after the completion of one year from the date of the establishment of such Council and thereafter as soon as reasonably practicable after the completion of each successive year to make a report to the establishing authority on the performance of its functions during the preceding year and to furnish copies of such reports to each relevant Area Authority and to take such steps, as appear to the Council to be necessary, to secure that the report is made known to the public in its district.

(2) Upon receipt of the report each relevant Area Authority shall furnish to the Council comments on such report and shall include in

such comments a record of any steps taken by that Area Authority in consequence of advice given or proposals made by the Council, and it shall be the duty of an Area Authority furnishing comments on any report to secure that those comments are made known to the public in the District of the Council.

– Extract from the National Health Service (Community Health Councils) Regulations, 1973.

Comments on last year's report, published in October, 1977, were not received until August, 1978. This year Area Chairman John Bettinson has promised that the Area will make its comments much sooner.

Thanks to the CHCs all is revealed

COMMUNITY Health Councils were sprung on the public four years ago. They were given two powers which had not been possessed by any previous Health Service organisation.

They had a duty to represent the public in relation to the whole of the Health Service, and in order to carry out this function they had a right to all necessary information.

This right to information has completely altered the nature of debate in the Health Service.

Four years ago the only way that the public could find out how the National Health Service was run was to attend regional hospital board meetings. Even then, you had to try and read between the lines to guess what the sub-committees, which met in private, had really been talking about.

In contrast, nowadays, information about the Health Service's aims and detailed plans is widely accessible to a whole range of people other than those actually making decisions. This contrasts vividly with the situation in education, housing and the social services, where information about the deployment of resources and the intention behind such moves is less available and, often, more vague and less open to question.

Pressure

Four years ago it was even more difficult for the public to put information into the Health Service; views were rarely canvassed and pressure had only indirect effects.

Now there is a direct channel through the CHC for the public to have issues debated by the Health Service authorities.

Reading this Report should leave little doubt that CHCs have become effective.

For many patients the Queen Elizabeth Medical Centre was a maze. Now there are roadsigns and footpaths, thanks to the CHC.

For many patients the QE was inaccessible. Now there is to be a bus service, thanks to the CHC.

Patients in Balsall Heath have needed a new health centre to replace the overcrowded Mary Street building. Now there is to be one, thanks to the CHC. *The list goes on...*

In each instance patients

have a direct, noticeable benefit when using the Health Service.

Our initiatives have not all arisen from public pressure: sometimes we are asked for our opinion by the appropriate authorities. Whenever possible, we have tried to involve the public in the formation of our views. A great deal of work is involved.

This Report chronicles the effect of about 1,000 hours of our members' time, given freely, as well as considerable energy and dedication from our officers.

I do not believe that members would work at this pace and on this scale if they did not think it worthwhile. Equally, our increasing involvement with the public must indicate that the CHC is being seen as an important resource to the community.

CHCs cannot and do not expect to run the Health Service. That is not their job. They do expect to be taken seriously.

It is upsetting to find that there are still people who seek, in an almost ritual fashion, to belittle and ignore what CHCs do.

There may be some reading this Report who suspect that this criticism is directed at them. I can only say that if the cap fits please take it off — we think you'll work better without it.

Powerful

Members of CHCs are appointed for four years. This is the end of our first full term of office. In that time I have come to realise that well-informed volunteers are powerful people.

Success of this CHC, and others like it around the country, is due to the dogged goodwill of those who saw the potential early on and would not let go.

Those people are encouraged by the fact that others are now in a position to see the value of Community Health Councils.

I have sought partly, in my comments, to make optimism fashionable: nevertheless, it is just as well that CHCs are here to stay — because there is a great deal to do.

Whose business is Health Education?

THE CHC believes that good preventive and educational services are vital. The National Health Service has tended to become a national sickness service.

Birmingham Area Health Authority has failed to develop a strong health education section. It has given very limited resources to this field.

Even the new proposals to revive the Inner Areas appear to disregard the need for Health education in the inner city. At the same time the CHC has found many organisations and individuals who are very active in health education work.

We believe that it is important to enable these

people to put their ideas over to the Area and to the City Council Education Committee. This was the purpose of the CHC's Health Education Conference.

The conference attracted 76 people from a wide range of statutory, voluntary and community backgrounds. As a result the CHC now has a "shopping list" of proposals to press with the relevant authorities.

Next — and even more important — the people who attended the conference have formed themselves into a "Standing Committee on Health Education" to press for improved provision through the Area and the Education Committee.

Primary care: what the CHC is seeking

PRIMARY health care means health care aimed at keeping people out of hospital. It affects the lives of every one of us. The CHC has pressed for a number of key improvements to services in Central Birmingham.

Health Visitors

Firstly, the CHC recognises that the health visitor is a vital link in providing good services, especially to families with small children.

The new plans for reviving the Inner City – the Inner City Partnership Programme – should include provision to extend training opportunities for health visitors and to give them additional clerical support.

There is also a need for more interpreters so that health visitors can respond to the problems of minority ethnic groups.

Health Centres

Next, the CHC is keen to see the development of health centres.

Health centres enable the full range of primary health services to be available under one roof and they encourage different professional disciplines to work together as a team.

Where family doctors refuse to work from health centres, the CHC supports the development of "core health centres"

for other services. These should be built so that rooms can be added for doctors if and when they decide to join the health care team.

The Regional Health Authority and DHSS support this approach.

The CHC is involved in turning ideas into action in Balsall Heath. Nursing staff in Central District drew our attention to the unsatisfactory state of primary care facilities in the area.

Wide press publicity followed, and as a direct result the need for a health centre was acknowledged. Swift action by officers in the City Housing Department, the Planning Department and the Central District Health Management Team have put the Balsall Heath Health Centre

at the top of the list. Building work is intended to start by April 1, 1979.

The CHC is working hard to ensure that users' views on the design of the centre, and the way it will work, are listened to.

Inner City

The CHC has urged the Inner City Partnership between the City Council and central government to use its funds to develop new approaches to primary care in the inner city – in particular, an increase in home nursing and simple first aid courses for members of the public.

If community care is to have any meaning then there must be a concerted effort to restore the idea of caring as a neighbourly responsibility.

Child Health

Next, the CHC is continuing to press for effective action on Professor Donald Court's report on Child Health Services.

Members have told the health authorities that the unification of child health services should be a number one priority. The CHC has welcomed the small steps which the Area has taken on the report.

However, much more needs to be done. To help the Area develop its ideas in this direction the CHC is running a day conference on November 16, 1978.

Choosing a Family Doctor

The most important members of the primary care team are usually considered to be the family doctor and the dentist.

Central CHC has broken new ground this year in helping members of the public to choose their family doctor in the same way as they might

choose a holiday, a decorator or a motor car. Wide press attention has been given to the CHC's 'best buy' leaflet called "How to choose your doctor".

For the first time health service consumers are being told that they have a right to choose their doctor, and need not simply take what they are given. The CHC intends to distribute the leaflet widely and to try and contact people who are likely to want to change their family doctor.

Dental Care

Health service consumers have faced difficulties this year in getting NHS dental treatment. The CHC has looked at the work of the Dental Hospital to see whether it could extend its role in order to treat more patients.

Even more important, the CHC has unanimously reaffirmed its support for the continued fluoridation of Birmingham's water supply. The Court Report on Child Health Services strongly recommended fluoridation in order to protect children's teeth, and the CHC believes it to be a vital preventive step.

Deputising Services

Members have considered the new Code of Practice for Deputising Services, and found it wanting.

There are some improvements in the new code, namely the requirement that every patient will be visited unless his or her own doctor can be consulted, and the fact that services will only be staff by doctors with at least six months' experience of general practice.

But the code is vague. Acceptable standards are not defined. The word "adequate" occurs on a number of occasions and its meaning is never made clear.

The CHC will be concerned to see what monitoring is to be carried out and whether national standards of adequacy will be established.

Money doesn't come easily

OF COURSE, CHC members realise that cash is hard to come by. The Health Service is pressed to meet all the demands made on it. In Central District, particularly, there are problems relating to the work that the District hospitals do for the Region as a whole.

There are many "centres of excellence" in the District, as well as training facilities. These have to be paid for and the CHC believes that the Region should accept responsibility for services which have an impact beyond the Birmingham area.



THE Council has 30 members. Fourteen of them are appointed by the Birmingham City Council. They may be City Councillors but more often they tend to be people with interests in the public life of the City but who are not City Council members.

One member is appointed by the West Midlands County Council – again, not always a Councillor. Ten members are appointed by voluntary organisations.

They elect their own representatives at meetings arranged by Birmingham Voluntary Service Council.

Finally, a further five members are appointed by the West Midlands Regional Health Authority. The RHA is instructed by the Secretary of State for Social Services to have due regard to trades union interests in making its appointments.

Membership of the CHC is for a four-year period and half the members retire every two years.

Membership of Central Birmingham Community Health Council means a minimum commitment of two meetings a month (one council meeting and one committee meeting) together with a substantial amount of reading.

In fact, the majority of members do considerably more than this, turning out for special meetings, attending visits to NHS establishments, addressing groups on behalf of the CHC, and attending conferences.

The CHC does not have an executive committee. All significant decisions are taken in open Council where the public may be present.

In addition, the CHC has three committees which usually meet monthly, in private. However, the Committees' draft minutes are sent out as CHC papers with the Agenda for CHC meetings and are therefore open to inspection and question by the public and press.

Committee 1 handles: all matters to do with community and primary care – that is, health care before hospital treatment becomes necessary.

Members (June 1978):

Dr. Rod Griffiths (CHC

Who are

Chairman (ex-officio), 60 Portland Road, Birmingham, B16 9QU. General practitioner and lecturer in Social Medicine. Vice-Chairman of the National Association of CHCs in England and Wales. Interested in, and has worked in, all aspects of health care. Publications include research on locomotion; evolution; medical education; social medicine.

Miss Gwen Blandford (appointed May 1978), 134 Trafalgar Road, Birmingham B13 8BX. Senior Lecturer at the Centre for Teacher Education and Training, Birmingham Polytechnic. Lectures in Health Education. Member Howard League for Penal Reform; World Development Movement; Centre for the Study of Religion and Communism; Campaign against Racism and Fascism; Association for the Psychological Study of Adolescents; British Association of Counselling; Executive Committee member of "Open Door" Counselling Service; Hon. Secretary for Elliot House. Methodist lay preacher. Interested in primary health care and prevention.

Mrs Marjorie Winifred Brown, 191 Balden Road, Birmingham B32 2ES, a teacher, with some additional responsibility for the children of ethnic minorities. Secretary of the Educational Panel of Sandwell Council for Community Relations; member of the National Association for Multi-racial Education; Birmingham Friends of the Earth; Campaign for a Democratic Health Service; Committee member of the Warley Branch of the Rheumatism and Arthritis Council; Community Council Steering Committee.

Interested in mental health, community (e.g. Jubilee Street Care Committees) and the health and welfare of children living in

conditions of great social deprivation.

Has done voluntary work in hospitals, including theatre experience during the war, some temporary work in a community home in Acton, London, and in a home for incurables in Chiswick.

Ms Anne Crerar, 281 Mary Street, Birmingham B12 9RS, is a Social Services Department Team Leader. Interested in primary care and health education. Past experience includes counselling unmarried parents; nutrition work in Uganda, work with St John Ambulance Brigade; teaching cadets first aid; and home nursing.

Mrs Heather Pearce, 5 St Mary's Road, Birmingham B17 0HA, is the parent of a mentally handicapped child at home; formerly a parent member of the Board of Governors of Perry Grove School, Lea Hospital, Bromsgrove. Interested in mental handicap. Is a Playgroup Leader for the Birmingham Society of Mentally Handicapped Children.

Mr John Pickup, 16 Highmore Drive, Birmingham B32 3JY, is a retired local government officer and currently Manager of a Mental Health Day Centre. Interested in mental handicap and mental illness. Member of the Birmingham Society for Mentally Handicapped Children and the Birmingham Association for Mental Health.

Mrs Ida Shires, 153 Friary Road, Birmingham B20 1AL, is an interviewer for the Citizen's Advice Bureau. Member of the Conservative Association. Interested in dentistry; chiropody; the care of the elderly. Has helped with MPs' and local Councillors' welfare cases.

Mrs Joan Sohn-Rethel, 51 Fitzroy Avenue, Birmingham B17 8RL, is a retired Health Administrator. Mem-

ber of the Socialist Medical Association Committee; the Executive Committee of the Birmingham Trades Council; the National Union of Public Employees.

Interested in the elimination of hospital waiting lists, which she firmly believes could be done without extra resources. Has travelled in Europe, China and the United States of America, looking at and writing about, Health Services.

Mrs Celia Winter, 7 Granton Road, Birmingham B14 6HD, is a school welfare attendant; member of the National Association for the Welfare of Children in Hospital. Interested in primary care; physical handicap and children. Has worked in hospital.

Mrs Ruth J. Wolf, 14 Barlows Road, Edgbaston, Birmingham B15 2PL, is Honorary Secretary of the Midlands Council for Preparatory Training of the Disabled. Member of the Red Cross; the Disablement Incomes Group; the Association of Disabled Professionals; the Royal Association for Disability and Rehabilitation; the West Midlands Council for the Disabled; the Co-ordinating Committee for the Welfare of the Handicapped; and the British Council for Aid to Refugees.

Interested in rehabilitation; home care; education; training; employment; and housing for the disabled; and benefits and allowances. Has done Red Cross Hospital work and nursing, and been Secretary of the Midland Region of the Refugee Children's Movement Limited.

Mrs Joan Woodward (Committee 1 Chairman), 40 Middle Park Road, Birmingham B29 4BJ, is a social worker at the Birmingham Brook Advisory Centre. Member of the British Association of Social

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**A brief introduction
to the CHC's three
committees and their
members.**

Workers, and a founder member of the National Association for the Welfare of Children in Hospital. Interested in child health; mental health; counselling; and family planning.

Has worked in the field of Child Guidance as a Psychiatric Social Worker, and done research in the Burns Unit of Birmingham Accident Hospital into the emotional reactions of burned children. Member of the United Birmingham Hospitals Board of Governors from 1970-1974.

Mr R. Pain, 159 Balden Road, Birmingham, B32 2EL.

Mr T. Huq (co-opted).

Committee II handles: all matters to do with hospital care.

**Members (June 1978):
CHC Chairman (ex-**

officio)

Mrs V. Darby, 103 Harbourne Road, Birmingham B15 3HG.

Mrs S. Donkin, 30 Malcolmson Close, Birmingham B15.

Mr J.W. Hanley, 345 Shenley Lane, Birmingham B29 4JJ.

Mrs R. Hill, 5 Linton Road, Birmingham B11 3NZ.

Mr A.L. MacGeoch, 140 Bristol Road, Birmingham B5 7XH, is retired. He is a member of the Rotary Club and involved with Birmingham Cathedral Community Committees. He was a member of the General Hospital (and Dental and Jaffray) House Committee for 20 years, and its deputy chairman for 15 years.

Miss M.L. Oldbury, 10 Berkswell Road, Erdington,

Birmingham B24 9EE, is a retired teacher. Member of the League of Friends of the Hospitals; and "Life". Interested in hospital maintenance, and the development of services and amenities. Has done voluntary work in emergency situations. Has personal experience of the great benefits received from specialist expertise in the Birmingham Hospitals.

Mr B.W.E. Pearson (Committee II Chairman) 59 Eastern Road, Birmingham B29 7JX.

Cllr. Mrs A. Robbins, 19 North Drive, Birmingham B20 3SY.

Mrs Joan Sohn-Rethel.

Mrs C.M. Vaughan-Griffiths, 8 Warwick Crest, Arthur Road, Birmingham B15 2LH, is a Personnel Manager with Cadbury-Schweppes Limited. Mem-

ber, Soroptomists International - West Birmingham, and a member of national committee on organisation and manpower planning of the Institute of Personnel Management.

Interested in hospital care and access to hospital services. Formerly employed as Medical Social Worker, and has worked with British Red Cross Society.

Mrs Cynthia Walton, 58 Oxford Road, Birmingham B13 9ES, is Regional Administrator of the Midlands Region of the Family Planning Association (FPA). Member of the Birmingham Consumers Group; the Consumers Association; and the Services Committee of Birmingham Voluntary Service Council. Interested in home safety; family planning; women's health; child health, and health education.

Has worked for FPA for 24 years, done research into the availability of fireguards, non-flammable clothing for the MRC Burns Unit of Birmingham Accident Hospital, and worked as a freelance journalist on health topics. Holds the Certificate in Health Education.

Mr N. Webb, 22 Augustus Road, Edgbaston, Birmingham 15.

Committee III handles: matters falling outside remit of I and II, including problems of teaching and training, health education, ethics, etc.

**Members: (June 1978).
CHC Chairman (ex-officio)**

Dr M.C. Jones, 144 Sandford Road, Birmingham B13 9DA.

Rev. Trevor Rowe, The Queen's College, Somerset Road, Birmingham B15 2QH.

Mrs Joan Sohn-Rethel.

Mr H.E. Spragg, 21 The Poplars, Fallows Road, Birmingham B11 1PF.

Mr W.G. Symons (Committee III Chairman), 16 Emerson Road, Birmingham B17 9LT.

CHC meetings in the period following publication of this Report will be on October 12, November 9 and December 14, 1978, and January 11, February 8 and March 8, 1979.



Members of Committee I inspect the site for the Balsall Heath Health Centre in Edward Road.

'Access' takes the want out of waiting

BY "ACCESS" the CHC means whether a service is **easy to get to** and whether it's **easy to use** for different groups of people.

"Easy to get to"

The development of "district general hospitals" – which each aim to provide a full range of hospital services for around 250,000 people – has usually meant that out-patient services have been concentrated at the same sites.

This may not suit the particular life styles of the patients concerned. There may be transport problems. Sometimes, the treatment concerned might be important enough to justify making it available locally.

The controversy surrounding maternity services in Birmingham is, partly at least, about this question of **access**.

Ante-natal care, in particular,

should be available no more than a "pram-pushing mile" away, so that expectant mothers will be encouraged to attend.

In particular, we feel that, at times, services would be better located **centrally** on main bus routes than spread around a number of sites which are more difficult to get to.

Sometimes the NHS may have to accept **responsibility for transport**, in order to make sure that people can get to district general hospital sites which are "off the beaten track". It is for this reason that the Council welcomes the use of NHS "endowment funds" to help pay for the new shuttle-bus service at the Queen Elizabeth Medical Centre.

"Easy to use"

How easily can groups in the community use NHS services in Birmingham? The CHC is particularly con-

cerned about the way in which hospitals and other services respond to ethnic minorities. The NHS has tended to think of the community as made up of one kind of person. But people are different – they have different needs, problems, aptitudes and attitudes.

The CHC would like to see a much more sensitive approach to the needs of different groups of consumers. "We are not worker bees or soldier ants – we are people."

Even the proposals from the new Inner City 'partnership' between local and central government take no account of the **special** difficulties of the Inner City – such as communication problems for the Asian communities, the particular problems relating to ante-natal care, and the problems of transient or mobile members of the community.

Spot checks on clinics

GETTING an appointment with a consultant is one thing; getting seen when you keep the appointment is quite another.

The CHC is now undertaking a series of spot-check surveys in out-patient departments in all the hospitals in Central District in order to monitor how efficiently out-patients clinics are run. The CHC feels that delays of an hour and over are unacceptable. Some of them could be avoided by better management.

In one instance, this year, the CHC found that a consultant was regularly carrying out a ward round *at another hospital* at the time during which patients were given appointments to see him at his out-patient clinic. We also believe that in some specialities, the consultant staff are so eminent that they are often absent at international conferences. This makes them less available to treat patients in Central District. The CHC would like to see additional consultant posts where necessary in order to allow for this.

Speeding up the specialists

THE CHC is concerned that waiting times for first out-patient appointments, particularly in the ear, nose and throat, orthopaedic and ophthalmic specialities are still far too long.

It is intolerable that a child should have to wait up to a year in order to be seen, where there is a risk of deafness. Equally, it is intolerable that one should have to be classed as an emergency before the NHS will

respond.

Far from being negative in this matter, the CHC has suggested a number of specific improvements which could be made and which we believe would substantially shorten the existing lists. These include: referral to consultants' teams rather than to individuals; more effective costing of out-patient resources; and the possibility of switching resources from in-patient to out-patient lists.

● **Nurse staffing shortages** in the district are chronic, especially at the Queen Elizabeth Medical Centre. The CHC is pressing for improved provision, recognising that the cause of many of the problems lies with central government and the public expenditure cutbacks.

Support for law on abortion

THE CHC has continued its consistent support for the implementation of the law on abortion, and the provision of easily accessible counselling. This was demonstrated this year by a half-hour radio programme which the CHC prepared and which was broadcast in April.

The publication by the Region of wide-ranging recommendations to improve the situation is a welcome result of CHC pressure.

Our views on the Sorrento problem

THE CHC joined with South Birmingham CHC in organising a public meeting to discuss the possible closure of Sorrento Maternity Hospital. Over 80 people turned out on a cold evening to debate the matter with the Area Medical Officer, Dr William Nicol.

A number of follow-up meetings have been organised by South Birmingham CHC about the Sorrento problem, and Central CHC visited Sorrento, as well as the Birmingham Maternity Hospital. At BMH, members met consultants, nursing staff, and the administrator to discuss the state of the delivery suite and the need for constructional improvements.

Despite these visits and lengthy discussion, the CHC has not been able to take a clear position for or against the closure of the Sorrento Hospital. We cannot join our colleagues on South Birmingham CHC in opposing it

outright.

We recognise that the standard of maternity care provided at this old and maze-like building is, in some respects, understandably deficient. However, we also recognise that the hospital attracts a loyal custom from ethnic minority and the more deprived groups in the district. The challenge is to create Sorrento-type friendliness and atmosphere with the safety and efficiency of modern obstetric technology.

Giving new life to the Inner City

THE CHC believes that proposals to revive Birmingham's Inner Areas should not just be based on current demand. One of the main inner city problems is that people's needs are not always heard as **demands** by the authorities.

For this reason, money should be spent now on Health Visitors and allied contact staff rather than just on buildings. This will help to produce a better understanding of needs in the future. By this means revenue spent wisely now may help to produce effective solutions to Inner City problems in the future.

The alternative approach – spending all the money the easy way on buildings – could prove a tragic waste of resources.

Domiciliary services still slow

MEMBERS have been very disturbed in the past that a waiting list has built up for services such as domiciliary laundry for incontinents, and incontinence pads. Members have continually pressed the District Management Team on this matter and the lists have been reduced – though we are not yet satisfied with the situation.

It may be that additional resources are needed so that a further van and driver can be provided: we recognise that this service is in competition with others for limited funds, but the CHC considers it to be of the utmost importance.

CHC MEMBERSHIP & ATTENDANCE

DETAILS of members and their attendances are given in the table below. During the year the CHC met every month. Overall attendance was 68 per cent of the maximum possible.

At June 1, 1977 the CHC had 29 members and on May 31, 1978 it had 27. Unless otherwise stated, members were in office at June 1, 1977 and remained for the full 12 month period.

I Members appointed by Local Authorities

Birmingham Metropolitan District Council

	Term of office expires	Number of meetings attended	Number of meetings to which summoned
Mrs M. Brown	1982	11	12
Mrs V. Darby	1982	7	12
Mrs S. Donkin	1980	11	12
Dr R.K. Griffiths (Chairman)	1982	11	12
Mrs R. Hill	1982	10	12
Dr M.C. Jones	1982	5	12
Mr E. Lear (resigned December 1977)		1	7
Mr A.L. MacGeoch	1980	9	12
Miss M.L. Oldbury (appointed April 1978)	1982	2	2
Mr R. Pain	1980	4	12
Mrs J. Pearce	1980	12	12
Mrs A. Robbins	1980	8	12
Mrs H. Shires	1980	12	12
Mr W.G. Symons	1982	7	12
Mr N. Webb	1982	9	12

West Midlands Metropolitan County Council

Ms A. Crerar (appointed April 1978)	1980	1	1
Cllr T. Lea (resigned May 1978)		8	11

II Members appointed by voluntary organisations

Birmingham Council of Christian Churches

Miss G. Blandford (appointed May 1978)	1980	0	0
Mrs B. Slater (resigned March 1978)		3	10

Birmingham Committee for Night Shelter

Mr J.W. Hanley	1980	7	12
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Birmingham Society for Mentally Handicapped Children

Mr J. Pickup	1982	5	12
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The Sparkbrook Association

Mr H.E. Spragg	1980	9	12
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West Birmingham Sroptimists Club

Mrs C.M. Vaughan-Griffiths	1978	8	12
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Family Planning Association

Mrs C. Walton	1978	8	12
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National Association for the Welfare of Children in Hospital

Mrs C. Winter	1980	8	12
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Midlands Preparatory Training Committee

Mrs R.J. Wolf	1980	9	12
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SHAPE Housing Association

Mr J. M. Beavan (resigned April 1978)		2	10
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Voluntary Service Scheme - General Dental and Jaffray Hospitals

Miss E. Jones (resigned September 1977)		1	4
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III Members appointed by the West Midlands

Regional Health Authority

Mr H. Marks (resigned March 1978)		8	10
Mr B.W.E. Pearson	1980	5	12
Rev T. Rowe (appointed October 1977)	1978	6	8
Mrs J. Sohn-Rethel	1982	11	12
Mrs J. Woodward	1980	11	12

Chairman and Vice-Chairman

At the meeting of the Council in July 1977 Dr R.K. Griffiths was elected Chairman and Mrs C.M. Vaughan-Griffiths Vice-Chairman, both for the period ending with the meeting of the Council in September 1978.

FACTS AND FIGURES ABOUT THE COUNCIL

THE CHC operates with the minimum of cash and staff resources. On a turnover of around £14,000 a year, it pays two full-time members of staff and gleans whatever additional assistance it can through government work experience programmes.

Its offices comprise one room of which it has exclusive use and a shared suite of offices for reception and filing purposes, and printing and storage. Recently, in addition, the CHC has had part-time use of a further small room.

But the Council's main strength lies in its members.

Where the money goes

FOR financial year ending March 31, 1978, the CHC received an allocation of £14,137, of which £8,300 is allocated for salaries.

A further £1,225 is allocated for rent, rates, heat, light and maintenance of premises. All the CHC's remaining costs — travel and subsistence, office equipment and furniture, printing, stationery, postage, telephone, advertising and publicity etc — is met from the balance of £4,612.

The CHC is now doing a great deal more work than previously. However, because we are aware of the need to use public funds responsibly, we have not asked for increased resources: we are now stretched to the limit. In particular, the shared premises at 161 Corporation Street are now overcrowded.

Statement of Accounts 1977/8

THE CHC does not control its own accounts. Central Birmingham Health District Finance Offices make all payments over £5 on behalf of the CHC, and handle the payment of salaries etc.

At the time this Report was prepared (August 1978) the District Finance Offices could not provide a financial statement for the year ending March 31st, 1978.

Rather than delay publication of the Report, the CHC has regretfully decided to take the unusual course of publishing without a financial statement.

However, any reader who would like a copy of a financial statement when it is available, should contact the Secretary, Steve Burkeman, at the CHC office.

The CHC's success will always be related directly to the extent to which members are prepared to give their time and energy. But a Council of 30 people can never be truly representative of a population of 250,000 people.

Central Birmingham CHC has a panel of members of the public whom we consult on a variety of issues. The panel is expanding, as is our use of it.

Recently, the CHC asked panel members to join them, for the first time, in a lobbying operation to persuade the County Transport Com-

mittee to start a shuttle-bus service at the Queen Elizabeth Medical Centre (see Page 7). Panel members responded enthusiastically and to great effect.

Provoked

Members of the Transport Committee, during their discussions, commented on the number of letters about the bus service which they had received from the public. The panel has also provoked a number of enquiries from other CHCs interested in establishing a similar resource.

The CHC has now

expanded on this concept by establishing a Standing Committee on Health Education from among those who attending the Health Education Workshop.

Rather than let the initiative taken in the course of the Workshop evaporate, the CHC asked the 76 participants to make themselves available as a supplementary source of advice and guidance to the Area and to the Education Committee.

We believe that this will strengthen the CHC's ability to present the consumer viewpoint.



PERSONNEL CHANGES

● Euan Porter resigned as Secretary with effect from July 1977. Steve Burkeman was appointed, with effect from September 26, 1977. Pamela Dean continued as Assistant (resigning with effect from June 2, 1978). At the close of the year, Anita Brock was appointed as Assistant (with effect from July 10, 1978).

● Pictured above is CHC Secretary Steve Burkeman, with his new Assistant, Anita Brock. Steve was previously

employed as a principal officer in Liverpool City Council. Among his outside interests, he lists membership of the national executive committee of the Child Poverty Action Group.

● We are indebted to Jane Gibbins, Sue Kent and Pamela Robson for part-time temporary assistance at various times during the year. Azra Begum worked with the CHC under the auspices of the Work Experience Programme as did Patricia Christie.

Brief guide to those initials . .

■ **AHA** (*Area Health Authority*) – Responsible for the provision of health services in all five districts in the Birmingham area. Members of the AHA are served by an Area Team of Officers (**ATO**).

■ **DHSS** (*Department of Health and Social Security*) – Central government department responsible for the provision of health services throughout the country.

■ **DMT** (*District Management Team*) – Responsible for the management of health services at Central Birmingham Health District.

■ **DMC** (*District Medical Committee*) – Professional advisory committee. Set up to represent GPs in the area.

■ **FPC** (*Family Practitioner Committee*) – Like the old Executive Council, responsible for administering the general practitioner (**GPI**), dental, pharmaceutical and ophthalmic services in the area.

■ **JCC** (*Joint Consultative Committee*) – Responsible for joint planning between health and social services in the area.

■ **LMC** (*Local Medical Committee*) – Professional advisory committee. Set up to represent consultants and general practitioners in the district.

■ **RHA** (*Regional Health Authority*) – Responsible for the provision of health services in the West Midlands Region. Members are served by a Team of Officers (**RTO**).

... and the initials which matter most –

■ **CHCs** (*Community Health Councils*) – Exist "to represent the interests in the health service of the public" – in other words to help to ensure the best possible health service for their local communities.

Central Birmingham CHC covers Quinton, Harborne, Edgbaston, Deritend, Duddeston, Small Heath, Sparkbrook, Sparkhill, Acoccks Green, Fox Hollies and Hall Green.

Health Authorities must consult CHCs and tell the public what they are doing about the CHC's suggestions. CHCs ensure that the Authorities know what the community wants from the Health Service.

CHCs cannot investigate individual complaints, but they can tell you about your rights in the National Health Service and advise you, if necessary, how to make a complaint. They can also act as the "patient's friend" to make sure that a complaint is properly dealt with.

Your CHC is your voice in your Health Service. Help us to get the best possible Health Service by telling us what you think about it.

The NHS

BASIC FACTS & FIGURES

The figures are approximate. Unless otherwise stated, they refer to 1976.

Population of England and Wales	49.14m
Annual net expenditure in the NHS (capital and revenue) 1976/77	
Hospital and community health services	£4,077m
Family practitioner services	£1,064m
Other health services	£94m
Central and miscellaneous services	£87m
TOTAL	£5,322m*
Annual income from charges (includes receipts from pay and amenity beds, prescription charges, dental charges etc)	£114m
Annual net expenditure per person	£108*
Number of hospitals in England and Wales	2,307
Number of in-patients treated per annum	5,595,000
Average daily number of in-patients	407,000
(* These figures do not take account of the £547m contributed towards the cost of health services collected as an element of the National Insurance Contribution).	
Average length of an in-patient's stay	22 days
Total number of NHS employees (whole-time and part-time)	1m
Total number of family doctors (GPs) (1977 figure)	24,000
Total number of hospital doctors (whole-time equivalents 1977 figure)	32,000
Number of prescriptions issued in 1977	318m
Number of courses of NHS general dental services treatment in 1976	27m



The Outpatient Department at the General Hospital – a good place to sit and think of ways to improve the NHS.

New style CHC publicity...

THE CHC's main publicity used to consist of the annual Report, two leaflets (one dealing with CHCs in general, and one with patients' rights), a small amount of press publicity, and posters on a number of inner city buses.

Recently the CHC has reviewed its publicity policy with the result that:

■ We have ceased advertising on the buses.

■ An expanded and much improved Annual Report is being produced this year giving a fuller picture of our activities and achievements.

■ We now issue regular press releases and, as a result, have obtained substantially improved local and national publicity.

■ A newspaper-style leaflet has been prepared for distribution door-to-door in the Fox Hollies ward. If successful, we hope to extend this.



■ Other leaflets are in preparation giving advice and information about specific aspects of consumer choice in the Health Service.

This new "total approach" to publicity may be expected in time to produce a substantially increased workload for our very limited office staff. The CHC does not shrink from this but considered it a responsible course of action

to take to increase the workload as necessary, and then attempt to secure the resources to deal with that increased workload.

The CHC has continued its policy of providing speakers for any groups who would wish to know more about the CHC and its role in the Health Service.

This year CHC representatives have spoken to Quinton Men's Fireside,

Small Heath Community Workers' Lunch Club, the National Council of Women, Fox Hollies Lunch Club, Hall Green Methodists, the Co-op Women's Guild, Bournville Quakers, the National Association of Area Pharmaceutical Officers. In addition the Chairman has been invited to speak to a number of other groups locally, regionally and nationally.

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WHEN the Sunday Mirror newspaper ran a short story taken from Islington Community Health Council's Annual Report, CHCs throughout the country were besieged by telephone calls from women wishing to know about "Well Women's Clinics" - the subject of the Sunday Mirror story.

These are clinics to which women can go for a range of screening procedures and simply for a chat if they are worried. Services such as cervical cytology and screening for breast cancer takes place at these clinics.

Women find them helpful because very often they find their male family doctors unhelpful. Regrettably we have had to tell callers that no such clinics exist in Birmingham,

but the CHC is, together with other Birmingham Councils, starting to press for local provision.

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ONCE again, the CHC has been consulted by the Queen Elizabeth Hospital in preparing its documents for visitors and patients. This is a constructive use of the CHC's resources and members very much appreciate being asked to inject the consumer's viewpoint into such documents.

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MEMBERS have visited two establishments based in Birmingham, but which are responsible to and run by Central Government - the Employment Rehabilitation Centre and the Artificial Limb and Appliances

Centre. In both cases members were deeply impressed by the quality of the work being done there.

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CHC MEMBER Margery Brown met with a local optician, Mr C R Morris, at his practice. She saw how a local optician deals with National Health Service patients. The visit was a valu-

Any ideas?

READERS of this Report may wish to suggest NHS establishments in Central Birmingham which CHC members ought to visit, for one reason or another. Please let the Secretary know. We will be glad of your help.

able one and from it arose a number of issues which the appropriate committee is now pursuing.

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IN SEPTEMBER 1977 the CHC held its annual statutory meeting with Birmingham Area Health Authority. Members broke new ground by organising a session designed to involve individual members of the Authority as much as possible - members to whom we rarely speak during the rest of the year.

The meeting was so successful in this respect that the Chairman of the Authority, Mr Bettinson, commended the Central Birmingham format to other Councils in organising their own meetings.

Involving people in their Health Service

Patients' Associations

THE CHC has been impressed by developments in other parts of the city and in other towns which aim to involve patients more in their own health care. A particular example of this development occurs where patients' associations are set up by progressive general practitioners. The doctors are helped by ready access to patients' views and patients no longer feel helpless as recipients of the benefits of "professional mystique".

The CHC has also been interested in supporting developments related to neighbourhood care. Discussions have taken place with, among others, Small Heath Community Federation, which is presently preparing a Neighbourhood Care Scheme.

The Jubilee Street Care Committees, as set up on the joint initiative of Central Birmingham CHC and the Social Services Department, have continued in strength, very much thanks to the efforts of the retiring Lord Mayor, Mrs

Freda Cocks. The CHC will continue to press this matter, both with local groups and funding authorities.

Chiropody

THE CHC carried out an extensive survey of all known people either receiving or on the waiting list for chiropody in Central District. The conclusion reached was that paying chiropodists for each piece of work they carry out for the NHS while they also practise privately is not the best way for the Area to spend its limited resources.

More chiropodists should be employed *directly* by the Area to work full-time for the Health Service, both in the community and from clinics. Rooms should be set aside in premises where old people go anyway, in order to provide them with a chiropody service.

Wherever possible "foot care attendants" should be

employed. These are people who, while not being fully qualified chiropodists, could carry out many of the simple treatments required by elderly people, to make their lives so much more pleasant.

The CHC was heartened by the fact that Area Medical staff expressed substantial agreement with the CHC's proposals and their intention to further them.

The Health Service over the next ten years

FACED with Birmingham Area Health Authority's draft strategy documents the CHC has not been content to depend on its own membership for a response.

It organised a public meeting in December, 1977, attended by more than 50 people, and addressed by members of the Area Health Authority and Ruth Levitt, formerly Editor of CHC

News. This was an opportunity for members of the public and people working in the service to describe their own vision of the Health Service in ten years' time. As a result the CHC has been able to make a more informed response to the Area Health Authority.

The Children's Hospital

MEMBERS have taken a particular interest in the Children's Hospital and in the many problems which it faces. Some of those problems are covered elsewhere in the Report under different headings (e.g., delays in out-patient departments). Others are specific to the Children's Hospital, including the poor state of physical communication between the blocks, the lack of a Voluntary Service Organiser for the hospital, and the need for some ward accommodation for adolescents.

The CHC is continuing to look in some detail at the communication problem with a view to commissioning its own feasibility study.

PATIENTS' PROBLEMS

ONE important CHC function is helping patients who have experienced problems with the NHS in some way. Last year the CHC dealt with 90 per cent more of these than during 1976-7. The category of problem which figures in this total excludes those which require no action by the office. Thus the vast number of casual enquiries which the CHC receives each week is not logged.

By 'patients' problem' we mean a problem which requires CHC officers to write letters, make telephone calls and press the patient's case with the relevant authorities.

The increase in such problems may be seen not as an indicator of increased dissatisfaction with the NHS but as the result of our increased publicity. It is good that, at last, members of the public feel able to comment constructively on the NHS with a view to improving it. We believe that this change will ultimately be for the good of the NHS.

The CHC tries to tackle problems at their root cause, whenever possible. For instance, it was a complaint from a member of the public which prompted members to look more closely at the prescribing practice of hospital pharmacies.

Drugs issued by hospital pharmacies are cheaper for the National

Health Service as a whole than drugs prescribed by general practitioners. The drugs prescribed by general practitioners are cheaper for the local health service since they are paid for centrally.

Members have expressed dissatisfaction at the policy of hospital pharmacies being allowed to issue only one week's course of drugs at one go. They fear the consequences for those members of the public who will choose not to complete the second half of the course, by failing to report to their family doctor.

Already in taking up this issue there are signs that procedures will be improved. The contacts made while tackling this problem led to CHC Vice-Chairman, Mrs Vaughan-Griffiths, being invited to talk to a conference of the National Association of Area Pharmaceutical Officers - more than 50 APOs from all over the United Kingdom.

We have responded to the consultation document on non-medical hospital complaints, recently issued by DHSS.

While finding nothing exceptional in the document the CHC commented that it failed to deal adequately with out-patient complaints - and these form the majority of complaints about hospitals which are brought to us.

A note of thanks . . .

NOT everyone running the National Health Service welcomes having to listen to the consumer viewpoint, still less having to take account of it.

All the more reason, therefore, to thank those who respond positively and make our work on behalf of consumers more productive, especially Mr Buckler, District Administrator; Dr. Bruce-Smith, formerly Chairman of the Medical Executive Committee; the late Dr. Dermot Mahon, Specialist in Community Medicine; members of the Birmingham Area Health Authority (Teaching); members of the Regional Team of Officers; and the Public Relations Officer for West Midlands Regional Health Authority; Paul Castle, and his colleagues.

There are, of course, many others in the Service who have helped us over the past year, and they are too numerous to mention. Those few who have hindered the CHC's efforts do not need this Report to remind them that we do not give up easily.

BRENT HEALTH

A News-sheet from Brent
Community Health Council

Winter - Spring '79

COMMUNITY HOSPITAL : DEMONSTRATE FEBRUARY 21st

Brent and Harrow Area Health Authority is to make its decision on whether Willesden should have a Community Hospital on 1 April.

REJECTED

At the January meeting of the Area Health Authority Brent's Councillors argued that the meeting at which such an important decision was to be taken should take place in Brent. At the moment AHA meetings are held in Harrow at 5.30p.m. with room for twenty members of the public. But the AHA members - of whom only three out of twenty three live in the Brent Health District - rejected this proposal. Albert Otten argued that "there should be as little public debate on this issue as possible" and several other AHA members agreed with him.

Low Pay Campaign

As we go to press, Brent's paid health workers have begun their campaign for a minimum basic weekly wage of £60. On Monday 22 January Brent members of NUPE and COHSE took part in a one day strike to attend the 30 000 strong demonstration in central London. This is being followed by an indefinite strike of hospital porters and considerable disruption of hospital work is likely.

NHS ancillary staff currently earn on average £120 an hour before tax. For male workers, average hourly earnings have fallen from 77% of the 1975 to 1976 level.



Andrew Ward, Report

Last September's Demonstration

DEMONSTRATION

Backed by the Brent Councillors on the AHA, the Willesden Hospital Hospital Action Committee has called for a demonstration outside the February meeting to show the AHA that Brent people want the right to see how decisions which so vitally affect them are made. Local organisations supporting the Community Hospital Campaign are all being asked to ensure that as many of their members as possible attend. The AHA must be made to realise that it cannot go on ignoring local people in this way.

PROPOSAL

Brent Community Health Council's final proposal for a Community Hospital for Willesden was submitted to the Area Health Authority in November after a period of extensive public discussion during the previous six months. Demonstrations of public

the Area Health Authority, a torchlight vigil outside Willesden Hospital, and a march through Harlesden and Willesden.

The Community Hospital Proposal* drawn up by the CHC includes plans for two wards of beds where you can be looked after by your own GP, a minor casualty unit, a health centre and a health action centre.

SUPPORT

The CHC recognises that the money to run a community hospital would not be available from within the current budget, and are asking the AHA to give their support in principle to the Community Hospital idea and to campaign for special government funding for it.

*Copies of Brent CHC's proposal for a Community Hospital for Willesden are available from Brent CHC

BRENT COMMUNITY HEALTH COUNCIL

In 1976 the Brent and Harrow Area Health Authority axed over 300 of Brent's hospital beds. They claimed that this would mean services could be organised more efficiently and be cheaper to run. Local people were worried. They feared that they would have to wait even longer to see a hospital specialist or to obtain an operation and did not believe the rhetoric of increased efficiency.

But since 1976 more people have been in and out of hospital than ever before and the waiting list for hospital operations has fallen slightly. The crisis we all expected has not happened. So have Brent's health service managers been right all along?

Their new policy is to keep each hospital ward as full as possible all the time, so that staff and equipment are not kept idle, and to send people home as soon as they can.

The administrators say that sending patients home earlier is better for them. But recovering at home is not always easy, especially if you live on your own, the bathroom is two flights up, or you have not got any help with your children. And no-one thinks of the added strain on caring relatives - the anxiety and sleepless nights or the extra workload on district nurses and home helps.

It's be clear. The cuts mean more work and more worry. More work for hospital staff, for community staff and for caring relatives. More worry for ill people, their friends and families and health service staff who see the problems every day and know they are only coping with the tip of the iceberg.

CAMPAIGNING OR

Brent To Have Day Care Abortion Unit

Brent is to have a new day care abortion unit as a result of recent proposals by Brent Community Health Council and active campaigning by local women. Last year, a survey by Brent CHC revealed the District's inadequate abortion provision.

The Area Health Authority have agreed to finance the unit from extra money made available by the Government.

SELF REFERRAL

Brent Women's Centre held a public meeting at the CHC to discuss the sort of unit they would like to see. In particular, the meeting was concerned that two different women with the same grounds for abortion under the law could experience widely differing reactions from local GPs. Recognising this, both the Women's Centre and the CHC are now arguing that the unit should accept women who go directly to the unit as well as those who have been referred by a GP.

St. Mary's Harrow Road To Close

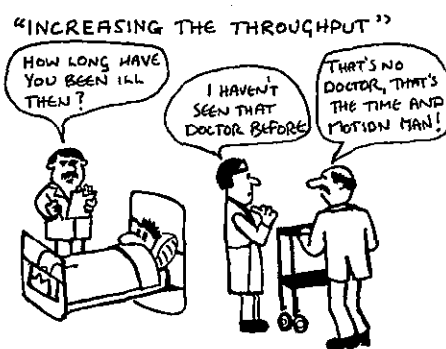
St. Mary's, Harrow Road, and Paddington Green Children's Hospital are to close in order to pay for a bigger and grander teaching hospital to be built at St. Mary's, Praed Street. In all 183 beds will be lost. The scheme will affect not only people from W9 who will lose their local hospital, but also people from the south of the Brent Health District for whom St. Mary's is much more convenient than Central Middlesex.

MEDICAL FACTORY

A campaign to save Paddington's hospitals is gathering support. Local people know that what they need is not a huge plate glass and steel medical factory at Praed St., but local hospitals close to home which are geared towards caring for the everyday illnesses and accidents from which we most often suffer.

CAMPAIGN

The Save Paddington's Hospitals Campaign can be contacted through Pam Thorpe at the Carlton Centre:- 624 4551, or the 510 Centre, 510 Harrow Road. Tel:- 969 7437.



Disabled Employment Difficulties

If you are disabled, finding a job is not an easy matter, however capable you are. In order to overcome some of these difficulties, the Government asks employers to give at least 3% of their jobs to registered disabled people but does not make this enforceable. Health Authorities have been asked to make a special effort to meet the 3% quota and to seek out jobs which would be suitable for the disabled. However, Brent and Harrow AHA only employ 0.5% and say that they do not have the time or money to improve on this figure. Brent CHC feels that it is for the AHA to make more of an effort to set an example to other employers - after all, they are the people who should realise more than most the difficulties and prejudices that disabled people face.

Issues in Health

CHC DISCUSSION SERIES

Last Tuesday of every month in CHC office, 16 High Street
Health and Safety in Hospitals
February 27th at 7.30pm.
Rickets

COMMUNITY HOSPITAL CONFERENCE

Over eighty people attended a conference to discuss the community hospital, organised by the Willesden Hospital Action Committee last October, including GPs, representatives of community groups, trade unions and political parties, and even two people who were interested enough to come all the way from Sheffield! The speakers were Laurie Pavitt, MP for Brent East, Berry Beaumont, a Senior Registrar in Community Medicine at St. Mary's Hospital, Paddington, and Jeannette Mitchell of the Community Health Council.

Unanimous Support

There were workshops on ways of fighting hospital closures, ways of gaining more control over our bodies and our health care services, and ways of preventing ill health through improving our working and living conditions. At the end of the conference there was unanimous support for a statement to be sent to the Secretary of State setting out why a community hospital is needed in Willesden.

Control

One of the most pressing issues which came out of all the discussion was "who will control the community hospital?" There was a strong feeling that our community hospital would have to involve less patronising and more informative relationships between doctors and patients and less hierarchy and more teamwork amongst the workers. Yet another battle to be fought!

Community Hospital

Outside Area Health Authority Offices, Signal House, Lyon Road, Harrow at 4.30pm on February 21.

A coach will leave from Rucklidge Avenue, Harlesden at 3.45pm.

DEMONSTRATION

Mark Rusher, International Federation Library.



Hospital Serving

Asian Food

After strong representations from the Brent Asians and Health Working Group, Central Middlesex Hospital is now offering both Hallal and Asian vegetarian food to its Asian patients. The group has been advising the hospital about suitable menus and has been to visit the factory where the frozen food is prepared. They are hoping too that chappatis will soon be provided on a regular basis with lunch and supper.

ASIAN MENU

Two major problems are making sure that Asian people on every ward are offered the Asian menu and explaining to people who do not speak English what each dish is made of. The Asians and Health Group will be translating the menu into Gujarati and Urdu. All Asian people going into hospital, however, should make sure they ask for Asian food, stating whether or not they are vegetarians.

GROUP

Anyone interested in taking part in the Brent Asians and Health

Bed Cuts Plan

Brent could lose 89 more hospital beds and Harrow gain 194 if a new plan recently issued by the Regional Health Authority is put into action, despite a claim that the special needs of socially deprived areas have been taken into account.

SPENDING CUTS

The plan is part of an attempt to cut spending in accordance with government demands. The fact that they freely admit "in an ideal world ... a case could well be made for the provision of service at a higher level" does not lessen the possible consequences.

POWER

Not content with making an overall cut in hospital beds, it is also clear that the hospitals least affected will be those with most power: the Middlesex, the Hammersmith and Northwick Park.

The Community Health Council will be discussing the plan at one of their Tuesday meetings within the next couple of months. Phone: 961 2028 for details.

Meetings

SICKLE CELL ANAEMIA

PUBLIC MEETING

7.00pm, Tuesday 26 February, Methodist Church Hall, Tavistock Road, NW 10.

Further details: Elizabeth Anionwu Brent Organisation for Sickle Cell Anaemia, Tel: 992 3258.

(Brent O.S.C.A. also meets at the CHC office, Rear Block, 16 High Street, NW10 on the last Monday of every month at 7.00pm.

ACTION FOR EPILEPSY GROUP

Meets on the 2nd and the last Wednesday of every month at the CHC office, Rear Block, 16 High Street, NW10 at 7.30pm. For further details contact Mrs. Green, Tel: 205 3937

NORTH LONDON HEALTH AND SAFETY GROUP

10.00am - 2.00pm on Saturday March 3rd at The Hall, Cypriot Advisory Service, 26 Crowndale Rd. London NW1. Further details from

Winter Beds Crisis Hits Brent's Sick



Winter brings more illness, especially for the elderly, from 'flu and chest infections to fractures and hypothermia - literally dying of cold. But Brent's hospitals do not have the money or staff to cope. Even in the summer months Central Middlesex Hospital is so full that patients often have to be put in spare beds on the wrong kind of ward and sometimes the hospital has to close to emergency admissions altogether. This winter's bad weather has put so much pressure on the hospitals that there just aren't enough beds available to cope. From January 8th, special arrangements have been made to send patients home

early and restrict routine admissions, so that there are beds kept free for emergencies.

Closed

According to the Government, Brent has 20 'acute' beds too many and 88 'geriatric' beds too few. The Brent and Harrow Area Health Authority claims not only that there is not enough money to re-open Brent's seven closed wards - two at Willesden and five at Neasden - but also that there is no need to do so.

Plans To Close Leamington Park

Brent and Harrow Area Health Authority are shortly expected to announce plans to close Leamington Park Hospital for the elderly by March 1980. It is proposed that some of the patients be moved to Willesden Hospital, but Brent CHC fears that this will quash any chance of establishing a community hospital at Willesden.

Precious Beds

The CHC has grave doubts that "geriatric" hospitals are always in the best interests of the elderly, but nevertheless realises that Brent needs the precious beds at Leamington Park Hospital. It plans to investigate ways in which Brent could provide a lively, pleasant environment for the patients of Leamington Park. Meanwhile the staff at Leamington Park plan to

WOMENS HEALTH COURSE

"Know Your Body, Know Your Rights" is the name of a new evening course for women jointly organised by Brent Womens Centre and Brent CHC. The course will provide a chance for local women to learn more about their health and health services. Subjects to be covered include contraception, childbirth and pregnancy, menopause, menstruation, depression, aging and nutrition. There will be visiting speakers and plenty of time for discussion in an informal atmosphere. The course is to last for 10 weeks and will be held at Brent CHC, Rear Block, 16 High Street, Harlesden, every Thursday at 3 00 pm, from February 1st. All women welcome. For further details contact Jeannette or Sally: 961 2028

CHC Set For Fluoridation Battle

Health Authority plans to fluoridate Brent's water supply are to be opposed by Brent CHC.

Choice

Fluoride in small quantities makes teeth stronger and less likely to decay. But in large quantities it may be dangerous to health. The CHC fears that it may be difficult to regulate the amount of fluoride in the water and that to add a chemical to water for medical reasons deprives people of a free choice.

Stopping The Rot

But ending all the pain and misery of tooth decay remains a priority. Dentists agree that 99% of tooth-ache is preventable. But with most baby foods, breakfast cereals and soft drinks containing large quantities of sugar, it's hard for all of us to resist developing a sweet tooth - even if we don't eat sweets. Government action is urgently needed to control the food manufacturers and stop the rot at its source.

Published by Brent Community Health Council, 16 High Street,

BRENT COMMUNITY HEALTH COUNCIL

- * Invite us to your club or organisation to tell us what you think about health in Brent.
- * Come to us for information about local health facilities.

The Community Health Council meets at 7.00pm on the first Tuesday of every month. Members of the public are very welcome to attend.

REAR BLOCK,
16 HIGH STREET,

BRENT HEALTH

A News-sheet from Brent
Community Health Council

AUTUMN '78

New Group to Fight Epilepsy Prejudice

One person in every 200 has epilepsy. For many of them finding a job - hard enough anyway - is made doubly difficult by the prejudice they encounter.

And getting out and meeting people - again, never very easy especially in London - becomes a night mare.

Action for Epilepsy is a new organisation set up to combat prejudice about epilepsy and over 100 local groups have been established throughout Britain. The Brent group aims to offer support to its members as well as starting a campaign to tell local people the facts about epilepsy. On Wednesday 27 September the group is holding its inaugural meeting at the CHC office, 16 High St., Harlesden, NW10 beginning at 7.30 p.m.

After this they plan to meet on the last Wednesday of every month, also at the CHC office. For further information contact Mrs. Green : 388 7661.

Convalescent Homes Cut

At its June meeting the Brent and Harrow Area Health Authority decided to stop sending people to convalescent homes, except where there is "medical need". They say it is cheaper to provide people with meals on wheels, a home nurse and a home help than to send them off to the country or the seaside. It's true, for any people a stay in a convalescent home is a real luxury. But who's to say whether a decent rest and time to get your strength back in nice

surroundings is not a bit of luxury people in Brent deserve.....?

CLASH OVER PLANS FOR CLOSED HOSPITAL

Willesden's empty wards are to be used exclusively for 'geriatric' patients and Leamington Park Hospital closed if the Brent and Harrow Area Health Authority has its way. Recent plans issued by the Brent Health District indicate that it will have 'no further use' for Leamington Park and the patients will be transferred to other hospitals including Willesden. Meanwhile a number of other services are also being moved to Willesden from elsewhere in the District. The only new developments planned are a day centre for the handicapped and elderly and a unit for the younger disabled.

Alternatives

Brent Community Health Council is opposed to what it call 'this hotch-potch scheme'. The CHC says that where a lot of housing is damp or over-crowded people need to stay in hospital longer to get better properly.

More hospital beds are needed, especially for people who are not very sick but need proper nursing.

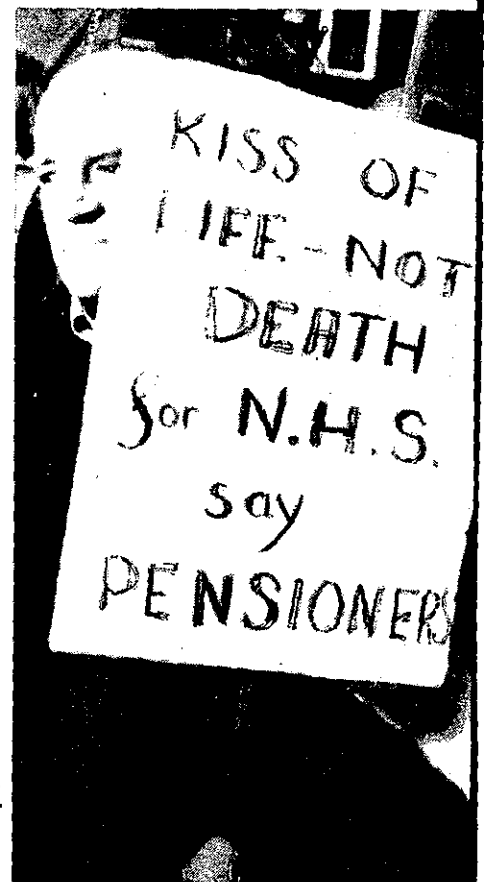
Supported by Brent Council, and many other local organisations, the CHC wants to be a hospital established at Willesden where you can be looked after by your own doctor. This 'community hospital' could also contain a centre for minor casualties, so that people don't have to go all the way to Park Royal, a health centre, where doctors, nurses, specialists and other health workers could work as a team, a day-care abortion unit, a counselling service, an information centre, an ante-natal clinic and a meeting place for self-help groups.

Conference

On Saturday 28 October Brent CHC is holding a conference in conjunction with the Willesden Hospital Action Committee to discuss the idea of a Community Hospital for Willesden. For further

information contact Brent CHC (Tel: 961 2028). Brent CHC's "Proposal for a Community Hospital for Willesden" is also available from the CHC office.

Torchlight Vigil for Community Hospital - see page two.



BRENT COMMUNITY HEALTH COUNCIL

How often people say to one another "as long as you've got your health...." But keeping healthy in Brent is not all that easy. Over-crowded housing, poor working conditions, living in high rise flats and shift work all impose physical and and mental strains.

'Rich'

The government says Brent is a 'rich area' and spending on health care must be cut. The Brent and Harrow Area Health Authority accepts this.

Already over 300 beds have been lost and further cuts totalling nearly £1½m are planned over the next few years.

Ignored

The Department of Health and Social Security claims to have set up Community Health Councils so that decision makers could take account of the views of local people but the Brent and Harrow Area Health ignored the views of the CHC on the crucial issue of Willesden Hospital.

Angry

The Community Health Council is angry that the so-called 'consultation system' leaves local people powerless. We set up the Willesden Hospital Action Committee because we believe the Area Health Authority must be made to realise how strongly local people feel about the future of Willesden Hospital.

CAMPAIGNING FOR BETTER HEALTH

Abortion CHC Survey Reveals Facilities Inadequate

Two Brent women with similar grounds for abortion could meet with completely different experiences. For one woman the system could work well with sympathetic advice and minimal delay. For the other it could be a nightmare.

Questionnaire

This is one of the conclusions of a survey carried out by Brent Community Health Council into the abortion referral system in Brent. The aim of the survey was to discover how the provisions of the 1967 Abortion Act were being put into practice locally. In 1976 just over a quarter of abortions obtained locally were performed on the NHS. This figure is one of the lowest in London. To find out the facts behind the figures Brent CHC circulated all Brent's GPs with a questionnaire and just over half of them responded.

Disturbing Picture

The responses revealed a disturbing picture. A woman seeking an NHS abortion may find her GP sympathetic or completely opposed to abortion on principle. She may find that she is able to obtain a first appointment at the hospital soon after being referred or she may have to wait up to 3 or 4 weeks. She may end up paying £100 for a private abortion or she may obtain one on the NHS. If she is unable to obtain a first appointment quickly or is turned down she may be faced with the difficult choice of having a more serious operation or continuing with her pregnancy.

Day-Care

The CHC suggests that local facilities can be improved by establishing a separate day-care unit, which could operate on a self-referral basis.

Asian Group to Seek Improvement in Hospital Food

"A little of what you fancy does you good...." but for most Asian people the food served in hospitals is often unpalatable. Anglo-Saxon people should imagine trying to eat horse meat and snails when they are feeling ill! Most Hindus are vegetarians. Moslems do not eat pork and some only eat meat prepared in the special Halal way.

Suggestions

The Asians and Health working group recently established by the Community Health Council plans to work out exactly what kind of food it would like to see available in hospital and will be seeking a meeting with the local catering manager to discuss the group's suggestions.

Language

The group is also concerned about serious problems which constantly occur when doctors and patients do not speak the same language.

Anyone interested in taking part in the Asians and Health group should contact the CHC, Tel: 961 2028.

BRENT COMMUNITY
HEALTH COUNCIL

16 High Street, Harlesden, NW10.

Tel. 961 2028.

Torchlight Vigil for Community Hospital

On the night of 4 July over 60 people gathered outside Willesden Hospital to demonstrate their support for a Community Hospital for Willesden.

Cuts

Two years ago the Brent and Harrow Area Health Authority axed a quarter of Brent's hospital beds and Willesden's nine year old, purpose-built accident department. With the support of Brent Council the Community Health Council fought the Department of Health and Social Security but the Secretary of State supported the Area Health Authority and confirmed that Willesden should be closed as a General Hospital.

The Community Health Council wants to see Willesden re-opened as a Community Hospital and has joined with local organisations to set up the Willesden Hospital Action Committee. The aim is to make the Area Health Authority realise that it cannot continue to ignore local people and to show that Willesden needs a Community Hospital.

Campaign

Over thirty local organisations have already given their support to the campaign. These include Brent Trades Council, the Willesden Hospital League of Friends, Brent Women's Centre, the Save Our Hospitals Campaign, the Harlesden Methodist Church, Wembley Parish



Church, the Brent Federation of Tenants and Residents Associations as well as trade union branches.

Demonstration

The Campaign also has the full backing of Brent Council and is actively supported by both parties. Over thirty doctors and hospital specialists have written to the Secretary of State urging him to take action and workers at Willesden General have signed their own petition. Together with a petition from the general public and

statements of support from community organisations, all these documents will be presented to the Secretary of State at the House of Commons in the autumn. Meanwhile on Saturday 23 September the Willesden Hospital Action Committee is holding a demonstration and rally. The march will begin from the Harlesden Road entrance to Roundwood Park at 11 p.m. To win its battle for Willesden Community Hospital, the Action Committee needs massive public support. The Committee hopes to see all its supporters on Saturday 23rd.

Psoriasis Association

A local branch of the Psoriasis Association has recently been formed. It's next meeting will be at 8.00 p.m. on 12 October and will be held at 47, Grasmere Gardens, Harrow Weald. For further information telephone Mrs. Bacon: 427 6689.

JOIN THE CAMPAIGN FOR

- * GET YOUR TRADE UNION, CLUB, OR COMMUNITY ORGANISATION TO SIGN THE STATEMENT SUPPORTING THE COMMUNITY HOSPITAL
- * INVITE SOMEONE FROM WHAC TO SPEAK AT YOUR MEETING
- * COME TO THE DEMONSTRATION ON SEPTEMBER 23 AND BRING ALL YOUR FRIENDS
- * CONTACT WHAC AT 16 HIGH STREET, NW10

WILLESDEN COMMUNITY HOSPITAL

Women Meet To Discuss Health

Recently, local women met to discuss and share their experiences of the health service and the particular health problems that women face. This day devoted to discussion about health was part of a week long festival organised by Brent Women's Centre.

Discussion

The range of subjects that can be discussed under the general heading of "Women's Health" could be enormous. For example, why do we suffer more mental stress than men? Why isn't there adequate and safe birth control and abortion? Why are "women's complaints" often not treated seriously and sympathetically by the medical profession? How can we learn more about our bodies and how they work? How do cuts in NHS spending affect women in particular?

The film "Birth" was shown which was about the way in which doctors have taken control of the birth experience. In the discussion which followed, women shared their experiences of giving birth. Some felt that a campaign was needed to improve the maternity services to meet the needs that women experience.

Health Group

At the end of the day, those who came to the discussion felt that so much time had been taken up on just this one issue that it was obvious that there was still an enormous debate to be had on women's health. There was enthusiasm among some of the women present to set up a regular health group to discuss health issues and to consider what action could be taken to improve our health and health services.

If you are interested in being involved in such a group please contact Ruth Stern, Tel: 794 5262.

Damp a Health Hazard on New Estate

For most people, moving to new housing means freedom from damp and overcrowding. But the tenants of St. Raphaels - a new estate parts of which were purpose built for the elderly and handicapped - have discovered that new housing can also be bad for your health.

Mould

The dampness in many of the houses has meant that mould grows over carpets, walls and ceilings. Spores cause the mould to spread rapidly making it difficult to control. Food often has to be thrown away as it does not keep. Clothes have had to be destroyed.

The health of the tenants on the estate seems to have suffered due to the damp conditions. The elderly are particularly at risk and there have been several cases of bronchitis which have been aggravated by the damp. Depression among the tenants, especially the women, is often the result of the losing battle against the spreading mould and damp. Many tenants are embarrassed at the state of their homes when visitors call.

Survey

The problem appears to be related to structural defects in the design of the houses. Until recently the housing department claimed that the trouble was confined to a few isolated cases but a recent survey carried out by the Tenants Association resulted in 60 replies being received so far from tenants with damp problems. A local councillor has proved sympathetic to their grievances and the Tenants Association is hopeful that their survey will result in more positive action from the Housing Department.

BRENT COMMUNITY HEALTH COUNCIL

- * Invite us to your club or organisation to tell us what you think about health in Brent.
- * Come to us for information about local health facilities.

CONTACT US AT:

REAR BLOCK;
16 HIGH STREET,
HARLESDEN,
NW10.

TEL: 961 2028

The Community Health Council meets at 7:00 p.m. on the first Tuesday of every month. Members of the public are very welcome to attend.

Sickle-Cell Help

Sickle-cell anaemia is an inherited condition restricting the ability of your blood to circulate round your body. It mainly affects people of Afro-West Indian origin and also some people from Mediterranean and Asian countries. At times it can cause severe anaemia, with pains in the joints and bones, sometimes requiring admission to hospital.

Information

The Brent Organisation for Sickle-Cell Anaemia was founded in 1975 by a fellow sufferer, who through personal experience realised there was inadequate information available to sufferers and the public. The group aims to give support to sufferers, ensuring they are receiving appropriate medical care and to provide information about the disease. The group works closely with the Central Middlesex Hospital and is open to anyone with the conditions or supporting the aims of the group. For more information contact Mrs. Rudder of the Craven Park Health Centre (Tel: 965 0151)

CENTRAL DERBYSHIRE COMMUNITY HEALTH COUNCIL

Secretary:
W. APPLEBY, M.I.S.W.

Your Ref. JM

Our Ref. CHC/45

BABINGTON HOSPITAL

BELPER

DERBY, DE5 1WH

Tel. Belper 2109

23rd February 1979

Dear Mike,

Publicity Activities

With reference to your letter of the 9th February, I thought I would tell you that my Council was invited to participate in the Centenary celebrations of one of our hospitals and took the opportunity of organising a publicity stand.

We displayed a wide variety of literature, posters, etc. and dealt with public enquiries throughout the day. We felt the exercise was very worth while.

As a matter of routine, we display notices of our monthly meetings in all the municipal offices in the district, and from time to time, distribute CHC leaflets in parts of the district. We also take the opportunity when circulating our Annual Report, to include publicity leaflets in those sent to the various voluntary bodies, in particular groups such as the W.I., W.R.V.S., Age Concern, Rotary Clubs, etc. etc.

It must be said however, that we are at times a little despondent with the results!

Yours sincerely,

W. Appleby
Secretary

ack
26/2/79
E.O.S.

M. A. Gerrard Esq.,
Secretary, ACHCEW

E/1,000/61



CENTRAL DISTRICT

SECRETARY NICK HARRIS

ST. ANN'S CHURCHYARD
ST. ANN STREET
MANCHESTER M27LN

TELEPHONE 832 8183

NH/EB

26th February 1979.

Mike Gerrard Esq.,
Secretary,
Association of Community Health Councils for England and Wales,
362 Euston Road,
London NW1 3BL.

Dear Mike,

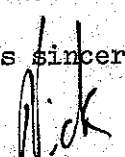
PUBLICITY ACTIVITIES OF CHCs

I have discussed this matter with my Chairmen we have the following comments to make:-

- i) Local publicity. This CHC, in conjunction with the other Manchester CHCs, have had produced a slide film with voice over, which we have found to be very effective. We have also produced publicity material using the "Healthlink" blue print, although there is considerable disagreement between the three councils over its future application. We have also used local outlets such as the Manchester Show, which I am sure has been utilised by other CHCs. We have also found that a straight advertisement in the "Mancunian Way," the local civic newspaper have been extremely effective.
- ii) National publicity. Our purpose in suggesting national publicity for the CHCs was that although CHCs may be able to gain from learning about local successes, that resources should be obtained, if necessary by a levy on all CHCs, for an effective national publicity campaign to be mounted, which would be significantly different in character from the locally relevant campaigns already being mounted. This council mounts local door to door distribution of information prior to the opening of health centres, and it seems unlikely that this would be a successful technique in regard to national publicity. We feel that a new and creative look is needed at the whole area of national publicity and that in reality our local experience may be of little use to you.

I trust that this is not too negative approach, and would like to state that we are keen to fully support any national initiatives which the association may wish to take.

Yours sincerely,


Nick Harris,
Secretary.

Ack 2/3/79
EOS

City and Hackney Community Health Council

210 Kingsland Road, London E2 8EB

Telephone: 01-739 6308/8351

Wednesday 14th March, 1979

Mike Gerrard,
Association of Community Health Councils
for England and Wales,
362 Euston Road,
London NW1 3BL

Dear Mike Gerrard,

Publicity Activities

Our main publicity has been the publication of Health in Hackney - Guide to the Services. 13,000 have been distributed and the demand is tremendous. It has just been updated and a further 5,000 are due to be printed. When it is reprinted we will send you a copy. Our main publicity drive at the moment is to send speakers to every ward party in the District.

This CHC feels that NACHC should buy time on T.V. to put across the existence of CHC's nationally. This is particularly important if in a district like this your local newspaper is totally disinterested in the activity of community organisations.

Lastly we are working at our maximum now so without more funds we could not take on extra work!

Yours sincerely,

Fedelma Winkler

Fedelma Winkler

ack 30/3/79
EOs

Cyngor Iechyd Cymdeithas
DOSBARTH DE CLWYD
Community Health Council
CLWYD SOUTH DISTRICT

Mr. M.A. Gerrard
Secretary
Association of Community Health Councils
for England and Wales,
362 Euston Road
London NW1 3BL

Ambulance Headquarters
Ruthin Road,
WREXHAM
Clwyd LL13 7TU

Telephone: Wrexham (0978)
56178

Ysgrifennydd
Secretary
MR. I. L. ROBERTS

Eich Cyf
Your reference MAG/JM

Ein Cyf
Our reference ILR/PMJ/G1

Date:
7th March 1979

Dear Mr. Gerrard,

Publicity Activities of Community Health Councils

Further to your letter dated 9th February 1979 I write to advise of 4 publicity activities undertaken by my Council in recent months:-

- (1) Health Education Campaign - Poster Competition organised jointly by the two C.H.C's. in Clwyd, and open to all Primary and Secondary school children in Clwyd (details enclosed)
- (2) The Council produced 15,000 leaflets as per sample, which were distributed to places of public contact.
- (3) 2,000 pocket calendars 1979 were also distributed to people in the public eye, members of local Councils, etc.
- (4) A poster advising the public where we can be contacted (copy enclosed)

Yours sincerely,

Ivor L. Roberts (MRS)

I.L.

Ivor L. Roberts
SECRETARY

Enc.

Acc 1383/79
EOS

YOU
can
influence
tomorrow's
National
Health
Service

CLWYD SOUTH
COMMUNITY HEALTH COUNCIL

Clwyd South
Community Health
Council

YOU
and the
**HEALTH
SERVICE**

★ There is a Community Health Council in your area.

★ It is an independent organisation representing the health service consumer.

★ It is concerned that the best possible standards of health care services are provided.

In order that you as a member of the public may make your voice and your opinions heard to those managing The National Health Service, Community Health Councils have been established in your District by an Act of Parliament.

The Community Health Council (CHC) is an independent group of men and women drawn from local authorities, voluntary organisations and other sections of the community. It is concerned with the general quality of service provided by The National Health Service in the District in which you live. Similar organisations have been set up in other Health Authority Districts throughout Wales.

The main management and administrative bodies for The Health Service are the Regional and Area Health Authorities with District Management Teams having responsibility for local planning and day to day control of services.

These bodies consult Community Health Councils about their plans and intentions. CHC members use their own initiative to put forward their views and advice on all plans affecting YOU the consumer. These could range from the siting of a new health centre to the closure of a hospital department. They look at local services to see how they measure up to recommended standards. For example, are there enough day hospital places for old people? Are the maternity and child care facilities adequate? Is the community doing its share for the physically and the mentally handicapped?

CHC's have a fundamental and constructive influence on the shaping and direction of health service planning and policy.

Attention is also focussed on more specific matters. These include the quality of food for patients; waiting times in Out Patients' Departments; or transport links to a clinic etc.

The CHC does act as 'Patients' Friends', in giving advice on the best people to speak to in The Health Authorities about their complaints, anxieties and suggestions arising from the services provided.

The CHC do not investigate complaints but they do give guidance on how to lodge them and they will also help to ensure that they are followed up.

If you have any ideas or suggestions for improving the health service in this area — whether in hospital, or health clinics, or in family practitioner or any other community health service the CHC will be glad to hear about them.

Meetings of YOUR Community Health Council are open to the public and are advertised in the local press.

Write, call or telephone.

Mr. I. L. Roberts, J.P.,
Secretary,
Clwyd South
Community Health Council,
Ambulance Headquarters,
Ruthin Road,
WREXHAM,
Clwyd LL13 7TU

Telephone: Wrexham 56178
between 9.00 a.m. and 4.30 p.m.
Monday to Friday.

NATIONAL HEALTH SERVICE

Coventry Community Health Council

("The Patients' Friend")

Chairman : Councillor J. Thompson
Secretary : H. Schofield

ROOM 222A, SECOND FLOOR,
BROADGATE HOUSE,
BROADGATE,
COVENTRY CV1 1NG
Telephone 51304

Your Ref.:

Our Ref.: HS/MW

29th March, 1979

Dear Mr. Gerrard,

Publicity Activities of CHCs

Thank you for your letter of 9th February on the above mentioned subject. I now enclose copies of publicity posters for use at the AGM display together with samples of our pocket information cards, a copy of which we send to each member of the public who write to the CHC.

One of our most interesting publicity exercises was a display at the same exhibition as the voluntary groups in Coventry where combined with our publicity posters and copies of our Annual Report we displayed a large selection of press notices on various subjects raised by this Council. This particular display caused a lot of attention.

As secretary for the Broadcasting Committee for the West Midlands CHCs we also run a 20 minute radio programme on BBC Radio Birmingham called "Patients Voice". This programme goes out once a month on a Sunday afternoon at 4.20 p.m. with a repeat the following Friday evening at 7.10 p.m. These programmes give quite a lot of publicity to the activities of the West Midlands CHCs who come within the catchment area of BBC Radio Birmingham.

I hope this information is useful to your Publicity Committee.

Yours sincerely,



Secretary

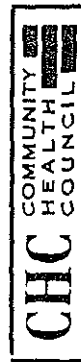
Ack 30/3/79
EOS

Mr. M. A. Gerrard,
Secretary,
Association of Community Health Councils for
England and Wales,
362 Euston Road,
London NW1 3BL.

COVENTRY
COMMUNITY HEALTH
COUNCIL

Helps you and the HEALTH SERVICE

COVENTRY



Room 222, Second Floor,
Broadgate House, Coventry.
Tel. : Coventry (0203) 51304

COVENTRY COMMUNITY HEALTH COUNCIL

USEFUL TELEPHONE NUMBERS

Coventry Community Health Council ... Coventry 51304
Coventry Area Health Authority ... Keresley (33) 2332
Family Practitioner Committee ... Coventry 28622/3

Doctor ...
Dentist ...
Optician ...

Hospitals

Coventry and Warwickshire Hospital ... Coventry 24055
(Visiting : 2 p.m.—8 p.m.)
Whitley Hospital ... Coventry 24055
(Visiting : 2 p.m.—8 p.m.)
Paybody Hospital ... Coventry 24055
(Visiting : 2 p.m.—8 p.m.)
Walsgrave Hospital ... Coventry 613232
(Visiting : 11 a.m.—8.30 p.m.)

Psychiatric Unit ... Coventry 613232
(Visiting: 4.30 pm—8.30 pm Weekdays
11.00 am—8.30 pm Weekends)
Geriatric Unit ... Coventry 613232
(Visiting : 2 p.m.—8.30 p.m.)
Coventry Maternity Hospital ... Coventry 613232
(Visiting : 3 p.m.—4 p.m. and
7 p.m.—8 p.m.—husbands only)
Gulson Hospital ... Coventry ~~24055~~ 263175
(Visiting : 2 p.m.—8 p.m.)
High View Hospital ... Coventry 313161
(Visiting : 2 p.m.—7.30 p.m.)

Ambulance Service

Emergency ... 999
Eastern Division, Coventry, Control Room ... Coventry 25041
Metropolitan Ambulance Service H.Q. ... 021-426 4100

Coventry City Council Social Services Department

Coventry ... Coventry 25555

COVENTRY COMMUNITY HEALTH COUNCIL

Room 222, Second Floor, Broadgate House,
COVENTRY CV1 1NG.

Tel.: Coventry (0203) 51304

The National Health Service has been reorganised so as to make it more sensitive to the needs of the people. Community Health Councils have been set up all over the country as part of the new structure. In Coventry the Community Health Council is at work and its task is to represent the interests of the people of Coventry in all matters of health care.

Your Community Health Council is composed of 15 members appointed by Coventry City Council, 10 by Voluntary organisations in the City and 5 by the West Midlands Regional Health Authority. A list of their names and addresses can be obtained from the Council's office.

We work in close contact with the management of the National Health Service but the Community Health Council can be fully

effective only if you, the members of the public will speak your mind about the N.H.S.

YOU CAN LOOK TO US

There may have been times when you wanted to make a suggestion or to comment about something to do with the National Health Service, but you did not know to whom you could turn to be sure that your point would be dealt with. Now you need be in no doubt. **You can look to us, the Community Health Council. We want to hear from you whenever you have a problem with which you need help, whatever it is. We want to know what you, as a "consumer", require and expect of the National Health Service. It is our business to find out whether it is meeting your needs and the needs of your family.**

The Community Health Council is the vehicle through which members of the public can obtain help in ensuring that their case is made in the right quarters. The Area Health Authority, which is responsible for all the health services in Coventry, is responsive to public opinion. Its constant aim is to improve these services and what you have to say will help to that end.

The Community Health Council is the representative of the public. It will keep a close watch on such matters as the adequacy of health services in Coventry, by visiting hospitals and clinics, by examining waiting lists, visiting hours, waiting times and so on. Everything that effects the convenience and the comfort of people, as users of the National Health Service is our concern.

COME AND SEE US

You can see your Community Health Council in action. Meetings, open to the public, are held every month at the Council House and are announced in advance in the Press and elsewhere. You will be welcome.

When you want to say something about the National Health Service you can telephone or call at the offices of the Community Health Council in Broadgate House where the staff will tell you how to go about it. Any matter you raise with the Secretary of the Community Health Council will remain confidential unless you give consent for it to be revealed. So ask your Community Health Council—the body that represents you in the National Health Service.



Dudley Community Health Council

7 ALBION STREET, BRIERLEY HILL, WEST MIDLANDS, DY5 3EE

Telephone: Brierley Hill 71856

Your Ref: JM.

Our Ref: DGJ/HVB.

20th February, 1979.

Mr. M.A. Gerrard,
Secretary,
Association of Community Health Councils for England and Wales,
362, Euston Road,
London NW1 3BL

Dear Mike,

Thank you for your letter dated 9th. February, 1979, concerning
Publicity.

This Council, together with Wolverhampton and Walsall, have
for several years now had posters on around 125 'buses operating within the
Black Country. The posters bear the names of all three Councils. Sandwell
operate a similar scheme with identical posters, but showing only their
name. The response to the posters is fairly constant, with the point being
emphasised with each new client - that it is necessary to have the name of
the CHC constantly on view so that when required it is instantly recognised
as a source of help. People have short memories so that it seems to us
that a little and often is better than a lot once or twice a year.

We can supply a poster if you require it.

Yours sincerely,

H. V. Brierley
D. G. Johnson,
pp Secretary

Dictated by Mr. Johnson,
& signed in his absence.

ACK 2/3/79
EDS

DONCASTER COMMUNITY HEALTH COUNCIL.

Report of the Secretary concerning the Community Health Council Stand
at Impel '79' Exhibition.

It was decided that the Community Health Council should hire a Stand at the Impel '79' Exhibition in order to give further publicity to the work of the Council and to obtain the views of the public on the National Health Service generally.

Impel '79' was held during the period 2nd - 9th June, 1979 and the Community Health Council Stand was manned by members working on a rota system. The Secretary and his Assistant attended during the periods not covered by members.

Some 6,000 leaflets were distributed to the public during the Exhibition period which gave a brief description of the work of the Council. In addition approximately 2,000 questionnaires were handed to the public which asked the following question:-

"Are you satisfied with the National Health Service?
YES/NO.

If NO, state reason below".

(A summary of the comments received is attached).

The cost of the exercise was in the order of £600 which sum includes hiring of stand, printing and press advertising.

I personally feel that the exercise was worthwhile in that members of the public were able to ask about the activities of the Council and comment on the National Health Service. It was pleasing to note that the majority of comments made were of general satisfaction with the Service. However, a small number of complaints were received and these are being pursued.

A. R. Wright.
Secretary.

29th June, 1979.

Summary of comments received on the questionnaires returned by the public.

Are you satisfied
with the National
Health Service?

Comment.

- | | | |
|-----|-----|---|
| Yes | | "It keeps me alive". |
| Yes | but | "Experienced delay in receiving Medical Card from her doctor". |
| No | | "Unable to stay over-night whilst child was a patient in Ward 6, Doncaster Royal Infirmary". |
| No | | "Thought nurse was very rough and inconsiderate whilst treating son's injured finger in the Out-Patients Department, Doncaster Royal Infirmary". |
| No | | "There are too many pay beds, if pay beds were removed from N.H.S. treatment would be shortened, and therefore a better fuller service could be given to those who need to use the N.H.S.". |
| * | No | "Doctor not readily available for home visits. Pay beds should also be available even to the not well off, if they can afford it". |
| | No | "Leave pay beds in the N.H.S.". |
| * | No | "2 Years ago I received an injection for a 'frozen shoulder' and was told it may need a further injection/s if pain returned. 3½ months ago pain returned and has got progressively worse. An appointment was made for me to see the 'surgeon' at D.R.I. but from seeing the Dr. to seeing the 'surgeon' there will be a delay of 3½ months. Pain killers help but I am now obliged to be absent from work until a further injection can be given. This is ridiculous when all parties concerned are aware that a 20-second injection will rectify the matter". |
| | No | "Mainly inadequate government support. Under-staffing in hospitals, particularly with nursing staff, but also with specialist treatment. Inadequate incentive for specialists. Inadequate pay incentives for nursing staff". |
| * | Yes | "I would appreciate a chance to see a doctor on Saturday morning or any evening during the week. Saturday mornings are usually reserved for emergencies, so even with a minor problem I have to take time off work to see a doctor". |

continued over...

Are you satisfied
with the National
Health Service?

Comment.

No	"Not enough pay beds".
No	"The length of time waiting to see a specialist. Doncaster Royal Infirmary are not interested in their patients, when you finally get to see the doctor all he can suggest is to wear collars for a neck and shoulder complaint and no other treatment. If you ask him a question he either answers he does not know or just keep wearing the collars. It is ridiculous that after 18 months of suffering a patient has to travel to Sheffield for treatment. Once again having to wait 6 months before I could see the specialist".
Yes but feels	"Lack of communication between doctor and patient at hospital regarding treatment and consequences".
Yes	"But stop pay beds".
No	"Insufficient finance allowed for Mentally Handicapped, Physically Handicapped, Pensioners and others on fixed incomes".
Yes but	"More care needs to be evident on the part of some G.P's. Time is essential in dealing with patients. Off-handedness should decline. The private sector should not take advantage of already existing N.H.S. facilities. Money should not speed up treatment nor provide better care".
No	"The long delays for appointments and subsequent surgical treatment, and the seeming lack of concern in the medical profession regarding this".
No	"Why can't I get into hospital when I badly need an operation for gall stones".
* No	<p>"I am a pensioner, 75 years old and not on Supplementary Benefit.</p> <ol style="list-style-type: none"> 1) I have had to pay for eyesight test and spectacles. 2) I had to pay for my dentures & not a good result. 3) I am deaf in my right ear and all my doctor will do is have my ears syringed. 4) I had an appointment and was seen by Dr. Savage 17th October, 1973 for the removal of two large ugly warts, but was never called again. 5) I had an appointment to see Mr. Porter at the D.R.I. 9.30 a.m. 8th February, 1979, Orthopaedic, but was turned away by pickets".

(Note * indicates name and address given. Remainder, name and address not known).

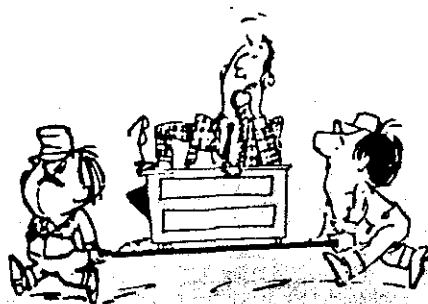
E D G W A R E / H E N D O N C O M M U N I T Y H E A L T H C O U N C I L

Early in its life this CHC adopted an 'extended hand' logo and 'The Patient's Friend' slogan; later, the regular use of black print on yellow or gold evolved. A leaflet about the CHC, incorporating these characteristics, was printed and is distributed widely. This year, in addition to our formal Annual Report, we are producing 6000 copies of a 8-sided A5 leaflet giving brief extracts from the Report together with issues on which the CHC expects in the coming year to be concerned and inviting comment and participation.

A Mahler exhibition stand with a variety of bright posters, each giving a small amount of information about the CHC, is set up at hospital fetes and on other appropriate occasions - such as the local dental exhibition. We are currently considering the possibility of having printed T-shirts which can be sold at fetes.

More recently, we have designed and had printed members' badges incorporating the logo, and book-marks which, using electronic stencils, we can duplicate in bulk as required. We are now beginning to produce for wide distribution informative or advisory leaflets such as the ambulance leaflet enclosed which, as they bear the CHC imprint, give us additional publicity. Although not undertaken for this purpose, surveys carried out by the CHC also serve as a means of publicising Council activities.

In common with most CHCs we try to cultivate the local press, we have a notice board - used mainly for health education posters as well as our own notices - outside the office, and a wide range of leaflets within.

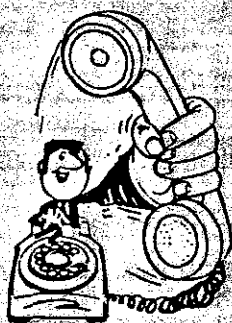


IS YOUR AMBULANCE
REALLY NECESSARY?

THINK
ABOUT IT



IF YOU ARE FIT ENOUGH, PLEASE COME
UNDER YOUR OWN STEAM.



IF YOU CANNOT keep your
appointment please CANCEL your
ambulance by ringing the hospital.

EDGWARE GENERAL HOSPITAL
952-2381

Help to save petrol, time and money
which is needed to improve your
HEALTH SERVICE



ISSUED BY
EDGWARE/HENDON
COMMUNITY HEALTH COUNCIL
104 WATLING AVE. BURNT OAK

Hastings District Community Health Council

Secretary—Mrs. D. Margaret Ross

St. Helen's Hospital
Frederick Road
HASTINGS
TN35 5AH
0424-433221

DMR/MS/N.1.3

27 March 1979

Mr. M. A. Gerrard
The Secretary
Association of Community Health Councils
for England and Wales
362 Euston Road
LONDON NW1 3BL

Dear Mr. Gerrard *Mike*

PUBLICITY ACTIVITIES OF CHCs

Two successful ventures undertaken by Hastings District CHC
have been

1. an exhibition stand, in conjunction with
Brighton and Eastbourne CHCs, at the
South of England Show, Ardingly.
2. an exhibition stand at the Hastings Town and
Country Fair.

The exhibits have been built up around Marler Haley Expo loop
Stands in the distinctive colours of green and orange which
set off the white lettering, photographs and the CHC logo
'the seeing eye'.

Last year, the theme at the Town & Country Fair was 'HELP YOURSELF
TO HEALTH'.

One of the stands represented a Patient's Record card, e.g.

<u>How's the Patient</u>	
Dangerously ill	
NAME	HASTINGS HEALTH DISTRICT
SYMPTOMS	
Short of	* facilities * beds * nurses * chiropodists * health visitors * dentists
DIAGNOSIS	Creeping Paralysis
TREATMENT	Inject cash

*Jack & Mike
EDS*

CONTINUED OVER/

This central panel was flanked by colour pictures of basic health care, an ante-natal class, the domiciliary midwife, children's ward play group, BCG tests, GP visiting and the Ambulance Service with the Caption - Too much to risk - too much to lose.

Other stands linked specifically with Caring for Oneself -

Sensible eating; non-smoking; dentistry; preventing accidents in the home.

The Health Education Council provided a variety of leaflets which augmented the CHC 'Well Well Well' leaflet. In excess of 2500 people visited the stand.

The CHC, in conjunction with the University of Manchester Institute of Science and Technology, undertook a patient survey 'What the Patient Thinks'. The opportunity to enclose a CHC leaflet with the Survey material has brought an encouraging response.

More recently, the CHC has assisted in the National Kidney Donor Scheme campaign and successfully gained the co-operation of Banks, Stores, Post Offices, in publicising the Campaign. The opportunity was taken to enclose CHC literature when delivering the Campaign material.

I hope, in due course, to be in a position to send you photographs - if my endeavours have been successful !!

Yours sincerely,



D. MARGARET ROSS
The Secretary
Community Health Council

HIGH WYCOMBE COMMUNITY HEALTH COUNCIL

High Wycombe
445910

Mr. M.A. Gerrard
Secretary
Association of CHCs for England & Wales
362 Easton Road
London NW1 3BL

87B Easton Street
High Wycombe
HP11 1LT

28th February 1979

Dear Mike,

PUBLICITY ACTIVITIES OF CHCs

The publicity measures taken by this CHC are as follows:-

1. Council meetings are advertised in the local press. Agendas are circulated to the local press, voluntary organisations, District Councils and the Health Authorities. We usually have a good attendance from the public who generally raise questions at Public Forum. After the meetings minutes are circulated to the Health Authorities, District Councils, voluntary organisations who request them and to the local press with whom we have a good relationship.
2. The Surveys we undertake (approximately two or three a year, some on a small scale) bring us into direct contact with the public.
3. We provide speakers to voluntary organisations, clubs etc., upon request
4. We take a stand at the annual Wycombe Show which consists of a standing exhibition and hand out leaflets etc., free of charge.
5. We distribute CHC News to Libraries, Hospitals and Health Centres to be left in their Reading Rooms or waiting rooms. For this purpose a separate subscription for 10 copies of CHC News has been taken out. Our book marks are also distributed to all libraries free of charge.
6. Undoubtedly our most successful publicity is through our bi-monthly Newsletter. We have worked up a circulation of over 1,000 copies which go to voluntary organisations, Health Authorities, local newspapers, Local Government Officers, the Environmental Health Committees of the District Councils, Bucks County Councillors, Trades Unions, Clubs etc., The Newsletter contains a summary of the last council meeting, statements from the DHSS and interesting items of news. We will also include items from voluntary organisations and distribute leaflets for them with our Newsletter and the two latter are often taken up.

Yours Sincerely,

Pat.

Enclosures: Stand-Up card, poster, leaflet (Nobody's Perfect) Newsletter, book mark

ACKS/3/79

Entered on
Summary

C
C H C
C

RETURN PHOTOGRAPHS.

HUDDERSFIELD COMMUNITY HEALTH COUNCIL

Secretary: Gp. Capt. L.G. Holmes OBE DFC AFC MBIM RAF (Ret.)

Red Cross House, 45, Trinity Street, Huddersfield HD1 4DN

Tel : 44676

HCHC/1/10 Pt II

19th February, 1979

Mr. M.A. Gerrard,
Secretary,
National Association of Community Health Councils,
362, Euston Road,
London. NW1 3BL

Sean Mike

Publicity Activities of CHCs

Thank you for your letter JM dated 9th February, 1979.

The Huddersfield CHC conducts an on-going publicity campaign through the medium of regular talks by the Secretary to organisations of one sort or another, and to students at the local Technical College and Polytechnic. Our pamphlets circulate from the office and from places such as the Citizens' Advice Bureau, Consumer Council offices and Local Authority Information Centres. The local press is co-operative and, only last week, the main feature writer of the Huddersfield Examiner spent a morning in the office and he has now written a feature article which will appear shortly. A similar article which I wrote was featured a couple of years ago in an information news sheet published by the local District Council which is distributed free to all households in Kirklees. In the summer months we run publicity/competition stalls at local garden parties and fetes; profits go to the organisation sponsoring the event. We have also advertised on the buses using the poster which is included with this letter.

However, our main publicity was mounted over a period of a fortnight in October/November 1977. We decided to try our hand at running an exhibition but the problem was the content and where the display could be mounted. On the question of content, it soon became clear that the CHC had little of real interest to exhibit but we resolved that problem by deciding that the Council would sponsor an exhibition on the theme of "Do it Yourself Prevention" and we enlisted the help of the Health Education Officer, the Sector Administrator (General Hospitals) and the Sector Administrator (Community Health). The question of the venue was, remarkably, resolved very easily because the Manager of the town branch of the Midland Bank readily agreed to host the exhibition at no cost to the CHC. The main window area of the Bank gives a 60 ft frontage and the inside window ledge is about 2 ft wide - obviously an ideal area for a public exhibition.

cont

EOS

Our final solution to the content of the exhibition is shown in the accompanying five photographs.

- (a) No. 1 indicates the *raison d'être* of CHCs and that the Huddersfield CHC is sponsoring the exhibition because of its concern that health care resources should be used to the best advantage.
- (b) No. 2 purports to show (by using models rotated by an electrical motor) that health is a balance of physical, mental and social well-being.
- (c) No. 3 lists diseases which have decreased or have been eliminated; and those which are increasing because of our modern life style; also listed are costs of local Out-patient and In-patient care and attendances at the Accident/Emergency Department of the Huddersfield Royal Infirmary. Patient flow figures are also given.
- (d) No. 4 exhorts the public to be moderate in everything and to look after their own health and well-being.
- (e) No. 5 reminds people that the professionals are available when self help is not sufficient. This display also says that the CHC hopes that the public will have learnt something from the exhibition and asks for constructive comment about the local Health Services at the CHC office. Our public meetings are also advertised.

The exhibition was duplicated inside the Bank on the back of the display stands and we provided a goodly supply of health education pamphlets on a wide variety of subjects; each pamphlet had a CHC pamphlet tucked inside. Also, inside the Bank we had a display of old surgical instruments which were borrowed from the local museum.

The exhibition seemed to generate considerable interest and during the period of display the public took away some 2,500 pamphlets.

I would be obliged if you would let me have the photographs back in the not too far distant future. They constitute the only set I have.

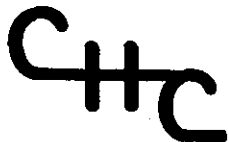
Encs.



COMMUNITY HEALTH COUNCIL

(HULL HEALTH DISTRICT)

Secretary to the Council:
MRS. I. M. WATSON



Your ref:

Our ref: IMW/WMH/A/52.

83 FERENSWAY
(1ST FLOOR)
HULL
HU2 8BR

Tel. Hull (0482) 24411

Mr. M.A. Gerrard,
Association of CHCs for England & Wales,
362 Euston Road,
LONDON NW1 3BL

Tuesday
20th February,
1979

Dear *Mike*

PUBLICITY ACTIVITIES OF CHCs.

Thank you for your letter of February 9th. In an attempt to bring "the word" into the Schools, the Hull CHC mounted a Poster Contest throughout the Schools in the Hull Health District. The take-up of the invitation to compete was only about 10%, but the response from this small number was very good. However, in staging such a Contest, it is important to bear the following in mind:-

1. The timing of the contest is important and should be arranged to fit in with other school activities throughout the year;
2. It is advisable to seek the authority of the RHA to expend prize money before arrangements are put in hand;
3. Care must be taken to clarify to the Schools the work of the CHC when circulating information for the contest. Many of the posters received in the Hull Office referred to Health Education.

The Hull CHC gained a reasonable amount of publicity from the Contest and the Award Ceremony. At the time, the Chairman was the Mayor of Holderness Borough and officiated, complete with his chain of office. Parents and ~~ART~~ Teachers were welcomed as well as CHC members and, in addition to the First, Second and Third Prizes which were book tokens, smaller prizes were awarded for work that was commended. Tea, lemonade & cakes were provided.

Incidentally, the result was that an excellent poster was produced by an eleven year old school boy and copies were printed and circulated throughout the District. I enclose copies for your interest.

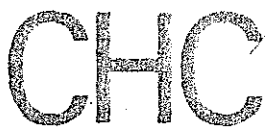
In addition, many of the posters were on display in the window showcase of Telephone House in the centre of the City.

I have written briefly on the event, but should you require any further information I will be glad to forward it to you.

Yours sincerely,

Frene W

EOS



COMMUNITY HEALTH COUNCIL

Kensington - Chelsea - Westminster (South)

Secretary - Christine Hogg

89 Sydney Street London SW3 6NP

01-351 3483

10 April 1979

ACHCEW,
362 Euston Road,
London NW1

Dear Mr Gerrard,

PUBLICITY ACTIVITY OF CHCs

CHC Newsletters 2 issues have been produced so far. These have been circulated along with the Borough Newsletter to every household in the District.

Information Leaflets The CHC leaflets on Doctors & Dentists are now being printed by the Area Health Authority Health Education Department.

Yours sincerely,

Margaret Brabbins

Margaret Brabbins
Assistant

ack 18/11

Enc

CHANGING DOCTORS

The best way is to find a new doctor first. If your old doctor agrees, both the doctors sign your medical card and you change immediately.

Otherwise, write to the FPC with your medical card and say you want to change. They will attach a form to your card giving you an 'authority' to do this. Then try and find a doctor.

When you move addresses, take your medical card to a new doctor.

COMPLAINTS

Complaints should normally be made within 8 weeks of the event to the -

FAMILY PRACTITIONER COMMITTEE (FPC),
14 Bishops Bridge Road,
London W2

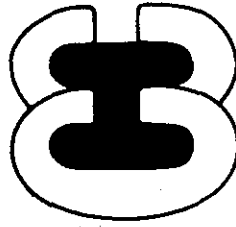
Phone 723 3400

CONTACT THE CHC FOR ANY FURTHER ADVICE.

FOR ALL THOSE THINGS YOU WANTED
TO KNOW ABOUT THE HEALTH SERVICE
..... YOU CAN NOW ASK YOUR
LOCAL CHC.

COMMUNITY HEALTH COUNCIL

If you live in South Westminster,
Holland Park, Kensington and
Chelsea - postal districts SW1,
SW3, SW5, SW7, SW10, W8, W14 (Part)
Your local CHC is



Kensington, Chelsea &
Westminster (South) CHC,
89 Sydney Street,
London SW3.

Phone 351 3483

Mon-Fri 10-4

IT'S FOR US TO GET YOU A BETTER
HEALTH SERVICE.

IT'S FOR YOU TO TELL US WHAT
YOU WANT.

DOCTOR

"How can I find a dentist?"

Lists are available from Community Health Councils, Post Offices, CABx and the Family Practitioner Committee.

"How do I make sure I'm getting NHS dental treatment?"

Tell the dentist you want NHS dental treatment at the beginning of EACH course of treatment. Many dentists are now only doing routine work on the NHS. If (s)he will not do the treatment you need (e.g. dentures or crowns) on the NHS, try another dentist.

"Can I get free treatment?"

- If you are under 16
- If you are between 16 & 21 and in full-time education (except for dentures and some expensive treatment)
- If you are pregnant
- If you have a child under 12 months
- If your family is getting supplementary benefit, family income supplement, free prescriptions or free milk and vitamins because of low income.

"If I have a low income but do not come into these groups ..."

Ask your dentist for a form FID - you may be able to get help with payment.

"How much do I have to pay on the NHS?"

You pay up to £5 for a course of treatment without dentures. £30 is the maximum charge for NHS treatment (including crowns, dentures etc. A check-up is free every 6 months. Also, you may have to pay charges for lost or damaged dentures, and your dentist may charge you if you break an appointment.

"What is a course of treatment?"

A course of treatment is the amount of treatment your dentist considers you need to make you 'dentally fit'. This could be just a small filling or several fillings & extractions or even dentures. However, once accepted as an NHS patient, the dentist must do all the treatment necessary to make you dentally fit.

"Can I get a home visit?"

If you are housebound, some dentists may treat you at home. Ask the Family Practitioner Committee (Phone 723 3400)

"I want a dentist who speaks my language."

The Family Practitioner Committee and Community Health Councils have lists of dentists who speak foreign languages.

"How can I get emergency treatment?"

Find a dentist willing to accept you as a NHS patient and say you want EMERGENCY TREATMENT ONLY. If you cannot find one, the Royal Dental Hospital, 32 Leicester Square WC2 (Phone 930 8831), and the Eastman Dental Hospital, 256 Grays Inn Road, WC1 (Phone 837 7251) have an emergency service during the day Monday - Friday.

At weekends and public holidays contact your doctor or go to the Accident & Emergency Department of a general hospital.

"How do I make a complaint?"

Complaints must normally be made within 8 weeks of noticing something wrong or 6 months from the course of treatment, whichever is the sooner to the:-

Family Practitioner Committee,
14 Bishops Bridge Road,
London W2

Phone 723 3400

For help and advice contact your local Community Health Council.

FOR ALL THOSE THINGS YOU WANTED
TO KNOW ABOUT THE HEALTH SERVICE
..... YOU CAN NOW ASK YOUR
LOCAL COMMUNITY HEALTH COUNCIL.

If you live in South Westminster, Chelsea
or Kensington your local CHC is :-

South District CHC,
89 Sydney Street,
London SW3

Phone 351 3483

If you live in Soho or Marylebone :-

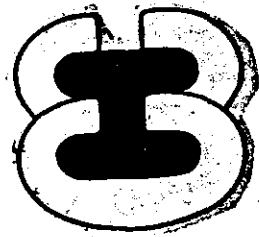
i.t.c.h.
(Improving the community's health),
13 Ingestre Place,
London W1

Phone 437 5202

If you live in North Kensington or
Paddington :-

North West District CHC,
304 Westbourne Grove,
London W11

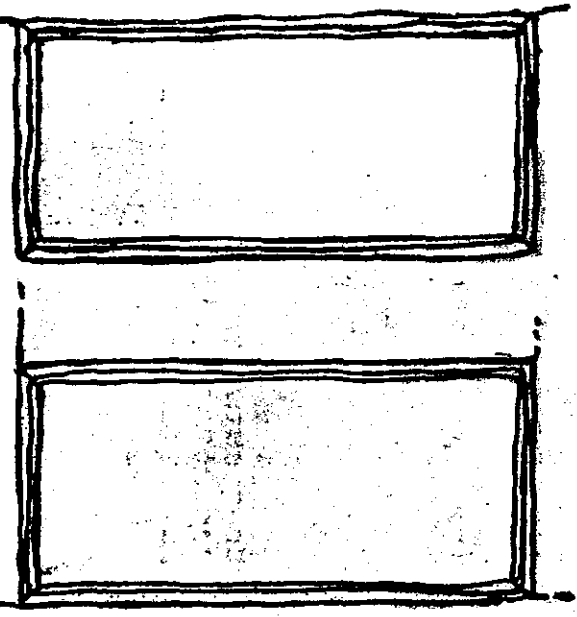
Phone 221 4018



IT'S FOR US TO GET
YOU A BETTER HEALTH
SERVICE.
IT'S FOR YOU TO TELL
US WHAT YOU WANT.

SAMPLE - to be filled in.

DENTIST



CHC NEWSLETTER

Community Health Council Kensington-Chelsea-Westminster (South)

PRING 1978

ISSUE 2



Courtesy 'The Guardian'

Patients dissatisfied with GP services?

MANY local residents have a low opinion of GP services provided on the NHS, according to a CHC survey 'The Family Doctor in Central London'. Although 60 percent are satisfied with their GP, there were many criticisms voiced, from a lack of emergency night and weekend services to the unhygienic condition of some doctors' waiting rooms.

'You can't expect any better from the NHS', was a frequent comment. Thirty-eight percent said that they had been to a private doctor in the last two years. Not all of these were wealthy patients, but were ordinary people in search of a higher standard of care.

Lack of basic information is widespread. Many people don't know how to register with a doctor, how to contact a doctor in an emergency, how to change doctors, or which services they can expect to pay for, and which are free on the NHS.

Many people are registered with doctors who do not hold an evening surgery and have to take time off work to see a doctor. Of all the practices taking NHS patients, almost a third have no evening surgery.

Many complained of inflexible appointment systems, having to 'wait until they were well again', before they could manage to see a doctor, and of receptionists making diagnoses over the phone!

Patients' most frequent criticism is that doctors are too busy to listen to them or make a thorough examination! Many doctors are said to be unwilling to make home visits, to come out at night or at weekends. At least 20 percent of patients have been unable to make contact with a doctor in an emergency and most of these had to go to a hospital to find treatment.

Many patients are unhappy about not seeing their own doctor, and about being referred on to specialists and hospitals, when they would prefer a more comprehensive service at their local surgery.

Local people feel that doctors are overworked, despite the fact that doctor's list sizes in this district are 17 percent lower than in other cities. It seems that the high cost of practice in central London means that more doctors are engaged in

private practice and have less time to devote to their NHS patients.

The CHC is recommending a number of changes to improve GP services. The Family Practitioner Committee should indicate a doctor's willingness to take on new patients to avoid difficulties in registering, and more information about surgery hours, when to make appointments and emergency cover should be given to patients.

More flexible arrangements about registering need to be made, so that people, who want to do so, are able to meet the doctor briefly before registering.

Appointment systems could be made more flexible and surgeries held in the evenings for working people. Surgeries should be clean and pleasant and ensure absolute privacy of consultation. In some cases, emergency cover needs to be improved and the general adequacy of this service needs to be more closely overlooked by the FPC.

* Copies of 'The Family Doctor in Central London' are available from the CHC, Price 20p.

Who cares? CHC does!

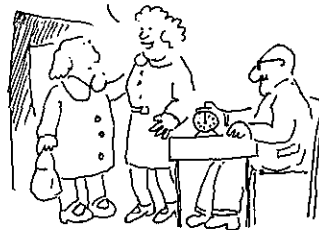
CHC again brings you all the information your neighbourhood health services. We help you to find the best services available on the NHS, because we care about the you are receiving and the things that can go within a large bureaucratic organisation e National Health Service.

ough we have had some success in ing local services, we are still concerned those people in our community who are not ing from the health services or are ked by them. Here in central London there my migrants and itinerant young people, of them in need of basic medical care, tric help, abortion counselling, or treat- or venereal diseases.

It still difficult for the ordinary person in the mity to find a GP and benefit from the services, how much more difficult it must be se groups, who are neglected, except in dire ncy.

It time the local AHA gave more thought to which these less fortunate people — those a steady income or the support of a stable and family can be helpful to get the health at many of them badly need?

MRS ETHEL SMITH OF 27
GLOEMFONTAIN TERRACE —
YOU HAVE FIVE SECONDS TO
TELL THE DOCTOR WHAT'S WRONG
— STARTING NOW!



Rick Sanders

Call for abortion unit

A DAY-CARE abortion unit should be set up to meet the need for NHS abortions in the district, says the CHC. Doctors are referring many women eligible for NHS abortions to private clinics because of delays and some staff hostility under the NHS system.

In reply to a CHC questionnaire sent to GPs 60 percent said they had referred patients to private clinics because of lack of NHS facilities. Fifty-three percent said that NHS provision was inadequate.

Under the NHS, delays occur between GP referral, outpatient appointment, and admission. This is dangerous medically as the earlier pregnancy is terminated the safer it is.

One GP said, he never sent patients to the NHS because of delays, and another because of the distress caused to the woman if the NHS refused to do the abortion. Some GPs said they never sent women to certain NHS hospitals because of the hostility of staff to women having abortions.

While some day-care abortions are performed at St. Stephens, most women stay in hospital overnight whether they need to or not.

CHC proposes a day-care unit should be set up in this district using menstrual regulation (interception) or vacuum extraction techniques. These methods are medically safer and emotionally less distressing for the patients and much cheaper for the NHS.

Health services in you

HOSPITALS

24 HOUR ACCIDENT AND EMERGENCY SERVICE:

St. Stephen's, Fulham Road, SW10 Tel: 352 8161.
Westminster, Dean Ryle Street, SW1. Tel: 828 9811.
Westminster Children's, Vincent Square, SW1. Tel: 828 9811.

GENERAL

Gordon, 126 Vauxhall Bridge Road, SW1. Tel: 828 9811.

PSYCHIATRIC (MENTALLY ILL)

St. Mary Abbots (for people living in SW5, SW7, W8). Tel: 937 8201.
Banstead, Sutton, Surrey. Tel: 642 6611.
All Saints, Austral Street, SE11. Tel: 828 9811.

GERIATRIC (OLD PEOPLE) + E.N.T.

St Mary Abbots, Marloes Road, W8. Tel: 937 8201.

SPECIALIST

Royal Marsden, Fulham Road, SW3. Tel: 352 8171 (Cancer).
Brompton, Fulham Road, SW3. Tel: 352 8101 (Chest & Heart).
Chelsea Hospital for Women, Dovehouse St. SW3. Tel: 352 6446.

SEXUALLY TRANSMITTED DISEASES

St Mary Abbots Hospital, Marloes Road, W8
Tuesdays & Friday 9.30 - 12.30
(No appointment necessary)

St Stephens Hospital, Fulham Road, SW10
Monday & Friday 2 - 5pm
(No appointment necessary)

West London Hospital, Hammersmith Road, W6. (748 3441)
Monday 9.30 - 7pm.
Tuesday - Friday 9.30 - 5.30pm
Saturday 9.30 - 11am.

Westminster Hospital, Horseferry Road, SW1 (828 9811)
Monday - Friday 10.30 - 6.30pm.

EMERGENCIES

If someone is seriously ill or has an accident away from home, phone '999' and ask for an ambulance. If he/she is ill at home, phone the doctor who will arrange for an ambulance if necessary. If you cannot contact your doctor and it is an emergency, go to the Accident and Emergency Department at Westminster Hospital or St Stephens, Fulham Road; or Westminster Children's Hospital, Vincent Square SW1.

ACCOMMODATION FOR MOTHERS

Accommodation can be provided for mothers of young children at St. Stephens, Westminster and Westminster Children's Hospitals. Ask about this when you see the consultant or phone the ward sister.

HOSPITAL CONSULTANTS

Except in an emergency, an appointment for you to see a doctor at the hospital MUST be made through your own doctor

South Kensington Health Centre, 10 Redeli Street, SW10. Tel: 373 9932.

Holland Street Health Centre, 9 Holland Street, W8. Tel: 937 4385.

Bessborough Street Clinic, 1 Bessborough Street, SW1. Tel: 821 9586.

Ebury Bridge Clinic, Ebury Bridge, SW1. T 730 4168.

FAMILY PLANNING

VIOLET MELCHETT (by apt) Wed 9.30 - 11.30 am

BESSBOROUGH STREET (by apt)

Mon & Wed 5 - 7 pm

Thurs 10 - 12 noon, 2 - 4 pm, 5 - 7 pm

Fri 9.30 - 11.30 am

ST STEPHENS HOSPITAL.

(phone during clinic hours for apt on 352 8161 ext 429)

Mon & Fri 1.30 - 3 pm

Mon, Tues, Wed 6.30 - 8 pm

EBURY BRIDGE (by apt)

Wed 9.45 - 11.30

HOLLAND STREET (by apt)

Tues & Wed 5.30 - 7 pm

IN THE HOME

There are services to help you look after yourself at home, whether you are permanently disabled because of illness or old age, or for a short time after being in hospital.

AIDS AND ADAPTATIONS

There are aids to help you look after yourself. For example: bath hoists, special chairs, household equipment, special clothing, telephones (for certain people like the housebound), and many others. Some are provided by the local authority and some by the health service. If you are just leaving hospital, ask them. Otherwise, ask your doctor or the Social Service Department (address below) or Age Concern Westminster, 50 Tufton St, London SW1 (tel: 222 3741).

CHIROPODY

If you have trouble with your feet and can't go to the Clinic, chiropodists will treat you at home free. Ask your nearest Clinic (address above).

DENTISTS

Some dentists will visit you at home. The Family Practitioner Committee, 14 Bishop Bridge Road, W2 (Tel: 723 3400) will give you details. You do not have to pay any extra.

DOCTORS

Your doctor will visit you at home, if necessary. However, it is up to him to decide if it is necessary.

CLINICS

Clinics provide services for MOTHERS AND BABIES including Ante-natal and Post-natal clinics, Child Health, sale of welfare foods, creches, immunisation and vaccination, dental services.

Other services are provided at some clinics: FOR ALL WOMEN

Contraceptive advice (All except South Kensington); Cervical Cytology (Holland St. and Ebury Bridge South Kensington); Well Woman (Raymede Health Centre, Telford Road, W10 Tel: 960 0233 only); Marriage Guidance (South Kensington only).

FOR OLDER PEOPLE

Chiropody (all except Ebury Bridge and Holland St.) Medical check-ups and clubs for the elderly (Violet Melchett only).

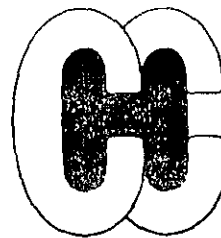
Home Nurses are also based on the Clinics, see below under 'In The Home'.

Enquire at the Clinic nearest to your home: Violet Melchett Health Centre, Flood Walk, SW3 Tel: 351 0982.

At the doctor's



neighbourhood



DRK/SHOPPING AND COOKING
Help can help with cleaning, shopping etc. If you are housebound, Meals-on-Wheels can bring you a lunch. Ask your Social Worker about this (address below). Your Social Worker may be able to help with shopping things. If you live in Kensington & Chelsea, there is a Voluntary Workers Bureau, ask for your social worker, if you have one. In Pimlico, the Pimlico Neighbourhood Centre, Longmoore Street, S.W.1 (Tel: 828 1101) can be able to help.

AND BATHING
If you can't bath yourself or need nursing care, ask for a social worker at home to help, ask your Social Worker for someone to come and help you; also a laundry service for the washing; and incontinence pads and pants can be arranged.

SERVICES DEPARTMENTS
in:
CLAYTON AND CHELSEA
SW5, SW7 -
Office, Town Hall, Hornton St. W8. (Tel: 828 1101).
CLAYTON, SW1 -
Office, Chelsea Old Town Hall, Kines Road, Chelsea (Tel 352 8101).
CLAYTON, SW1 -
Office, 10 Warwick Row, SW1. (Tel: 828 1101).

SERVICES FOR WOMEN

HOW TO GET AN ABORTION:

If you want a doctor, you may get an NHS abortion. If it or if it seems to be taking too long to get an abortion, you can go to one of the voluntary advisory services who give free advice, care, counselling and contraceptive advice at the lowest possible cost.

Advisory Service
Street, W1
4

Voluntary Advisory Service
Office, SW1
5

Voluntary Centre for Young People
Marble Court Road, W1
1 or 323 1522

St. James's House
St. James's St, W1
2

HOW TO GO FOR PREGNANCY TEST:

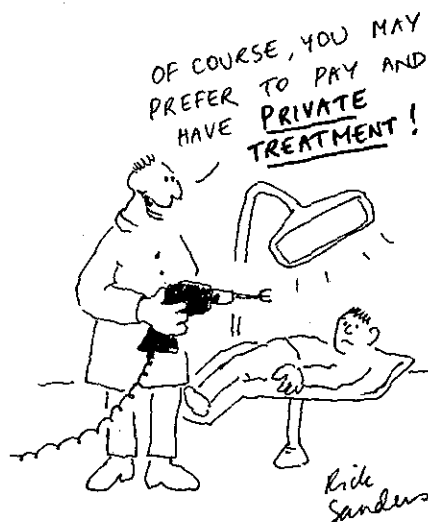
Voluntary Advisory Service Tel: 222 0985
Voluntary Centre Tel: 323 1522 or 580
(for apt)

WOMEN'S CLINIC

For Patients 6, Westminster Hospital
Wednesday afternoon, by appointment
especially for such problems as vaginal
current cystitis etc; also do breast
exam and cervical cytology.

Centre Tel: 340 6913

At the dentist's



DENTISTS

FINDING A DENTIST

The Community Health Council, Citizens Advice Bureaux, Libraries, Post Offices and the Family Practitioner Committee have lists of dentists.

ALWAYS ASK THE DENTIST FOR NHS TREATMENT, OR YOU MAY HAVE TO PAY THE FULL COST AS A PRIVATE TREATMENT.

Not all dentists on the list will give the treatment you require on the NHS.

If you are accepted for a course of treatment as a NHS patient, the dentist has to give you all the treatment you need to make you dentally fit.

DENTURES

For dentures under the NHS you pay the full cost up to £30. Where dentures or a bridge are supplied as well as other treatment you still pay only up to £30. Not many dentists do NHS dentures. The Family Practitioner Committee (14 Bishops Bridge Road, London W2. Tel 723 3400) will give you a list of dentists who do. You may have to ask many dentists before finding one.

NHS CHARGES

You pay the full cost of treatment (excluding dentures or bridges) up to £5. Examination, stopping of bleeding, repairs to dentures, and home visits are free.

YOU DO NOT PAY ANYTHING IF YOU:

- are at school;
- have left school, but are under 21 (but you pay for dentures, alterations to dentures, or treatment more expensive than needed to make you dentally fit);
- are entitled to Social Security or to receive Family Income Supplement (this includes your dependents);
- are pregnant or have had a child within the last year (you will have to give proof of this);
- have a valid certificate of exemption from prescription charges.

If you cannot afford NHS charges, for instance if you are a pensioner or a student, you may be able to get help. Ask the dentist for form FID which explains this.

DOCTORS

FINDING A DOCTOR

You can choose your own doctor, provided that he does NHS work and will accept you. The Community Health Council, Post Offices, Libraries, Citizens Advice Bureaux and the Family Practitioner Committee have lists of local doctors.

Take your medical card when you go to the doctor for the first time. If you have not had a doctor before and have no medical card, tell him and he will give you a form to fill in.

Everyone on a doctor's list should have a medical card. If you have lost yours, write to the Family Practitioner Committee (14 Bishops Bridge Road, London W2, Phone 723 3400), giving your full name, date of birth, address and the name and surgery address of your doctor.

IF NO DOCTOR WILL ACCEPT YOU

If a number of doctors have refused to accept you, write to the Family Practitioner Committee (14 Bishops Bridge Road, London W2) with your medical card and ask them to allocate you to a doctor near where you live. Tell them the names of the doctors who have refused you.

CHARGES

A charge is made for each item on the prescription form.

YOU DO NOT PAY IF: you are under 16, over retirement age, pregnant or a nursing mother, or suffering from certain chronic illnesses or disabilities. Ask the doctor or chemist how to get an exemption certificate. Children and pensioners do not need one.

OPTICIANS

EYE TESTS

For your first NHS eye test you only need a form from your doctor to take an Ophthalmic Medical Practitioner or an Ophthalmic Optician. The Community Health Council, Citizens Advice Bureaux, Post Offices, Libraries and the Family Practitioner Committee have lists.

SPECTACLES

After the eye test, if you need spectacles, you will be given a prescription which you can take to any dispensing optician who supplies glasses under the NHS. There may be a dispensing optician at the place where your eyes were tested, and if you wish, you can have glasses made there. If you want NHS frames, ask the optician to show you ALL the frames available under the NHS.

If you use the prescription for private frames and lenses, you have to pay the full cost of both. You can sometimes have NHS lenses fitted into private frames, but you pay the full cost of the frames.

CHARGES

Eye tests are free on the NHS, but you pay towards your glasses.

You pay the full cost of NHS frames (ranging from £1.35 to £6.00) and £2.90, £5.50 or £6.15 for NHS lens, depending on the type of lens supplied. School children do not pay anything, as long as they choose a frame from the NHS children's range.

If you cannot afford NHS charges, ask your optician or the Family Practitioner Committee (14 Bishops Bridge Road, London W2, Tel 723 3400) how to apply for financial help.

Attempted suicide - young at risk

ATTEMPTED suicide is a major problem for this health district in the heart of bed-seitter land with almost twice as many young people between 15 and 29 in our population as the national average.

Sadly, it is among these young people that most overdoses occur. In 1975 there were 1100 cases of self-poisoning at St Stephens alone:- 900 admitted, 200 treated as outpatients. Numbers are increasing all the time and it is one of the most frequent reasons for admission to St Stephens.

Despite these appalling numbers, there is no special unit available to treat these desperate young people, and psychiatric and social work follow-up is often haphazard.

Many of them are still in a confused state, and previous experience makes some sceptical of the kind of help available. Further more, there is no

emergency cover by a psychiatrist at night or weekends, except in the case of compulsory admissions.

So, many young people admitted, together with those dealt with at casualty, are never assessed for further treatment. They leave the hospital having had no advice or help, often to re-appear as repeat overdoses within three months. Those who do stay in hospital are given a bed wherever it is available and may find themselves on wards where staff are unsympathetic to their plight.

Almost 60 per cent of young people do go to see their GP within the week prior to taking an overdose. They are crying out for help but their need often goes unrecognised. A lot of self-poisoning may be preventable, so what can be done to help?

- GPs need to be alerted to recognise the presenting symptoms of young people at risk. Prescription of drugs to relieve mental distress should be strictly limited and closely supervised.
- A 24 hour assessment service by a psychiatrist, nurse or social worker must be provided for all self-poisoning cases coming to St Stephens hospital, whether admission takes place or not. A social worker should see all admitted cases as a matter of course.
- Overdose cases need to be treated in one ward under one consultant, and with staff specially trained to understand the problems of drug misusers.
- Liaison with voluntary and social service organisations needs to be improved so that continuing therapeutic and practical help can be more easily given to stop the person doing it again.

Hospital at home scheme

AN EXCITING new departure in health care could be implemented in our district if we get the backing of the Area Health Authority. Funds are already available from a charitable trust to undertake a pilot Hospital-at-Home scheme, which has been proposed by the CHC.

Many people, particularly the elderly and patients with chronic or terminal conditions would prefer to remain at home and be cared for in familiar surroundings, rather than going into hospital.

Successful schemes in France, Australia, and Canada have proved that total care can be provided at home, for a wide range of illnesses including cancers, strokes, heart conditions, fractures, multiple sclerosis and terminal illnesses.

Such a scheme would relieve pressure on hospital beds and particularly help the younger chronic sick, for whom there are no special facilities at present. It is expected that the scheme would cost considerably less than the traditional hospital service. This is an exciting opportunity. Let's get started!



CHC gets things done

WHEN Community Health Councils were set up people said, 'Do you have any power? Not another committee wasting more time?' After three years we can now show that this CHC has brought about improvements that might not otherwise have happened.

These include the confirmation of the Lillington Gardens surgeries for use in general practice and the playgroup and toy library for handicapped children under five, held every Friday morning at the Handicapped Children's Adventure Playground in Chelsea.

Psychiatric facilities in the area will be improved with the opening of the 40 bed unit at the Gordon Hospital, Vauxhall Bridge Road, proposed as the result of CHC pressure.

A real community psychiatric hospital service can now be developed at the Gordon and the day hospital will be enlarged to take more patients. £100,000 is to be spent on a new unit for the St. Mary Abbot's Psychiatric Day Hospital which is planned to open this year.

As a result of a CHC initiative a mother and baby clinic is now operating in the Ashburnham Community Centre for the World's End Estate, and plans are going ahead, albeit slowly, for a health centre in West Chelsea.

Hospitals have improved provisions for the disabled following the 'our man in a wheel-chair' survey. Hospitals have now provided wheel chair ramps, put up signs, adapted lavatories and drawn up a major improvement plan.

A CHC request that hospitals give patients a

At your service

THE Community Health Council is an important part of the National Health Service. It is concerned and involved with anything to do with hospitals, clinics, doctors, dentists, chemists, opticians, nurses, in fact anyone who provides any part of the NHS.

We have been set up as a part of the reorganised Health Service to look after anything which affects you—things like visiting hours, or waiting times, or hospital closures, to name only a few.

The CHC is made up of 25 local people. Our office is at 89 Sydney St. SW3, Tel 351 3483, and we are open to the public 10am - 4pm Monday to Friday.

We will be there to help you with advice and information about the health service, or if you have any comments, suggestions, or complaints, we should very much like to hear them.

The full Community Health Council meets every other month when you may come and put your questions. For dates of future meetings, ring 351 3483.

discharge note for their GP giving date of discharge, diagnosis and drugs prescribed is now Area Health Authority policy and is working well where it is already operating.

The CHC's work is not just about buildings and plans. We also get complaints and suggestions from patients and public which we can take up, and bring about small but important changes. One hospital has now removed teaching hospital notices which warned that students might be present during examinations, but which did not inform patients of their right to refuse students permission to be present without affecting their treatment.

These may be small victories but what they all add up to is a better health service for people living in this area.

Forgotten feet

BY THE time most people get to a chiropodist, the damage to their feet is already done. The reason for this is that chiropody is only available on the NHS to 'priority' groups, the elderly, pregnant women and the disabled.

There is also a great shortage of NHS chiropodists to service those who are eligible for treatment. What is needed is a new approach to good foot care, teaching people how to look after their feet throughout their lives.

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CNEWS

COMMUNITY HEALTH COUNCIL KENSINGTON-CHELSEA- WESTMINSTER (SOUTH)

ISSUE 1.

SPRING 1976

GET THE BEST OUT OF YOUR NATIONAL HEALTH SERVICE

—That's what this news sheet is for: to give you facts about your local health services, to tell you where to go for help, and if anything goes wrong, to guide your complaint and make sure it gets proper attention. In short, we are your eyes and ears and voice in anything to do with the N.H.S. You can read more about us on page 4. We shall publish this news sheet once every year, if we can afford it, but meanwhile keep it by you so that you can refer to the useful information and addresses it contains.

HOSPITALS

EMERGENCIES

If someone is seriously ill or has an accident away from home, phone 999 and ask for an ambulance. If he/she is ill at home, phone the doctor who will arrange for an ambulance if necessary. If you cannot contact your doctor and it is an emergency, go to the Accident and Emergency Department at Westminster Hospital or St. Stephens, Fulham Road; or Westminster Children's Hospital, Vincent Square, SW1. There are no emergency services now at St. Georges, Hyde Park Corner.

HOSPITAL CONSULTANTS

Except in an emergency, an appointment for you to see a doctor at the hospital MUST be made through your own doctor.

CHOICE OF HOSPITAL

You may go to any hospital as long as your own doctor agrees (except for mental illness). You may have to wait longer for an appointment to see a doctor at some hospitals than at others. If you need to go into hospital you will be admitted to the hospital where you went as an out-patient. If you do not want to be admitted to this hospital you can change to another hospital if your own doctor agrees.

TRANSPORT FOR PATIENTS

If you are not fit enough to travel to hospital on public transport, ask your doctor or the hospital to arrange transport for you. If you are on Social Security or Family Income Supplement, the hospital will pay the cost of your fare to the hospital if you take your Order Book to the social worker. Your fares will

also be paid if you have to take a child to hospital as a patient. If a patient on Social Security or Family Income Supplement must be accompanied to hospital because he/she is handicapped or very old, the escort's fares will be paid. Ask the social worker about this.

People with a low income and visitors may also be able to get help with paying fares, ask the social worker about this.

ACCOMMODATION FOR MOTHERS

Accommodation can be provided for mothers of young children at St. Stephens, Westminster and Westminster Children's Hospitals. Ask about this when you see the consultant or phone the ward sister.

YOUR RIGHTS IN HOSPITAL

You have a right to competent treatment. You CAN refuse any treatment or procedure, but you have NO right to insist on a particular kind of treatment. You CAN'T insist on seeing the consultant. You have NO right to information or to know the results of tests. HOWEVER, YOU HAVE EVERY RIGHT TO ASK.

USE OF PATIENTS FOR TEACHING IN HOSPITALS

Hospitals, as well as treating patients, train doctors and nurses. The hospital should ask you if you wish to be involved in teaching. If you are embarrassed or do not want to be involved for any reason at all, you have the right to refuse. YOUR TREATMENT WILL NOT BE AFFECTED.

DOCTORS

FINDING A DOCTOR

You can choose your own doctor, provided that he does NHS work and will accept you. The Community Health Council, Post Offices, Libraries, Citizen's Advice Bureaux and the Family Practitioner Committee have lists of local doctors.

Take your medical card when you go to the doctor for the first time. If you have not had a doctor before and have no medical card, tell him and he will give you a form to fill in.

Everyone on a doctor's list should have a medical card. If you have lost yours, write to the Family Practitioner Committee, 14 Bishops Bridge Road, London W2 (Phone 723 3400), giving your full name, date of birth, address and the name and surgery address of your doctor.

IF NO DOCTOR WILL ACCEPT YOU

If a number of doctors have refused to accept you, write to the Family Practitioner Committee (14 Bishops Bridge Road, London W2) with your medical card and ask them to allocate you to a doctor near where you live. Tell them the names of the doctors who have refused you. But do first try to find a doctor. It is much better for you and your doctor if this can be done voluntarily.

CHANGING DOCTORS

You can change your doctor without giving a reason. Your doctor can also remove you from his list without giving a reason. If you want to change, it is best to find a new doctor first.

(1) If your present doctor agrees and both he and your new doctor sign your medical card, you can change doctors immediately.

(2) Or, you can write to the Family Practitioner Com-

mittee, 14 Bishops Bridge Road, London W2, with your medical card saying you want to change. They will then give you an authority to change doctors and attach this to your card. The transfer does not take effect till 14 days after this.

(3) If you move addresses, you can change doctors just by taking your medical card to a new doctor who will accept you.

CHARGES

A charge is made for each item on the prescription form.

YOU DO NOT PAY IF: you are under 16, over retirement age, pregnant or a nursing mother, or suffering from certain chronic illnesses or disabilities. Ask the doctor or chemist how to get an exemption certificate. Children and pensioners do not need one.

If you pay prescription charges, but need medicines frequently, you can save money by making a single payment, like a season ticket, in advance — £2 for 6 months; £3.50 for a year.

Most Post Offices keep the forms for you to fill in and send to the Family Practitioner Committee, 14 Bishops Bridge Road, London W2. Tel: 723 3400, or you can ask the Family Practitioner Committee about it.

OTHER CHARGES

All NHS treatment (except prescription charges) is free. A doctor can charge for signing extra medical certificates for work or school, passport photos, BUPA forms etc., because this is a private transaction between you and the doctor. You do not pay for a Social Security Medical Certificate.

EMERGENCIES

In an emergency, if you do not have a doctor or your doctor is not available, any NHS doctor will give you immediate FREE treatment under the NHS. However, it is for the doctor to decide if it is an emergency or not.

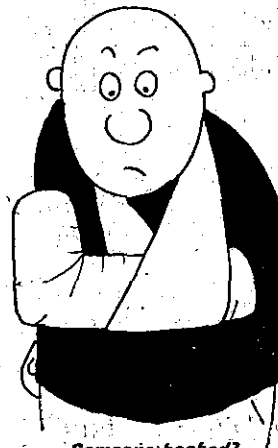
VISITING LONDON

Visitors to London can register with a doctor as a temporary NHS patient. The doctor will then treat you for a period of 3 months. Foreign visitors can only get NHS treatment for illness contracted in the U.K.

HOME VISITS

If you are on a doctor's list, he has to visit you at home if necessary. However, it is up to him to decide if it is necessary.

HOW TO MAKE A COMPLAINT



Someone's boobed?

If you want to make a complaint, contact the Community Health Council at 89 Sydney Street, London SW3 (phone 351 3483) and we will advise you how to make the complaint. We are not allowed to make the inquiry ourselves but we can help you and make sure it is dealt with fairly.

Even if you do not want to make a formal complaint, the Community Health Council is interested in hearing about your problems and in any suggestions you have about ways in which services might be improved.

DOCTORS, DENTISTS, OPTICIANS AND CHEMISTS

Either contact your Community Health Council or the Family Practitioner Committee at 14 Bishops Bridge Road, W2 (phone 723 3400). GPs, dentists, opticians and chemists are under contract to the Family Practitioner Committee and so they are concerned. COMPLAINTS MUST BE MADE WITHIN EIGHT WEEKS OF THE EVENT.

HOSPITALS

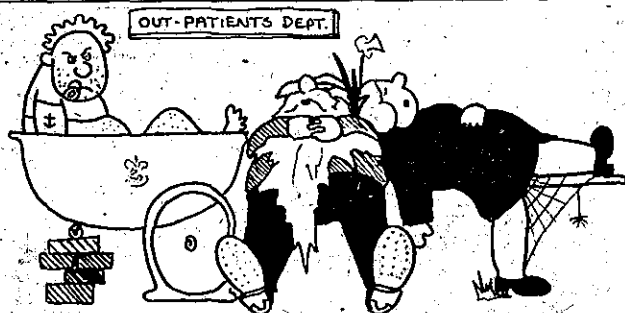
Either contact the Community Health Council or else take it up

directly with the Hospital Administrator or both. If you are not satisfied with the reply, we can pursue the matter further. If necessary we can forward your complaint to the Health Service Commissioner, who can conduct an independent investigation.

LEGAL RIGHTS OF PATIENTS

YOU HAVE A LEGAL RIGHT TO BE TREATED WITH 'REASONABLE' CARE AND SKILL. A doctor must use as much medical skill in advising and treating you as he is able and as a good doctor always would.

If you suffer as a result of negligence, you are entitled by law to compensation or damages for the suffering, and inconvenience and loss of earnings you have been caused. It is however difficult to 'prove' negligence. Legal advice is available from the Citizens Advice Bureau or community law centres. Legal aid may be given if your financial resources are limited and you have, on the face of it, a good case. If you are in doubt or are having difficulties contact the Community Health Council and we will help you by putting you in touch with the right people.



Been waiting long?

MAKE SURE EVERYBODY GETS A COPY: DON'T THROW THIS AWAY
COMMUNITY HEALTH COUNCIL, 89 SYDNEY STREET, SW3. TEL: 351 3483

DENTISTS — See page 2

WHAT THE COMMUNITY HEALTH

DISABLED AT A DISADVANTAGE

You would expect hospitals to be particularly concerned with helping disabled people to be independent, to get to the hospital by themselves, to get wheelchairs through doors, use the lavatory, and telephones and other such basic services. This is not what the Community Health Council found when a survey was carried out for them by Jack Watson.

Jack Watson, himself in a wheelchair, says that the disabled should be allowed to put their own case. He believes that anyone who hasn't lived through it can have no idea of the problems of the disabled. He is well known for his stand on the rights of the disabled, and has even taken local authorities to Court because they were disregarding the law and won.

He found the hospitals were not complying with the Chronic

Sick and Disabled Persons Act 1970, which demands that all places which are open to the public should be made so that disabled people can get to them.

(i) There were no lavatories that were suitable for disabled people to use by themselves. In one hospital the best they could offer was a bedpan!

(ii) Parking and ramps were absent in some of the hospitals and in none were there notices indicating the way to get in by wheelchair.

Mr Watson believes that the NHS could save themselves a lot of money if they would only allow disabled people to help themselves. Ambulances, for example, will not normally take people in their wheelchairs but there are no special parking places if they come in their own cars. Everything has

to be done for them at the cost to the NHS which is quite unnecessary.

The CHC is pressing for immediate improvements. Handicapped people must be treated sensitively and with some imaginative understanding and helped to lead as normal a life as possible.

Six years after the passing of the Chronic Sick and Disabled Persons Act, little has changed. Many places which are open to the public have not been altered so that disabled people can get to them. For someone in a wheelchair to make any excursion to a pub or the theatre, the outing has to be planned like a safari. We want information about the inadequacies of public places in our area and for this we need your help and support in our campaign.

WHEN THE FAMILY CAN'T COPE

Marsh Dickson was until recently a local resident and a member of the Community Health Council. He is very well known for his forthright views about people who, because of accident, or illnesses like multiple sclerosis, cannot live by themselves. Families try to cope but when they find that they can't then the sufferer may have to be admitted to hospital for the rest of his or her life because there is nowhere else to go. This leads to great anguish.

HOSPITALS — A LAST RESORT

Few disabled people need hospital nursing care. Hospitals are unsuitable for anyone needing permanent care. The atmosphere is not homelike, and however good the staff, it is difficult for people in hospital to retain their identity and their individuality over a long period of time. Family and friends have difficulty in visiting; Bedfordshire & Banstead are a long way out of London.

FAMILY STRESS

Marsh Dickson, who himself looked after his sick wife for many years, insists that disabled people should be cared for at home so that contact with family and friends can be kept. Their families should be given real support and encouragement and, most important, a rest. If there were places where the disabled and those who are ill for a long time could be looked after while the family had a holiday, then many more families could continue to cope and fewer patients would need to live out their lives in hospital.

URGENT NEED FOR SHELTERED HOUSING

Disabled people should be helped to be as independent as possible and to lead as normal a life as possible. There is an urgent need for both our local councils to build more "sheltered housing" for the disabled and elderly and to convert property

into "sheltered housing": that is to say, flats where there is a Matron on round-the-clock attendance with an alarm system in case of need.

COMMUNITY HEALTH COUNCIL ACTION

The CHC believes that the Health Service and the Local Authorities have NEVER FACED UP TO THIS PROBLEM. For the young disabled we are pressing for some provision in the central London area, where they can be looked after for short periods, to allow their families some rest. And we cannot repeat too often that all housing authorities and associations should provide a far greater proportion of "sheltered housing", as well as ramped and specially designed ground floor accommodation for the disabled. Planners and architects rarely bear this need in mind when designing new estates or converting older houses.

DENTIST

MR TWEAK.

FALSE PEGS OUR SPECIALITY!



DENTAL PROBLEMS?

BAD PLANNING IN WORLD'S END

In the new tower block flats built by Kensington & Chelsea Council two thousand five hundred people will come to live when all the flats are occupied.

But no extra health facilities are yet being provided for these people. This is another example of bad community planning and lack of dialogue between planners and the health services.

The Community Health Council is very concerned about this and sees the immediate provision to be a major priority. We are pressing for the provision of the essential services so urgently needed by people living around there, especially mothers and babies and the elderly.

The nearest Child Welfare Clinic is twenty minutes' walk away at the Violet Melchett in Flood Walk, S.W.3. This is also the nearest foot clinic and clinic for the elderly. There is a temporary clinic held one morning a week in the Chelsea Community

Centre where there is not even a wash basin in the doctor's room!

There are two possibilities: Ashburham Community Centre Upcorne Road, S.W.10, have offered the use of their premises as a clinic, or there is a Mobile Clinic which could be sited on the new estate itself.

Though both are possibilities, neither is a permanent answer. The Community Health Council is pressing for permanent premises, preferably within a health centre which would include the full range of services, including family doctors, maternal and child health services, chiropody, contraceptive advice, home nurses, vaccinations and immunisation.

We hope that planners on both Westminster and Kensington & Chelsea Councils will heed these remarks and in future allow for proper health services provision in consultation with us when planning new estates.

DENTISTS

FINDING A DENTIST

The Community Health Council, Citizens Advice Bureaux, Libraries, Post Offices and the Family Practitioner Committee have lists of dentists.

ALWAYS ASK THE DENTIST FOR NHS TREATMENT, OR YOU MAY HAVE TO PAY THE FULL COST AS A PRIVATE PATIENT.

Not all dentists on the list will give the treatment you require on the NHS.

If you are accepted for a course of treatment as a NHS patient, the dentist has to give you all the treatment you need to make you dentally fit.

DENTURES

For dentures under the NHS you pay the full cost up to £12. Where dentures or a bridge are supplied as well as other treatment you still only pay up to £12. Not many dentists do NHS dentures. The Family Practitioner Committee (14 Bishops Bridge Road, London W2. Tel: 723 3400) will give you a list of dentists who do. You may have

to ask many dentists before finding one.

NHS CHARGES

You pay the full cost of treatment (excluding dentures or bridges) up to £3.50. Examination, stopping of bleeding, repairs to dentures, and home visits are free.

YOU DO NOT PAY ANYTHING IF YOU:

- are at school;
- have left school, but are under 21 (but you pay for dentures, alterations to dentures or treatment more expensive than needed to make you dentally fit);
- are entitled to Social Security or to receive Family Income Supplement (this includes your dependents);
- are pregnant or have had a child within the last year (you will have to give proof of this);
- have a valid certificate of exemption from prescription charges.

If you cannot afford NHS charges, for instance if you are a pensioner or a student, you may

be able to get help. Ask the dentist for form FID which explains this.

EMERGENCIES

Find a dentist willing to accept you as a NHS patient and tell him you want **EMERGENCY TREATMENT ONLY** (unless you want a full course of treatment).

If you cannot find one, the Royal Dental Hospital (32 Leicester Square, WC2. Tel: 930 8831) and the Eastman Dental Hospital (256 Grays Inn Road, WC1. Tel: 837 7251) operate an emergency service during the day Monday to Friday.

During public holidays and weekends contact your doctor or go to the Accident and Emergency Department of a general hospital.

HOME VISITS

If you are housebound, some dentists will treat you at home. Ask the Family Practitioner Committee (14 Bishops Bridge Road, London W2. Tel: 723 3400) for a list.

DANGER: BEWARE OF OLD MEDICINES

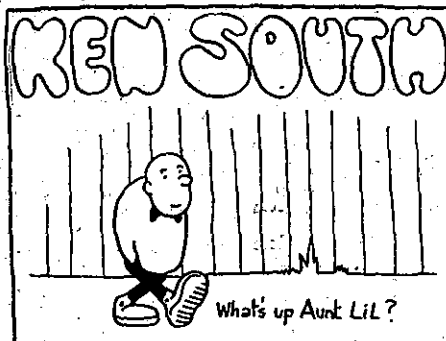
The Community Health Council is concerned about the hoarding and misuse of medicines.

Some medicines go bad if they are kept too long, and this can be dangerous.

To make labels easy to read, they should be typed. To encourage you to throw out old medicines they should be dated.

If your medicines are not clearly labelled and dated we suggest that when you first collect your bottle or container from the chemist or the hospital you should write clearly on it the **DATE**, the **DOSAGE** and what it is for. That will help you to throw unused leftovers away.

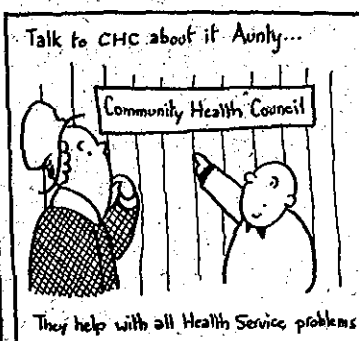
Why not suggest to your chemist that he should type his labels and put the date on them? He may not have thought of it before!



What's up Aunt Lil?



I'm worried about our new Doc...



They help with all Health Service problems.



They'll help her.... She's such an old worry.

COUNCIL IS DOING

WHO'S WHO AT THE CHC

CHAIRMAN



Mrs. Peg Belson. Founder member of the National Association for the Welfare of Children in Hospital. She is interested in extending community services so that sick people can be more easily cared for in their own homes.

VICE-CHAIRMAN

Lady Limerick. Past President of the Kensington and Chelsea Red Cross. She is involved in many aspects of the welfare of mothers and babies.

MEMBERS

Rev. A. D. Chataway
Hilary Burgess
Miss Barbara Firth
Alan Felton
Hector Medora
Mrs I. Pollitzer
Kenneth Stoneyley
Mrs B. M. Wells
Mrs Celia Buckley
Cllr. Miss J. Davis
Cllr. J. F. S. Keys
Cllr. Miss M. G. Massy
P. G. Nathan
Cllr. Stuart H. Shapiro
G. R. G. C. Ticker
Miss B. Saunders
Cllr. Manuela Sykes
Cllr. David Weeks
John Irvin
Mrs. M. P. Williams
Mrs. M. E. Garside.

ASSISTANT

Mrs. Marie Watson is a local resident, and is the other person you will meet when you come to the office.

SECRETARY



Christine Hogg. One of the two people you will meet when you come to the office. She worked in industrial relations and a health service in the Middle East before joining the CHC.

HOW THEY GOT THERE

Members are unpaid and give their time voluntarily. They are appointed for their knowledge and interest in local health services. Twelve members out of twenty-five are appointed by the two local authorities; nine were elected by voluntary organisations to represent different groups of health service users, like the mentally ill, the elderly, children, the handicapped, etc. Three members were appointed by the Regional Health Authority and one of the Inner London Education Authority.

HOW TO GET ON THE CHC

Every two years some changes occur in CHC membership. This autumn the local authorities will again make their appointments and voluntary organisations concerned with health matters will elect representatives to the CHC. If you or your organisation is interested in membership of the CHC contact the office and we will tell you more about it.

YOUNG AND SINGLE AND SICK IN LONDON

Young people who drift into London have special health needs which are not really catered for by the family doctor system. They rarely register with a doctor until they actually become ill, and do not wish a continuing relationship. Dr. Richard Farmer, Senior Lecturer in Community Medicine at the Westminster Hospital Medical School, is working on a project to establish a walk-in centre in Earl's Court for these young people. Informal and geared to

their needs, it will pay particular attention to psychiatry, contraception and VD, and will operate as a hospital outpatient department rather than a GP surgery. At present many of these young people seek emergency medical attention at St. Stephen's Hospital.

In supporting this project the CHC hopes that it may also help to diminish the alarming number of self-poisonings occurring in the district. St. Stephen's admits around 1,100 each year.

WHEN YOUR CHILD GOES TO HOSPITAL

It has long been acknowledged that the "greatest single cause of distress for the young child in hospital is not illness or pain but separation from mother".

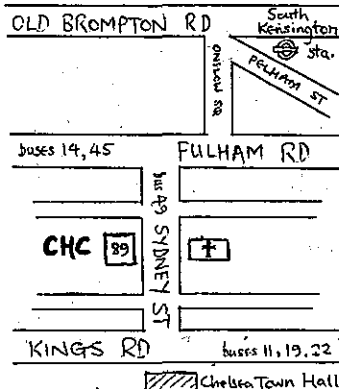
When children have to go into hospital parents should do their best to spend as much time with them as possible. All the children's wards in this District allow unrestricted visiting, and can provide beds for mothers to live in with young children. Ask the doctor or the outpatient sister about this when the decision is made for your child to be admitted to hospital. Don't wait until he actually goes in. If he has to be admitted in an emergency, ask the ward sister if you can stay. Remember that children also need their parents when they go into hospital for an operation. Don't be afraid to ask if you can come in before the

operation and be there afterwards when your child comes back to the ward.

Many parents stay away because they are ignorant of their child's needs, because they are afraid of hospitals, because they think the staff seem to be the 'experts'. But, after all, parents are the real experts in the care of their own child, so they should be there as much as they can.

When parents themselves have to go into hospital children can become very fearful. A visit to the parent who is in hospital can often help to reduce this fear. For elderly patients visits by their younger relatives can bring great pleasure and help to keep their spirits up. Ask the ward sister about arrangements for bringing children to visit the ward.

ST. LUKE'S HOSPITAL BECOMES 89 SYDNEY ST



There is a new role for the old entrance of St. Luke's Hospital, Chelsea, in Sydney Street. The Community Health Council has moved into the ground floor until the new Brompton Hospital is rebuilt on this site.

Meanwhile, your Community Health Council office at 89 Sydney Street, S.W.3, Tel: 351 3483, is open to the public 10 a.m.-4 p.m. Monday to Friday, except for Tuesday when it is open 3-7 p.m.

We will be there to help you with advice and information

about the health service, or if you have any comments or suggestions about the health service we should very much like to hear them.

You and your friends are welcome to the full Community Health Council meeting every other month. Individuals and groups can address the Council or ask questions for a short time at the beginning of each meeting. Dates of future meetings are: Wednesday, May 19, 1976 Thursday, July 15, 1976

For dates after then phone 351 3483 or call in and ask.

WHAT ARE YOUR RIGHTS ON THE NHS?

TRUE OR FALSE?

- | | |
|---|---|
| 1 Only people who have paid national insurance are entitled to NHS treatment. | 7 If I do not want NHS spectacle frames I have to buy private lenses as well as frames. |
| 2 I can change my doctor as often as I like. | 8 Community Health Councils investigate complaints. |
| 3 I have a right to know what is wrong with me and to know the results of tests done in hospital. | 9 A doctor cannot remove me from his list without giving a good reason. |
| 4 My doctor must visit me, if I am too ill to visit him. | 10 I can get a second opinion on the NHS. |
| 5 Foreigners can have free NHS treatment. | 11 If I am an NHS patient my doctor cannot charge me for anything. |
| 6 I cannot choose which hospital I want to go to. | 12 Anyone can get dentures on the NHS. |

CHILDREN'S COMPETITION CORNER

Paint us a picture or tell us a story about

"WHEN I WENT TO HOSPITAL"

Prizes to be won in each age group

Under 5 years

5-7 years

7-11 years

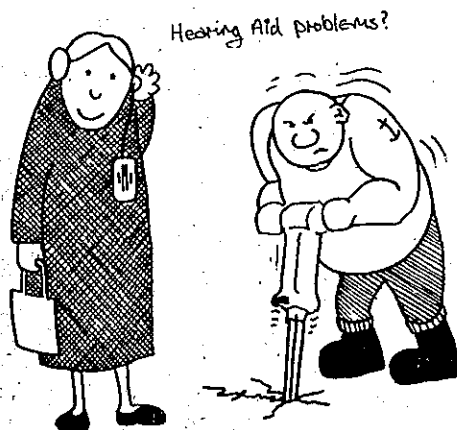
11-15 years

Send them by September 30, 1976, to:

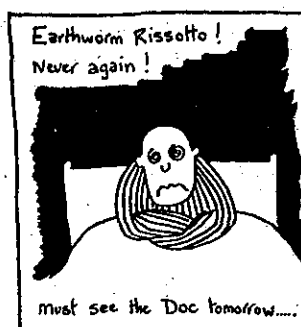
COMPETITION CORNER,
COMMUNITY HEALTH COUNCIL,
89 Sydney Street, London SW3 6NP

ANSWERS TO QUIZ

- | | |
|--|--|
| 1 FALSE. NHS treatment is available to everyone living in the U.K. for illnesses contracted here. | 7 FALSE. You can put NHS lenses into private frames if you can find frames which will fit NHS lenses. |
| 2 TRUE. But if you change often, you may soon not be able to find one willing to accept you. | 8 FALSE. But they will advise and help you with your complaint. |
| 3 FALSE. But you have every right to ask. This is something needing public discussion. | 9 FALSE. He can remove you without giving any reason. |
| 4 FALSE. Your doctor decides if a visit is necessary or not. But you can make a complaint if he doesn't visit and this leads to complications. | 10 TRUE. You can see a hospital specialist if your doctor arranges it, but you cannot get a second opinion without your doctor's knowledge. |
| 5 TRUE. But only for illnesses contracted in the U.K. or where there is a reciprocal relationship with their own country. | 11 FALSE. You cannot be charged for any treatment, but he can charge you for signing private medical certificates, BUPA forms, passport photos, etc. |
| 6 FALSE. You can go to any hospital you like, but your doctor has to agree to send you there. | 12 TRUE. But not all dentists will do dentures on the NHS. |



LATER





WHAT YOU ALWAYS WANTED TO KNOW ABOUT THE N.H.S. BUT DIDN'T KNOW WHO TO ASK

COMMUNITY HEALTH COUNCIL AT YOUR SERVICE

THE Community Health Council is an important new part of the National Health Service. That is to say it is important to you and me — the public, the consumer, and the patient — because it is concerned and involved with anything to do with hospitals, clinics, doctors, dentists, chemists, opticians, nurses, in fact anyone who provides any part of the NHS.

We have been set up as a part of the reorganised Health Service to look after anything which affects patients: things like visiting hours, or waiting times, or hospital closures, to name only a few. This Community Health Council began in September 1974 and it belongs to you.

CLOSURES

The Community Health Council must be consulted about any important decisions which will affect people who live in this district. If the Health Authorities want to close a hospital, for example, or if they want to stop giving a particular service, then they must at least ask our opinion. They must consult us. It is the task of the Community Health Council to make sure that if cuts do come then these shall be in those parts of the service least needed by local people, and could be very important in the future with the cutbacks which are predicted in the economic crisis.

AS OTHERS SEE US

COMMUNITY HEALTH COUNCILS — THE PUBLIC WATCHDOG

'CHCs are watchdogs, not lapdogs'.

'CHCs, the public watchdog' introduced into the National Health Service, have had a greater impact than many commentators expected. They have already exposed the service to much more intense public scrutiny at local level than it has ever experienced previously. (THE TIMES)

'Another Body of Snoopers? These are snoopers with a difference. They have the right to visit hospitals, and the duty to publish an annual report. Had such a group existed from the start of the NHS, able to visit and inquire before, not just after, some signal failure of care in hospital or other institution, then many patients, relatives and staff would have been spared pain and distress. Patients can only gain from the attentions of such 'snoopers' as these, whose activities will often prevent unknown, because unobserved, deterioration in management, morale and standards of care.' (NURSING MIRROR)

COMMUNITY HEALTH COUNCILS — THE PATIENTS' VOICE

'A patient can see what's wrong, he thinks he knows what's wrong and he is probably right.'

'Because of the monopoly nature of the health service, the patient has hitherto been ignored. He has been encouraged to do what the doctor said, without question.'

'The production and maintenance of health is as much the responsibility of the patient as of the health care professions.'

COMMUNITY HEALTH COUNCILS — FORCE FOR CHANGE

'The Health Service has used volunteers in hospitals; I am now looking towards trying to make more use of voluntary effort in the community, in such fields as caring for the disabled, visiting the elderly, and looking after the psychiatric patients who have been discharged.'

'I want there to be a link with all the deprived groups in the community with CHCs serving sometimes as a catalyst for action by going to local groups of Help the Aged or the National Association for Mental Health, for example, to draw their attention to a problem and perhaps put them in touch with the relevant nurse or social worker.'

'The Community Health Councils have already shown very real consumer influence on the NHS — something it has seriously lacked ever since 1948. The route for change is at local level.' (DR. DAVID OWEN)

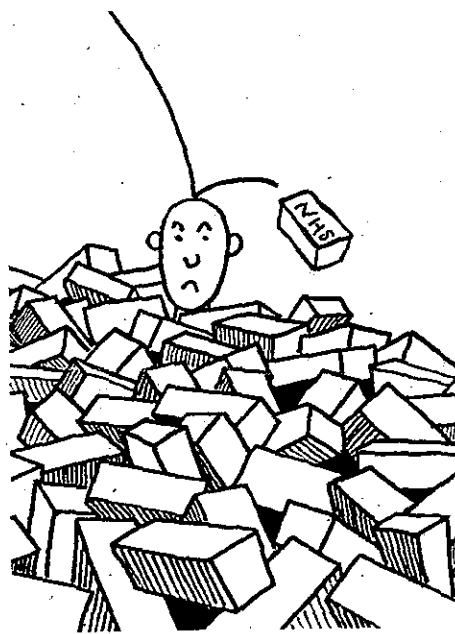
PLANNING

In the same way the Community Health Council is asked about the way the public money should be spent in the health services. We are consulted about priorities, and about the gaps. It is the duty of the Community Health Council, with YOUR help, to make sure that the money is spent on the things which will most benefit the community and the patient, and to nag at the authorities about the services which are inadequate. For example, those affecting the young chronic sick, the mentally handicapped and ill, and the single homeless who fall ill.

INFORMATION, ADVICE AND COMPLAINTS

Very often people don't know where to go for the health service they need. It is our job to find out and give you that information. Or maybe something has happened and you are not quite sure where you stand. It is our job to tell you what your rights are and what you are entitled to under the NHS. Perhaps you have a complaint? Well, we are not allowed to investigate complaints ourselves but at least we can help you present it in the best way to the proper person and then see that you get a fair hearing.

Who Cares?



HEALTH SERVICES IN THE NEIGHBOURHOOD HOSPITALS

This district covers Westminster, Chelsea, Kensington and Holland Park — that is postal districts SW1, SW3, SW5, SW7, SW10, W8, W14 (part).

24 HOUR ACCIDENT & EMERGENCY

St. Stephen's, Fulham Road, SW10. Tel: 352 8161. Westminster, Dean Ryle Street, SW1. Tel: 828 9811.

Westminster Children's, Vincent Square, SW1. Tel: 828 9811.

CASUALTY (MON.-FRI. 9-5 a.m.; SAT. 9-1 p.m.) St. Mary Abbots, Marloes Road, W8. Tel: 937 8201.

The A & E Dept. at St. George's, Hyde Park Corner, is due to close 30 April.

GENERAL

St. Stephen's, Fulham Road, SW10. Tel: 352 8161.

Westminster, Dean Ryle Street, SW1. Tel: 828 9811.

Gordon, 126 Vauxhall Bridge Road, SW1. Tel: 828 9811.

Westminster Children's, Vincent Square, SW1. Tel: 828 9811.

FOR ALL WOMEN

Contraceptive advice (All except South Kensington); Cervical Cytology (Holland St. and Ebury Bridge only); Well Woman (Raymade Health Centre, Telford Road, W10 Tel: 960 0231 only); Marriage Guidance (South Kensington only).

FOR OLDER PEOPLE

Chirophy (all except Ebury Bridge and Holland St.) Clinics and clubs for the elderly (Violet Melchett only).

Home Nurses are also based on the Clinics, see below under 'In The Home'.

Enquire at the Clinic nearest to your home:

Violet Melchett Health Centre, Flood Walk, SW3. Tel: 351 0982.

South Kensington Health Centre, 10 Redcliffe Street, SW10. Tel: 373 9932.

Holland Street Health Centre, 9 Holland Street, W8. Tel: 937 4385.

Marshall Street Clinic, Marshall Street, SW1. Tel: 834 8679.

Bessborough Street Clinic, 1 Bessborough Street, SW1. Tel: 821 9586.

Ebury Bridge Clinic, Ebury Bridge, SW1. Tel: 730 4168.

There are services to help you look after yourself at home, whether you are permanently disabled, because of illness or old age, or for a short time after being in hospital.

AIDS AND ADAPTATIONS

There are aids to help you look after yourself. For example: bath hoists, special chairs, household equipment, special clothing, telephones (for certain people like the housebound), and many others. Some are provided by the local authority and some by the health service. If you are just leaving hospital, ask them. Otherwise, ask your doctor or the Social Services Department (address below).

CHIROPY

If you have trouble with your feet and can't get to the Clinic, chiropodists will treat you at home free. Ask your nearest Clinic (address above).

DENTISTS

Some dentists will visit you at home. The Family Practitioner Committee, 14 Bishops Bridge Road, W2 Tel: 723 3400 will give you details. You do not have to pay any extra.

DOCTORS

Your doctor will visit you at home, if necessary. However, it is up to him to decide if it is necessary.

HOUSEWORK / SHOPPING AND COOKING

A Home Help can help with cleaning, shopping and cooking. If you are housebound, Meals-on-Wheels will bring you a lunch. Ask your Social Services Department about this (address below).

A volunteer may be able to help with shopping or other things. If you live in Kensington

GERIATRIC (OLD PEOPLE) St. Mary Abbots, Marloes Road, W8. Tel: 937 8201.

MATERNITY Princess Beatrix, 281 Old Brompton Road, SW5. Tel: 373 6681.

PSYCHIATRIC (MENTALLY ILL) St. Mary Abbots (for people living in SW5, SW7, W8). Tel: 937 8201.

Banstead, Sutton, Surrey. Tel: 642 6611.

All Saints, Austral Street, SE11. Tel: 828 9811.

SPECIALIST Royal Marsden, Fulham Road, SW3. Tel: 352 8171 (Cancer). Brompton, Fulham Road, SW3. Tel: 352 8101 (Chest & Heart).

Chelsea Hospital for Women, SW3. Tel: 352 6446.

EXCEPT IN AN EMERGENCY, APPOINTMENTS AT HOSPITAL MUST BE MADE THROUGH YOUR OWN DOCTOR.

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HOW CAN YOU HELP?

And you CAN help! The Community Health Council cannot work without you. It is your council and represents you and it will be no use unless you use it. 'Fine words' you may be saying, 'but how can I help?'. Here's how:

- * Are you having any problems with the Health Service? Perhaps we can help you AND make sure the same thing does not happen to anyone else. So come and tell us.
- * If you have a friend or neighbour who is having difficulties but who may be too shy to tell us personally, why not do it for them?
- * Have you experienced lack of facilities which we should know about? Then let us know.
- * Come to the CHC meetings at 89 Sydney Street, SW3. Telephone or send your name and address for future dates. You can say your piece at the meetings, if you feel there is something we ought to consider.

bour who is having difficulties but who may be too shy to tell us personally, why not do it for them?

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* Come to the CHC meetings at 89 Sydney Street, SW3. Telephone or send your name and address for future dates. You can say your piece at the meetings, if you feel there is something we ought to consider.

WHAT ARE WE DOING?

Currently the CHC is looking at:

- * Hearing Aid Problems: is there enough follow-up?
- * Need for immediate psychiatric help in Central London.
- * Travel problems of people visiting relatives in Banstead.

* Difficulties in finding a doctor.

* Are visiting restrictions in hospitals really necessary?

* Opticians who don't tell patients what they can get on the NHS.

* Dentists who insist that people on social security pay the full NHS rate.

OPTICIANS

EYE TESTS

For your first NHS eye test you only need a form from your doctor to take to an Ophthalmic Medical Practitioner or an Ophthalmic Optician. The Community Health Council, Citizens Advice Bureaux, Post Offices, Libraries and the Family Practitioner Committee have lists.

ALWAYS ASK TO BE TREATED ON THE NHS.

SPECTACLES

After the eye test, if you need spectacles, you will be given a prescription which you can take

to any dispensing optician who supplies glasses under the NHS. There may be a dispensing optician at the place where your eyes were tested, and if you wish, you can have the glasses made there. If you want NHS frames, ask the optician to show you ALL the frames available under the NHS.

If you use the prescription for private frames and lenses, you have to pay the full cost of both. You can sometimes have NHS lenses fitted into private frames, but you pay the full cost of the frames.

CONTACT LENSES

You cannot usually get con-

tact lenses under the NHS. If there is a medical reason why you cannot wear spectacles, contact lenses can be supplied through a hospital.

CHARGES

Eye tests are free on the NHS, but you pay towards your glasses.

You pay the full cost of NHS frames (which are cheaper than ordinary frames) and either £2.25, £4.25 or £5 for each lens depending on the type of lens supplied. School children do not pay anything, as long as they choose a frame from the NHS children's range. If you cannot afford NHS

charges, ask your optician or the Family Practitioner Committee (14 Bishops Bridge Road, London W2 Tel: 723 3400) how to apply for financial help.

REPLACEMENT AND REPAIRS

Normally you pay the full cost of this yourself. If you can show that the loss or damage was not your fault, or if you cannot afford the full cost, the Family Practitioner Committee (14 Bishops Bridge Road, London W2 Tel: 723 3400) will pay some or all of it. In any case you have to pay the full cost of new frames.

COMMUNITY HEALTH COUNCIL KENSINGTON-CHELSEA-WESTMINSTER (SOUTH)
89 SYDNEY STREET, LONDON SW3 6NP TEL: 351 3483

King's Community Health Council

75 Denmark Hill,
London SE5 8RS

Telephone 01-703 9498

SH/js

27 February 1979

MA Gerrard Esq
Secretary
ACHCEW
362 Euston Road
London NW1 3BL

Dear Mike

Publicity Activities of CHCs

Thank you for your letter of 9 February. In 1977 the CHC decided not to use the Annual Report as a publicity vehicle, but instead to plan a news letter to be given a wide distribution and to be more immediately helpful to the public than the Annual Report.

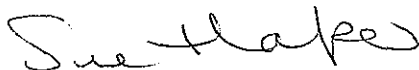
The first issue of "Check-up" was published in January 1978 and 15,000 copies were distributed through schools, tenants associations, District clinics, hospitals, CHC members and passers by.

"Check-up" contained articles on the role of the CHC, answers to questions on health service entitlements, articles on the functions of Over 60's clinics, preventive dental care and maternity care.

Immediate reaction was favourable and the idea of an information bulletin was well received. A second issue was printed but through various problems could not be distributed. The CHC is currently working on another issue which will hopefully not have the problems previously encountered!

One of the greatest bonuses for the CHC was the fact that "Check-up" was printed free, thanks to Camberwell School of Art and Crafts.

Yours sincerely



Sue Halper
Secretary

Ack 2/3/79
EDS



LLANELLI/DINEFWR COMMUNITY HEALTH COUNCIL
CYNGOR IECHYD CYMDEITHAS LLANELLI/DINEFWR

NEUADD-Y-DREF,
LLANELLI.

TOWN HALL,
LLANELLI.

Ref: EAG/HD.

Tel. 58181 Ext.103

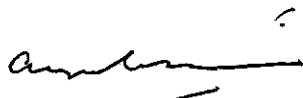
Dear *Mable* :

12th March, 1979.

re: Publicity Activities of CHCs.

With reference to your letter of the 9th instant herein, I am to advise you that apart from the Publication of various Notices and the holding of Open Forums following the termination of monthly meetings, my Council has not introduced any interesting Publicity Schemes. You may be aware, however, of the C.H.C. Film "You and Your Health" which is being prepared on behalf of the Association of Welsh C.H.Cs., and which has its "Premiere" in Cinema 2 at the Chapter Arts Centre, Canton, Cardiff, on Friday 6th April. Following the initial Exhibition of that Film copies will be sent to each individual CHC, and I hope to arrange local meetings in order to deal with the subject matter.

Yours sincerely,



Secretary.

M.A. Gerrard Esq.,
Association of Community Health Councils
for England and Wales,
362 Euston Road,
LONDON NW1 3BL.

*ACK 30/3/79
EOS*



Newham Community Health Council

Mr.

Chairman:- ~~Councillor~~ E.S.C. Kebbell,

Secretary:- Gweneth B. Davey.

Lord Lister Health Centre,

121, Woodgrange Road,

Forest Gate, London, E.7.

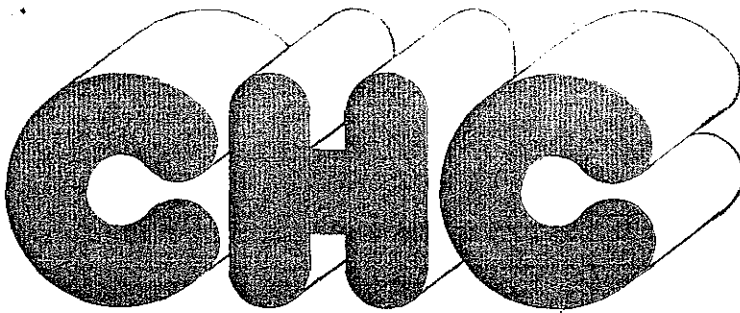
Telephone: 01-555-5331 Ext. 38 and 44.

Newham C.H.C. organised a poster competition for senior schoolchildren. The younger age-group were asked to submit posters on the theme "Newham and the N.H.S.", while the topic for older pupils was "N.H.S. Staff Recruitment". Schools taking part were visited and the work of the C.H.C. discussed with the children prior to the competition. All the posters were publicly displayed at the Central Library and a prize-giving held to which parents, grandparents, brothers, sisters and teachers were invited. In this way we found we were able to reach the widest age-range of local people and that an interest in their local health services and the C.H.C.'s part was fostered and has continued.

We join regularly with our Health Education Unit for combined exhibitions, including at the Town Show, local community centres, etc.

Bookmarks are regularly available in public and school libraries in the Borough.

Our greatest publicity asset, however, is a local reporter who has a constant interest in health care in the District and in C.H.C. work in particular. Every week our local paper carries items on local health services and reports C.H.C. views and comments. This has proved the most successful way of making the C.H.C. known.



COMMUNITY HEALTH COUNCIL

NORTHAMPTON & DISTRICT COMMUNITY HEALTH COUNCIL

CHAIRMAN
SECRETARY

~~MR. D. R. BAKER~~
MR. D. R. BAKER

Mrs. E. M. Newman, BSc

OFFICE: 34 Billing Road

Northampton NN1 5DQ

Tel.: Northampton 27722

Dear Mike,

In reply to your letter respecting publicity activities, I enclose three copies of our latest Guide issued for NHS services in Northamptonshire. This was produced in conjunction with our colleagues from the Kettering and District CHC in liaison with the Area Health Authority.

The seven CHCs in the Oxford Region combined with the Regional Publicity Officer and jointly produced a number of pamphlets and posters (copies enclosed). The object of this exercise was to reduce cost by bulk purchase.

This Council has run a publicity campaign by hiring space in buses (United Counties Bus Company). Used bill poster sites on hoardings by contract. Engaged a local firm of publicity consultants to produce various advertisements announcing the CHC in local papers.

We have produced bookmarks, circulated through public libraries. Hired stands at summer functions in conjunction with the Area Health Education Department and local Rotary Club.

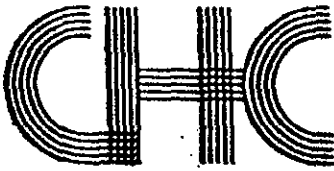
In general we have a good supply of publicity material which is distributed to doctors' surgeries through the FPC, Post Offices, Libraries, Schools etc. In spite of our efforts there still seems to be many people who are unaware of our activities.

For this reason this Council is strongly of the opinion that TV adverts on a national scale is the best way of reaching the general public. Hopefully our NACHCEW will be able to persuade enough CHCs to unite and contribute towards the cost of a joint effort nationwide. In the long run this will be cheaper and more effective than any local efforts.

Yours sincerely,

SECRETARY,

Northampton & District CHC



Chairman
Mrs W Pockett

Secretary to the Council
Miss J B McGlennon

North Surrey Community Health Council
55 Church Road
Ashford
Middlesex TW15 2TY
Telephone Ashford (Middx) 59548

ORGANISE AN EXHIBITION AND STAY SANE

"Aids to Independence Exhibition" Ashford Hospital
4th - 5th October 1978

One of the CHC's most difficult tasks is how to make the public aware of its existence. Although this Council's office is situated in a busy shopping parade and the number of our callers, over 1000 a year, is well above average, members are fully aware that the majority of people in the locality have never heard of the CHC let alone the important role it has to play as an integral part of the National Health Service.

A main preoccupation therefore, is seeking new ways of publicising the CHC and its activities constructively. Our callers help us here as they identify issues which need further study and it was through them that our "Aids to Independence Exhibition" was born.

Each week we get about six people enquiring about hearing aids, talking books for the blind, wheelchairs, bath-aids, handrails and other aids to daily living. In view of this the CHC Working Groups involved with the elderly and people with physical handicaps decided to organise a two day exhibition.

As with most CHC activities once the decision was taken the ball was in the Secretary's court to sort out details. Full of enthusiasm my Assistant and I rushed in and grabbing a pile of literature, procured on visits to NAIDEX (National Aids for the Disabled Conference and Exhibition), listed the commercial firms we thought should be involved and also the statutory bodies; Social Services, Department of Employment, Royal National Institute for the Blind, Possum Equipment, Everest and Jennings, Post Office Communications. On and on went our list until suddenly a cold shiver came over us, where were all the exhibits to go, would they get in. Of course what was needed was a site plan. Why didn't we think of it before? Perhaps because, as with so many tasks CHC staff have to tackle, this was the first exhibition we had ever arranged. Fortunately one of the members of this CHC is an architect so we screamed and he came to the rescue.

Eventually we decided that there was sufficient space for twenty four stalls but the response was so magnificent that in the end there were twenty eight stands plus an outside exhibit of three adapted cars.

For about eight weeks preceeding the event there was never a minute to spare in the CHC office. The 'phone was non-stop and there were constant interviews. All the other CHC work had to go on as usual. The organising of the exhibition was a mere sideline fitted in between a social for new members and a full Council Meeting, and which we would never have managed without the assistance of our voluntary helper who works two mornings each week.

Our local M.P. kindly agreed to open the event and the Mayors of the two Boroughs, represented by this CHC, were also present. Pat Osborne, Director of the Crossroads Care Attendant Scheme Trust came along to talk at an evening meeting on the first day. During lunchtime on the second day we had a speaker on 'Coping with Incontinence'. Snack lunches were provided, for purchase, on both days by the hospital Catering Department. As anyone with experience of NHS catering will know without being told the food was superb. Why, when hospital catering can be so good, do patients often have cause to moan.

Publicity was, we think, our biggest headache. Recurring nightmares of eager exhibitors and no spectators were a constant plague. However, 100 posters, 700 letters to organisations, schools, churches, doctors, dentists, opticians, pharmacists, large local firms, health service staff and publicity in Community Care, Health and Social Service Journal, local papers and on Radio London, LBC and Capitol Radio, paid dividends and we estimate that the exhibition was attended by 800-1000 people.

At lunchtime on the first day we really thought we had hit the big time when we heard that one of the exhibits, a remote controlled electronically operated mechanical arm, was to be on BBC TV News at 1 p.m. Eagerly we crowded round the set, together with Dr. Todd, its pioneer, to hear the announcer telling everyone about the wonderful invention on display to the public for the very first time that very day. Unfortunately he failed to mention where!

Do we think the exhibition was a worthwhile involvement which brought good results to the CHC and help to people who attended? Undoubtedly the spin off to the CHC was enormous. Many more people are now aware of our role and the CHC has greatly increased its knowledge of the needs of some of the people it represents. People who attended, both professional and lay, praised the wide range of exhibits and felt the exhibition had spotlighted the need for more information and awareness of an important subject. If, however, the two day event were to be the sum total of the effort its usefulness would be dubious to the extreme but members regard it as merely a stepping stone to deeper research on some of the problems identified.

EMERGENT POINTS FOR DEEPER STUDY

1. The fact that responsibility for the provision of aids is shared jointly by health and social services causes confusion. What can be done to make the position clearer? Whose responsibility should it be to ensure that people - lay and professional - are made aware of organisations, benefits, aids and services that might prove beneficial. Health Visitor? Social Worker? General Practitioner? Administrator? Who?
2. Many of the aids now on the market are expensive and not available through Social Services or the Department of Health; electric wheelchairs are a prime example. Although charities often raise funds for their provision the ongoing maintenance costs have to be found by the recipient. If the chair is well used this can be as high as £1.50 to £2.00 weekly. VAT is payable on the spare parts. Is this right?

3. People with severe physical handicaps and the relatives caring for them live in fear of what would happen if the carer were to be taken ill. They do not consider hospital provision, generally the only alternative, acceptable. What can be done?
4. Housing adaptations play a large part in enabling people who are disabled or elderly to remain in their own homes. A Joint Circular issued in August 1978 by the Department of Environment and Department of Health and Social Security to Directors of Housing and Directors of Social Services asks authorities to consult with voluntary organisations, representing people with disabilities, to seek views on housing and associated needs. The Circular also instructs that the working arrangements finally drawn up by the authorities should be publicised so that individual disabled people know where to seek help. Will this be done?
5. Incontinence and stoma complaints present particularly distressing problems. The ignorance about ways of alleviating some of the distress is enormous. Should the NHS have National Centres to evaluate the effectiveness of different types of equipment? Is the importance of stoma-therapists undervalued?

PEMBROKESHIRE COMMUNITY HEALTH COUNCIL

CYNGOR IECHYD CYMDEITHAS PENFRO

Secretary : CAREY M GEORGE, OBE, JP, MRSH
Ysgrifennydd

Date/Dyddiad

Our Ref/Ein Cyfeirnod

Your Ref / Eich Cyfeirnod

24 April 1979

CMG/PAM/A7k/g2

M A Gerrard, Esq
Association of CHCs for England and Wales
362 Euston Road
London
NW1 3BL

Dear Mike

PUBLICITY ACTIVITIES OF CHCs

In response to your circular JM of 9th February on the above subject, I have thought about this quite a lot and would say that in all probability the majority of the items listed are not new. However, I thought it might be just as well if our activities are listed.

Kindest regards,

Yours sincerely

Carey M George

Secretary

*ack 1/5/79
EDS.*

Office
13 Goat Street
HAVERFORDWEST
SA61 1PX
Telephone : 0437 - 5816

Swyddfa
13 Heol y Geifr
HWLFFORDD
SA61 1PX
Teliffôn : 0437 - 5816

PEMBROKESHIRE COMMUNITY HEALTH COUNCIL

1. For the past three years or so the Council Meeting each month is organised in such a way as to provide for an OPEN FORUM at 8.00 pm when members of the public present are able to ask questions or make comments on the health service.
2. The Welsh Association of CHCs with the support of a Welsh Office grant of £6,000 has produced a film entitled "You and Your Health". There will be a copy for every two CHCs.
3. In the period 1976-1978 a very successful campaign was mounted locally to maintain hospital services on the opening of a new District General Hospital. This involved public meetings and working with an Action Group which guaranteed publicity, and it was very satisfying to find the Secretary of State found for the CHC.
4. A seminar is held annually, in the main however for CHC members.
5. Members and the Secretary attend voluntary organisations to explain the work of the Council.
6. In the past 9 months, over 100 Community Councils in this District have been invited to appoint a person in their Council's area to have responsibility for health matters and act as a liaison with the CHC. The response has been very good and some forty already appointed will be called together to discuss ways and means of giving further publicity.
7. A public meeting is to be called later this year when appropriate films will be shown.
8. A Day Conference for senior pupils of Secondary Schools was held on 30th March when various speakers spoke on "Fitness and Health". There was plenty of opportunity for discussion and the conference ended with an Open Forum.
9. The Council's Annual Report is distributed as widely as possible.

NORTH SURREY
COMMUNITY HEALTH COUNCIL

"AIDS TO INDEPENDENCE"
EXHIBITION

MEDICAL CENTRE, ASHFORD HOSPITAL
LONDON ROAD, ASHFORD, MIDDX.

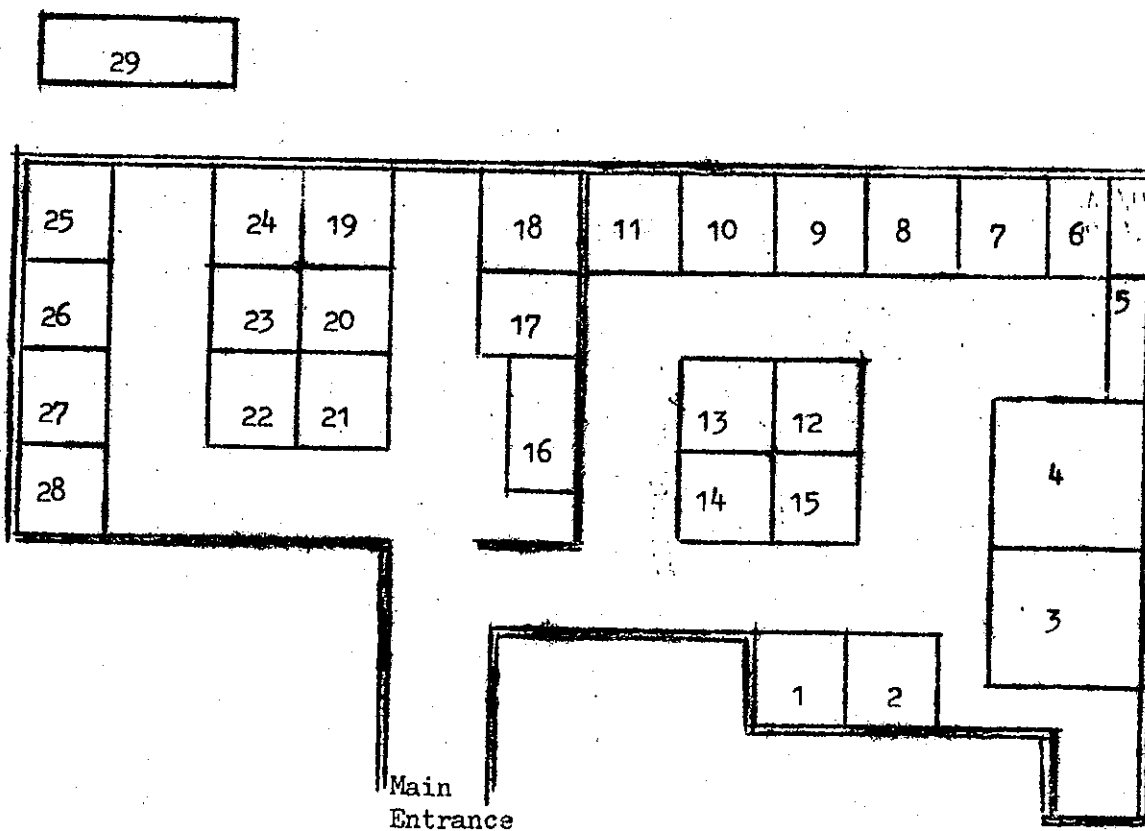
Wednesday, 4th October, 10.30 am - 9 pm
Thursday, 5th October, 9.30 am - 4 pm

THE EXHIBITION WILL BE OPENED BY
THE RT. HON. HUMPHREY ATKINS, MP

SPEAKERS

MRS. PAT OSBORNE, DIRECTOR,
CROSSROADS CARE ATTENDANT SCHEME TRUST
8 pm, Wednesday, 4th October

LUNCHTIME SPEAKER ON COPING WITH INCONTINENCE
1 pm, Thursday, 5th October



STAND

STAND

NO.

NO.

1 DOWNS SURGICAL LTD., CHURCH PATH, MITCHAM, SURREY
Incontinency equipment.

16 POSSUM CONTROLS LTD., 11 FAIRACRES IND. EST., WINDSOR, BERKS.
Electronic equipment.

2 SURREY COUNTY COUNCIL LIBRARY SERVICE

17 MEDIC BATH LTD., ASHFIELD WORKS, HULME HALL LANE, MANCHESTER
Information on services for people who are handicapped.
The latest toilet, bidet and bath unit.

3 BIDDLE ENGINEERING CO. LTD., HALESOWEN,

18 GROUP RESEARCH INTO AIDS FOR THE MULTIPLY HANDICAPPED
(GRAMH), 73 FENTON HO., BISCOE CLOSE, HESTON, MIDDX.
Voluntary non-profit making organisation formed from pupils of Gunnersbury School with the objective of fulfilling the play and special needs of multiply handicapped children.

4 NEWTON AIDS, 24 CONWAY STREET, LONDON W1

Ultra lightweight manual wheelchair, powered wheelchairs and electronic aids.

5 POST OFFICE TELECOMMUNICATIONS, ROOM 404, ARMOUR HO.,
ST. MARTINS-LE-GRAND, LONDON EC14.

19 EVEREST AND JENNINGS, PO BOX 33D, NEW MALDEN, SURREY
Manual wheelchairs and attachments.

Aids for the handicapped.

20 LOXLEY LUXAN MEDICAL SUPPLIES LTD., BESSINGLEY IND. EST.,
BRIDLINGTON, NORTH HUMBERSIDE

Display of Nilodor, a neutralising agent helpful in coping with incontinence.

6 THE NATIONAL LISTENING LIBRARY, 40 CUMBERLAND PL., W1

A charitable organisation providing talking books.

21 STAINES TOY LIBRARIES ASSOCIATION AND
FOUR TO EIGHT, PO BOX 38, MEDWAY HO., NORTHGATE, LEICESTER
Toys for handicapped children.

8 SPELTHORNE TALKING NEWS FOR THE BLIND

22 SURREY COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT
Aids obtainable through Social Services following assessment.

9 PROF. THRING, DEPARTMENT OF MECHANICAL ENGINEERING,

QUEEN MARY COLLEGE, UNIVERSITY OF LONDON
Children's powered mobility aids.

23 VESSA LTD., PAPER MILL LANE, ALTON, HANTS.

Vitesse 4 mph powered wheelchair with kerb climber attachment.

10 ABBOT LABORATORIES, QUEENSBOROUGH, KENT

Stoma aids.

NICHOLAS LABORATORIES, 225 BATH RD., SLOUGH, BERKS.

Incontinency aids.

24 MALDEN ELECTRONICS LTD., 579 KINGSTON RD., RAYNES PARK, SW20
Electronic equipment including electric go-carts for children.

11 KANGA HOSPITAL PRODUCTS LTD., PO BOX 39, BENTINCK ST.,
BOLTON. Disposable products.

25 ELECTRICITY COUNCIL, 30 MILLBANK, LONDON SW1
Appliances for disability.

12 LOCAL VOLUNTARY ORGANISATIONS

13 NORTH THAMES GAS, STAINES, MIDDX.

Aids for the handicapped.

27 SERVICES FOR THE DEAF

Display and information by Ashford Hospital Hearing Aid Centre
DEPARTMENT OF HEALTH AND SOCIAL SECURITY

14 ROYAL NATIONAL INSTITUTE FOR THE BLIND, 224 GT. PORTLAND ST., W1
Helpful aids for people who are blind.

26 SIMCROSS SERVICES, 4 HOLYWELL ROAD, WATFORD, HERTS.
Lightweight portable wheelchair ramps.

15 HOME AND WATER SAFETY COMMITTEE, SPELTHORNE B.C.

28 DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Information on benefits relevant to the elderly and handicapped. DHSS Officer attending Wed. 2-3 pm. AND
DISABLEMENT RESETTLEMENT OFFICER, DEPT. OF EMPLOYMENT, STAINES
Advice and information

AND ENVIRONMENTAL HEALTH DEPARTMENT, SPELTHORNE B.C.

29 OUTSIDE EXHIBIT: CARS CONVERTED BY D.G. HODGE & SON,
DISABILITY VEHICLE SPECIALISTS, 20 HYTHE RD., STAINES, MIDDX

SEFTON NORTHERN COMMUNITY HEALTH COUNCIL

THE APPROACH TO PUBLICITY

The CHC approach has developed in the following way:-

- (i) Experience seems to show that the public must positively want some sort of help from the health services before any real interest develops. It seems natural for most people to concern themselves with health care only when they become ill; matters of more immediate concern and interest occupy them before this and thus the CHC cannot hope to compete successfully for general public interest and attention unless a special issue is involved.
- (ii) It is more cost-effective for the CHC to try to contact the public in the first instance in those places where initial help is being sought - places such as libraries, citizens advice bureaux, doctors and dentists surgeries, hospital and clinic waiting rooms, community health clinics and opticians shops etc.
- (iii) Permanent large plastic notices publicising the CHC have been mounted in all the district's hospitals and community health clinics. A CHC poster offering help and guidance is also available for display in other places such as libraries.
- (iv) It is felt that the best way of contacting the public when looking for help is through CHC health information leaflets answering some of the commonest queries.
- (v) To get CHC leaflets into doctors surgeries etc. needs acceptance by the professional bodies concerned. (All our leaflets have been circulated for comment and valid amendment before publication and all have been agreed either by the Local Medical Committee, Local Optical Committee, or Local Dental Committee).
- (vi) Our leaflets have to be cheaply produced if we are to produce a variety of them over time. The Mersey RHA printing room has done this for us on standard A4 duplicating paper. Short 5,000 copy runs enable relatively frequent updating.
- (vii) The CHC does not intend to produce leaflets on matters already successfully covered by other leaflets. The leaflet "Vaccination - Your Decision" continues in production (with wide acceptability in local child health clinics) because of the inadequate information provided by other leaflets in this field.
- (viii) It is the intention to develop the range of leaflets so that, eventually, they will together provide a simple guide to all local health services.
- (ix) Insofar as local press coverage of the CHC and its work is concerned mention of CHC work and its meetings has tended to be patchy except when sensational issues such as proposed hospital closures have been first mentioned. A newly-established free local newspaper appears to have greater interest in the straight reporting of more CHC news and the CHC is now considering preparing simple reports of its work and sending them out for possible publication in this and other newspapers.

PUBLICITY ACTIVITIES OF SHEFFIELD COMMUNITY HEALTH COUNCILS

When re-organisation took place in 1974 the three Sheffield CHCs decided to pool resources and to share in any publicity arrangements that were necessary. A joint publicity working-group eventually devised a leaflet and poster which was widely circulated. Some 60,000 leaflets were distributed to statutory, voluntary and professional organisations.

However, since 1975 our main publicity effort has been an annual one, ie. our participation in the Sheffield Show. This Show is extremely popular and over 100,000 people attend each year. At first we hired a rather small marquee and displayed a few posters and distributed leaflets but the lessons we learned the first year encouraged us to go in for a larger tent and a properly mounted display with a particular theme. Additionally, we invite the Occupational Therapy Department from the local psychiatric hospital to share part of the tent, here their craft goods can be sold to the public and their presence draws in a lot of people who might otherwise simply pass by.

This year the display will centre on the International Year of the Child, last year it concerned the 30th Anniversary of the National Health Service, the year before we concentrated on Sheffield's Health Services and before that we had a medical and surgical exhibition past and present.

At this Show we sell diaries, carrier bags, pencils and give away badges and other literature. Over these days we meet and talk with more people about the work of the CHCs than in the rest of the year put together.

I am enclosing examples of our literature and advertising material together with some photographs of previous efforts. *

Harry W. Trent,
Secretary.

HWT/KMC/N.1
April, 1979

* N.B. The photographs will be forwarded in due course.



COMMUNITY HEALTH COUNCIL FOR SOUTH NOTTINGHAM

SECRETARY: LIZ HAGGARD

23 February 1979

7, NEWCASTLE DRIVE,
THE PARK,
NOTTINGHAM NG7 1AA.
Telephone: (0602) 411484.

Mike Gerrard
Secretary
ACHCEW
362 Euston Road
LONDON NW1 3BL

Dear Mike,

As well as normal publicity activities, such as posters and handouts we copied Sheffield CHCs plastic carrier bag idea - we have found these very successful and have used them on CHC stalls at exhibitions, as handouts when giving talks etc. We are also just sending to the printers a wallet folder of health service telephone numbers in Nottingham plus a selection of other useful Nottingham phone numbers; the folder also has a map of routes to the new University Hospital which is just opening here. I will send you on a sample as soon as one is available.

Yours,

Liz Haggard
Secretary

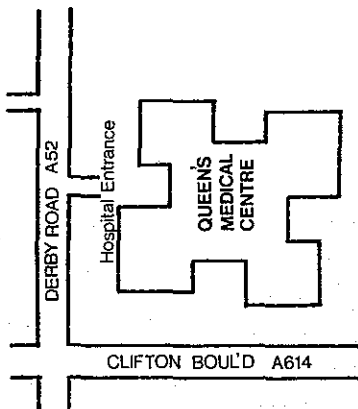
Plastic Bags - Sheffield

*6,000 = £204.83 (including
artwork block).*

*(June 1978 - AT Bescoy
9 Sons, Spring Street,
Sheffield S3 8PD)*

EDS

Location of the University Hospital, Queen's Medical Centre



Public transport to the University Hospital

CITY OF NOTTINGHAM TRANSPORT
SERVICES 5, 19, 45, 53, 63, 83
TRENT MOTOR TRACTION CO. LTD.
SERVICES 101, 102
BARTON TRANSPORT LTD.
SERVICES 4, 4a, 5, X42, 51

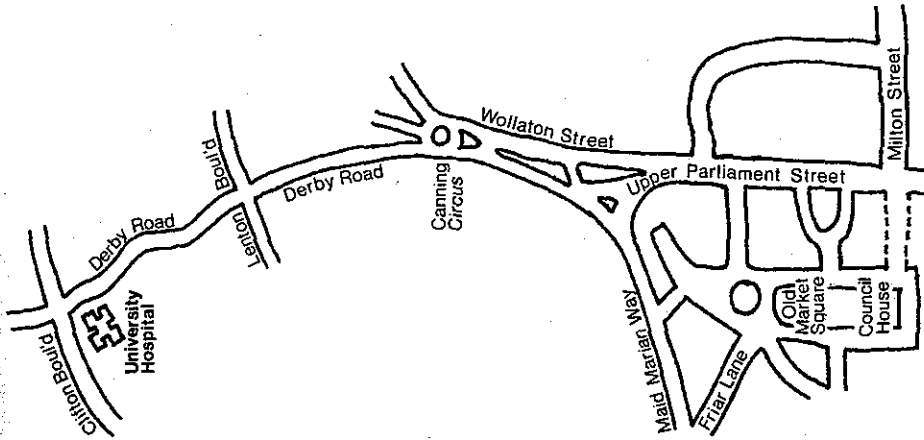
SOUTH NOTTINGHAM COMMUNITY HEALTH COUNCIL

300 COMMUNITY HEALTH COUNCILS
WERE SET UP ALL OVER THE COUNTRY
IN 1974 TO REPRESENT THE CONSUMERS
VIEWPOINT IN THE NATIONAL HEALTH
SERVICE.
IF YOU HAVE ANY SUGGESTIONS OR
NEED ADVICE ABOUT THE HEALTH
SERVICE CONTACT YOUR LOCAL
COMMUNITY HEALTH COUNCIL FOR
SOUTH NOTTINGHAM, BROXTOWE
AND RUSHCLIFFE AT:-

7, Newcastle Drive
The Park
Nottingham

Telephone 411484

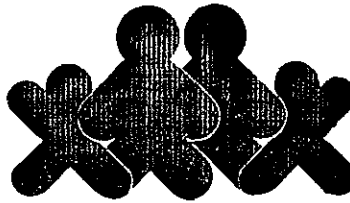
USEFUL TELEPHONE NUMBERS



Aire Health Authority Headquarters		60362
HOSPITALS		
University Hospital, Queen's Medical Centre		700111
Nottingham City Hospital		608111
General Hospital		46161
Addonall Hall		865510
Basford		607161
Copple		608144
Cedars		623355
Elliessie House		604057
Eye Hospital		46161
Frs	Mansfield	623271
Garrow Wood	91	35431
Highbury		271275
Mapperton		608144
Newstead	Blidworth	933 2121
Ruddington Hall		212031
Sandfield		608111
Saxondale	Radcliffe-on-Trent	33 2911
Sherwood		608111
St Ann's		608144
St Francis		608144
Women's Hospital		45091
Ambulance (general information)		292401
Blood Donors Centre		42478
Chirophy		50551
Community Health Council ~ South Nottingham	41484	
Family Planning Association	- North Nottingham	41186
" " "		50551
" " "	(Vasectomy)	404312,3,4
Family Practitioner Committee (information about doctors,dentists,opticians and pharmacists)		40600
Health Education Service		42084
V.D. Clinic (recorded information)		50551
" " & Dept. of Genito-Urinary Medicine		45733
Useful Nottingham Numbers		59899
Fire,Police,Ambulance - emergencies		999
Consumer Protection - Nottingham City		51919
	Broxtowe,Rushcliffe&Gedling	861857
East Midlands Electricity Board EMEB		291151
Evening Post		45521
Food-Unifit-City		48571
Gas-Office hours and emergency calls		45555
Nottingham Hospitals Radio		624300
Pest Control-City		57561

City	41142
City repairs	47002
" "	48571
" "	254871
Broxtowe	264114
Broxtowe repairs	212171
Gedling including repairs	811511
Rushcliffe including repairs	45544
Police—City	47643
Radio Nottingham	58173
Radio Trent	45665
Registrar of Births, Marriages, Deaths	863366
Social Services — Notts. — County Hall	53318
Emergency number—City	50070
Transport: Barton—Broadmarsh	55061
—Victoria	46151
British Rail Enquiries	53665
City of Nottingham Transport Enquiries	96810621
East Midlands Airport, Castle Donnington, Derby	48007
Trent	608101
Water—emergencies	40003
General Information, Advice and Help	411791
Adult Literacy Scheme —including numeracy	221074
Citizens' Advice Bureau—City	68065
—Beeston	411484
—Eastwood	411486
Community Health Council — South Nottingham	49861
— North Nottingham	40004
(National Health Service information and advice)	40712
Community Relations Council	40111
English as a Second Language	42341
Health and Safety at Work	40327
Inland Revenue	49581
Legal Aid: Law Society Area Headquarters	40661
Local Office	
Motor Taxation	
Nottingham Publicity and Information Office	
(also for 'bus passes)	
Social Security:	
David Lane, Basford	789231
Shakespeare St. Supp. Benefits (Apts. Only)	47495
All other enquiries	46101
Station Street	56221
" "	57408
(Apts. Only)	40421
Castle Gate	

Voluntary Organisations	
C.V.S. Information about all voluntary organisations in Nottingham	468714 46884 45892.411437
Age Concern	
— Nottingham & Nottinghamshire	47100
Alcoholics Anonymous	582807
Alcohol Problems Advisory Service	789222
British Red Cross	789948
“ “ “ evenings	55656
Disability Information Advice Line (DIAL)	
— Mon.—Fri. 2—4 p.m. Mon.eve. only 7.30—8.30	45906
East Midlands Pre-School Playgroups Assn.	57836
Marriage Guidance	42129
Mentally Handicapped Children, Nat. Soc. of	285871
Nat. Assn. for Welfare of Children	
in Hospital After 4 p.m.	816376
National Childbirth Trust	46884
N.S.P.C.C.	785783
Nottingham Institute for the Deaf	44246
Off the Record: Wed.Fri. 7-9.30p.m. Sat.10-12.30. (confidential help service for young people)	
Parents' Anonymous 6p.m.—midnight	624499
People's Centre	412269
P.D.S.A.	785787
Royal Midland Institution for the Blind	42536
RSPCA. Branch Office	74965
Radclyffe-on-Trent (33)	4422
Salvation Army	53927
Soldiers', Sailors' & Airmens' Families Association	81623
St. John Ambulance	47056
Telephone Samaritans — office	46464
— emergencies	40506,7
Women Aid	
— Contact Police or Social Services	50486
W.R.V.S.—Nottingham City	254424
— Broxtowe	812832
— Rushcliffe	242523
— Gedling	46248
Y.W.C.A.	
— Young Women's Christian Assn.	43068
Y.M.C.A.	
— Young Men's Christian Assn.	



SOUTH TYNESIDE COMMUNITY HEALTH COUNCIL

131 Westoe Road, South Shields, NE33 3PA (STD. 0632) Telephone 568219

The following buses stop at the door: 501-503-506-510-534-535-536-537

Our Ref. DMP/DD

Your Ref.

Mr. M. A. Gerrard,
Secretary,
Association of Community Health Councils
for England & Wales,
362, Euston Road,
LONDON NW1 3BL.

12th March, 1979

Dear Mike,

Publicity Activities of CHCs

In reply to your letter of the 9th February, 1979, I enclose details of some more interesting publicity undertaken by the CHC over and above the normal continuing advertisements and distribution of information.

1. A page from the leading local paper. We paid for the half page advertisement and they gave the feature free with a little persuasion. Subsequently they provided 500 of the enclosed which we pinned up in libraries, hospitals, clinics, etc., and found drew more response than the official R.H.A. poster. Costs were nominal.
2. Television publicity - 20 Off Peak Spots and 10 Peak Time Spots. We invited Tyne Tees CHCs to join with us in this campaign and it worked out at a cost of £183.33 per CHC.
3. The shape and format of our new brochure has proved popular with patients and health and library staffs.
4. A valuable side issue of my study of factory workers has been the inclusion of publicity articles on the work of the CHC in works journals and you might care to think about this on a national scale, e.g. Reyrolles put it in "The Circuit" and all factories very happily distributed leaflets about the CHC and pinned them on notice boards. As these men and women were largely G.P. users rather than hospital users you reach a different section of the public.

Yours sincerely,

Dilys Palmer

Mrs. Dilys Palmer,
Secretary.

Chairman: Cllr. Mrs. M. Chenery

Secretary: Mrs. Dilys Palmer, B.A. (Soc. Science), J.P.

ack 38/3/79
EOS

Pamela Brearey meets the 'Do you need our help?' people

WHEN the time comes to use one of the health services—and it happens to us all, sooner or later—it is comforting to know that somewhere in our locality there is a group of people who are busy working on our behalf to get us the best possible deal.

They keep their fingers on the pulse of the community, listening to the needs, problems and suggestions of local people and channeling this information to the health authorities.

They are the patient's friend. Their official title is the South Tyneside Community Health Council.

Community Health Councils were set up in 1974 to provide a new means of representing the local community's interests in the health service. They are totally independent.

Half the members are appointed by local government, one-third by voluntary organisations connected with health, and the rest by the Regional Health Authority.

Our local CHC used its first six months as a period of "initial study of the local health services, the regional and national setting and for forging links with those responsible for administering the health service."

Then came the field-work — talking to local organisations, finding out what people needed, what improvements could be made on the local scene.

"We are trying to make the National Health Service more sensitive to the needs of the people who use it," said Mrs Dilys Palmer, secretary.

"The big message is we are the means of communication between patients and administrators and similarly we can interpret to the patients what the administrators are doing."

Said Mrs Palmer: "We have looked at transport facilities to health services. We got out the cost of journeys to health services outside the area and the number of bus changes."

"We have drawn the Regional Health Authority's attention to the great cost involved, the difficulty of having three, six and even eight buses involved, and the time taken for the journey — sometimes 2½ hours — so that in future planning they will bear this in mind. The RHA have given this assurance."

People who attended the hard-of-hearing clinics at Sunderland and Newcastle came to the CHC to say they couldn't visit the clinics in bus concessionary fares times.

The CHC is trying to get the visiting times changed to help these people.

A great success for the council was helping to get a voluntary poisons

information centre in Newcastle recognised as an official poisons centre.

The council was able to inform GPs of a night community nursing service. "Some were not aware the service existed," said Mrs Palmer.

Another information service is a map of hospitals, clinics, health centres, GPs, ambulance service depots and boundaries, transport, dental surgeries, ophthalmic opticians and pharmacists in South Tyneside.

It has been distributed to such organisations as the

ADVERTISING FEATURE

Area Health Authority, the Family Practitioner Committee, libraries and health centres.

The council has several special interest groups to study and discuss problems "in greater depth" and make policy recommendations.

These interests include mental health, the elderly, maternity and child health, medical and para-medical matters, hospital and community services.

One group is considering suggestions put forward in a publication about the social needs of patients living in hospital. Another is looking at the care of long-term patients and the dying. Said Mrs

Palmer: "We are looking at the possibility of having a special home or hospice to care for this type of patient."

The council has a "very good relationship" with the Area Health Authority and the Family Practitioner Committee.

Said Mrs Palmer: "There was a shortage of home-nursing equipment and the Area Health Authority rectified this. On another occasion, we suggested that notices about visiting hours should be displayed in each ward and the AHA agreed it was an excellent idea."

"We looked at catering facilities and made a detailed report to the authority. We understand they have allocated funds for kitchen improvements."

"We suggested to them that the gardens around Prinrose and Hebburn hospitals might be improved by using community industry — employment created for young people — and they thought it a good idea and implemented it."

The Area Health Authority does have a duty to consult the Community Health Council on any major development of change for example, hospital plans or closures — at an early stage.

The council agreed to the closure of Ellison Hall Infirmary — on the condition that the Infirmary's minor casualty service was provided elsewhere in the Mid-Tyne area. This the AHA agreed to do.

Members have opposed the proposed closure of the Fleming Memorial Children's Hospital, and have expressed concern about convalescent care of patients on South Tyneside.

Said Mrs Palmer: "They used to go to the Leazes at Wolsingham. This has been closed down by Durham Area Health Authority. We are asking the area to make alternative convalescent provision."

The public can play an important role in the council by passing on ideas and suggestions for improving any of the health services.

Parents of mentally-handicapped children have been asked to contact the council, so that in future planning the area authority will be fully aware of their needs.

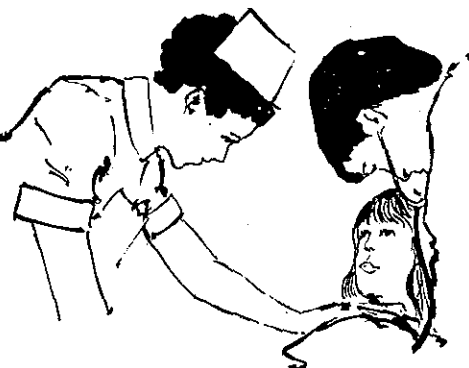
The council is looking into the problems of stroke patients and would like to hear from these. Over the last six months, the hospital services group of the council has been talking to patients in the Diagnostic Centre and Ingham Infirmary to get a patient's eye-view of the health service.

If you feel you can help the council or the council can help you, write to or call in The Lodge, Ingham Infirmary, Westoe Road, South Shields.

Mrs Palmer, or her personal secretary, Mrs Ruth Watson, will be on hand to help. Or, if it is more convenient, contact your nearest CHC member.

At your service

- Mr S. Hannay, 2 Fowler Street, South Shields. SS 3361
- Mrs A. M. Stewart, 17 Salcombe Avenue, Jarrow. Jarrow S98247
- Mrs A. Jeffrey, 6 Stanhope Parade, South Shields. SS 6403
- Mrs E. Witherington, 38 North Guards, Whitburn, Whitburn 2205
- Rev. M. R. Talbot, 382 Sunderland Road, South Shields. SS 61855
- Coun. J. Dawson, 4 Carroll Walk, South Shields. Boldon 4045
- Coun. H. S. Smith, 10 Cleaside Avenue, South Shields. SS 63040
- Coun. Mrs M. Chenery, 8 Hastings Parade, Hebburn. Jarrow S98587
- Mrs M. E. Turn, 16 Marina Drive, South Shields.
- Mrs J. Goudle, 28 Whitburn Road, Cleasdon. Boldon 2763
- Mrs E. M. Rayston, 207 Cheviot Road, South Shields. SS 2859
- Mrs B. Bolam, School House, Bede Burn Road, Jarrow. Jarrow S97240
- Coun. D. McCuskey, 217 Salem Street, Jarrow. Jarrow S97263
- Coun. Mrs V. M. Hope, 97 Lufworth Avenue, Jarrow. Jarrow S97350
- Coun. Mrs M. W. Forster, 9 West Meadows Road, Cleasdon. Boldon 7519
- Coun. W. Robinson, 12 Maple Grove, Whitburn, Whitburn 3733
- Coun. Mrs E. J. Sheeran, 1 Melrose Avenue, Hebburn. Jarrow S31142
- Mr W. Stephenson, 57 Sunderlands Road, South Shields. SS 61336
- Coun. Mrs J. Eales, 1 Graham Road, Hebburn. S34151
- Coun. W. Malcolm, 70 West George Park Street, South Shields. SS 62019
- Coun. J. Richardson, 16 Forster Avenue, South Shields. SS 6106
- Mr G. Middlemiss, 18 Grange Road West, Jarrow. Jarrow S97641
- Mrs M. Strong, 32 Moore Avenue, South Shields. SS 5409
- Coun. S. S. Robson, Greenroofs, Meadowfield Drive, Cleasdon. Boldon 7549



**We are YOUR representative
in the Health Service
and are totally independent!**

The Community Health Council was set up by the Government with a duty to convey your views on the Health Service to those who manage it.

Tell us your views, suggestions, problems about care in South Tyneside.

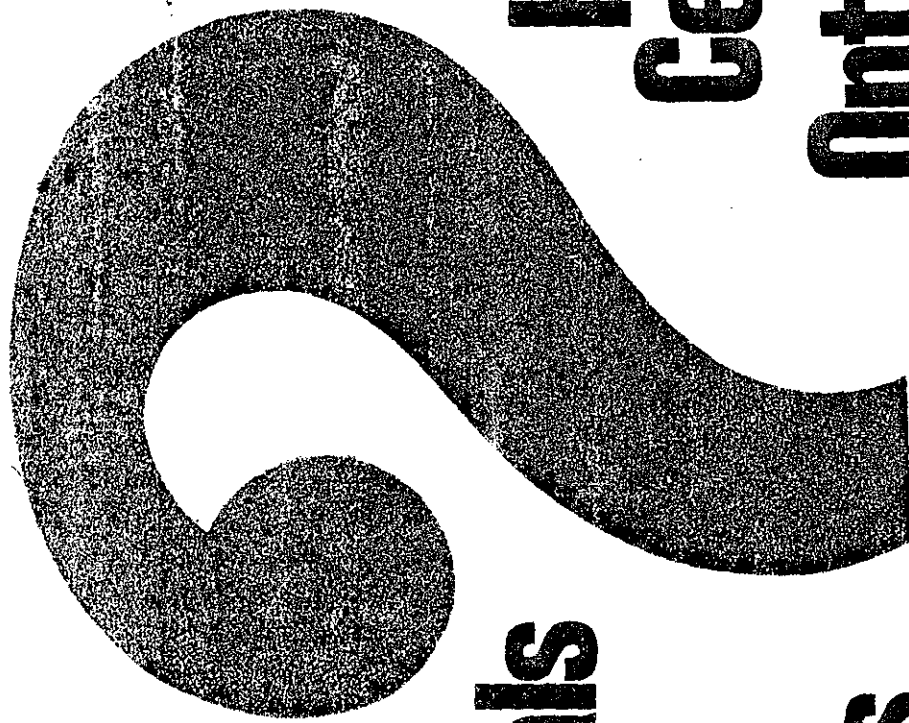
- HOSPITALS
- HEALTH CENTRES
- CLINICS
- COMMUNITY SERVICES
- PHARMACIES
- OPTICIANS
- DENTAL SERVICES
- FAMILY PRACTITIONER SERVICES



For any further information please contact: **THE SECRETARY,
SOUTH TYNESIDE COMMUNITY HEALTH COUNCIL**
NORTH LODGE, INGHAM INFIRMARY, WESTOE ROAD, SOUTH SHIELDS. Tel. 68219

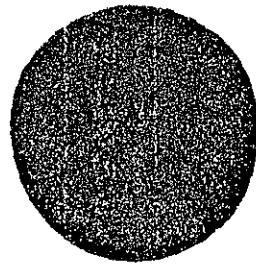
- PHONE IN
- WRITE IN
- COME IN

**PLEASE HELP US
TO HELP YOU!**



Hospitals
Clinics
Doctors
Dentists

Health
Centres
Opticians
Chemists



✓ Paucity.

COMMUNITY HEALTH COUNCIL
15 second T.V. Commercial
Voice-over slide

Now you have a voice
in your National Health
Services. Doubts, problems,
questions, suggestions?

Talk to the independant
body who are willing to
listen and able to act

Your local COMMUNITY
HEALTH COUNCIL exists
to help you.
Keep it in mind!

COPIES SENT TO
12. CHC'S.

Accompanied by three slides.

Your COMMUNITY HEALTH COUNCIL

Keep it in mind

**YOUR NEAREST CHC
IS IN THE PHONE BOOK**

COMMUNITY HEALTH COUNCIL

WE CAN MAKE A
ACTION
WE CAN MAKE A



YOUR VOICE IN THE HEALTH SERVICE.

NORTH EAST COMMUNITY HEALTH COUNCIL

<u>PEAK TIME</u>	<u>RATING</u>	<u>DAYTIME</u>	<u>RATING</u>
W/C 31st October			
18.42 Monday	27	15.49 Monday	12
22.50 Tuesday	12	15.17 Tuesday	15
		13.28 Tuesday	13
		16.42 Wednesday	22
		15.47 Thursday	16

W/C 7th November	
19.27 Monday	41
20.27 Monday	33

W/C 14th November			
18.55 Monday	31	14.22 Monday	15
22.15 Thursday	6	15.17 Monday	12
		12.27 Tuesday	11

W/C 21st November			
22.58 Monday	34	12.27 Monday	8
22.15 Tuesday	26	12.27 Tuesday	9

W/C 28th November	
22.50 Tuesday	31
21.40 Friday	40

AVERAGE PEAK TIME RATING = 28.1

AVERAGE NUMBER OF HOMES

VIEWING 263,016

AVERAGE DAYTIME RATING = 13.3

AVERAGE NUMBER OF HOMES

VIEWING 128,877

Cont...

PEAK TIME

$$\text{COST PER THOUSAND HOMES} = \frac{180}{263} = 68\text{p}$$

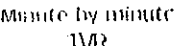
DAYTIME

$$\text{COST PER THOUSAND HOMES} = \frac{34}{128} = 27\text{p}$$

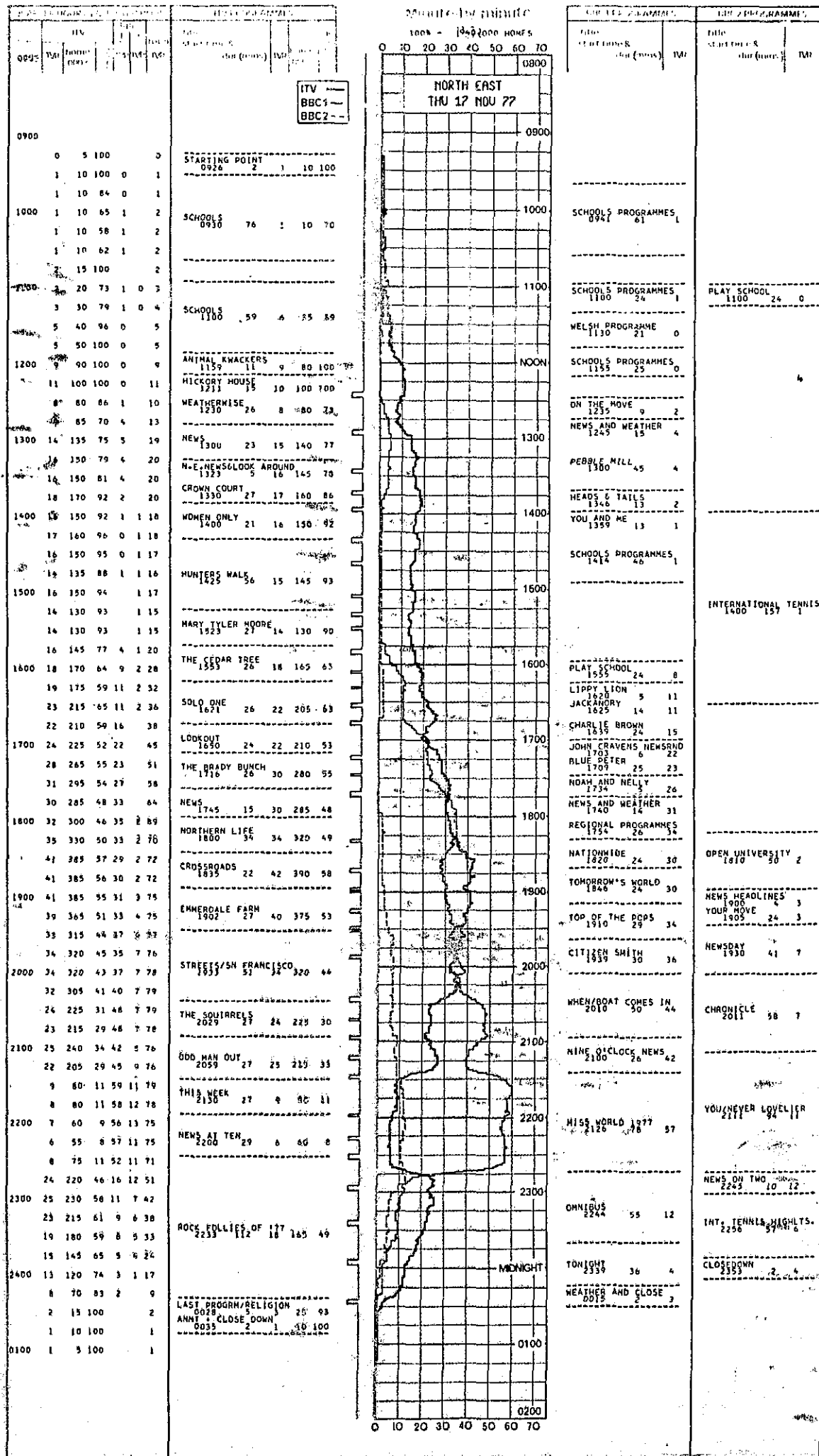
N.B. Average number of individuals viewing at peak-time was 748,303.

14 NOV 1977

ITV —
BBC1 —
BBC2 ~ ~



THE LITTLE KAMMIE			THE 2100 KAMMIE		
TITLE	START TIME & dur (mins)	PTS	TITLE	START TIME & dur (mins)	PTS
SCHOOLS PROGRAMMES	0938 64	1	C.B.1: CONFERENCE	0925 35	0
YOU AND ME	1044 11	1	THE POLE / THE NURSE	1000 25	1
SCHOOLS PROGRAMMES	1134 35	1	C.B.1: CONFERENCE	1025 35	0
SCHOOLS PROGRAMMES	1122 47	1	PLAY SCHOOL	1100 24	1
NEWS AND WEATHER	1245 15	2	C.B.1: CONFERENCE	1125 86	0
PEARLE HILL	1300 45	3			
CHISLEY	1326 14	1			
SCHOOLS PROGRAMMES	1401 59	2	CARRY ON LEARNING	1430 24	1
SONGS OF PRAISE	1518 15	3	THE CATERPCS	1500 25	1
PLAY SCHOOL	1645 24	9	SIGNS OF TROUBLE	1530 25	1
THE 7 THINGS	1612 5	10	MAKING TOYS	1555 24	0
JACKANORY	1624 14	10	C.B.1: CONFERENCE	1620 79	2
FM 101 BROADCASTING CO	1718 24	18			
JONAS CRANKS NEWSROUND	1754 23				
BLUE PETER	1712 27	27			
NEWS AND WEATHER	1740 14	35			
REGIONAL PROGRAMMES	1744 26	36			
NATIONWIDE	1820 30	34			
ARE YOU BEING SERVED	1842 29	38	NEWS HEADLINES	1970 4	2
THE ROCKFORD FILES	1922 47	38	VOLUNTEERS	1904 24	2
PANORAMA	2010 49	23	NEWSDAY	1930 40	3
NINE O'CLOCK NEWS	2100 28	28	DES O'SONNOR TONIGHT	2110 53	17
GT. FIELD HUNTA RAID	2127 57	33	DRAMA 2: WHO / FREDDYHAN	2103 50	11
LORD MATONY'S BANQUET	2245 22	14	THE LONG SEARCH	2153 50	4
TONIGHT	2117 44	6	NEWS OF TWO	2245 11	2
WEDNESDAY NIGHT	2100 28	3	DEER DOWN	2248 39	1
			LIGHT OF EXPERIENCE		
			CLOSEDOWN	2114 7	1



Chronological List of commercials

COMMERCIAL SPOTS
TIME AND DURATION (seconds)
TVR
HOMES COST
view per
000 \$ 000
(p.)

NORTH EAST MONDAY

PEO/FIRST LOVE DOLL	1226	30	6	60
POLAROID 1000 CAMERA	1226	30	6	60
BOVRIL CUBES	1227	30	7	65
JOHNSONS PLEDGE	1227	30	7	65
MEMOREX TAPES	1228	30	6	55
FINOUS MAIN MEALS	1228	30	6	55
MARS TWIX	1229	30	7	65
BLUE RIBAND BISC	1255	30	9	80
BOVRIL CUBES	1256	30	9	80
CUNITY SNUGGLER NPPY	1256	30	9	80
K TEL FEELINGS	1257	30	10	90
TETLEY TEA BAGS	1257	30	10	90
ROWNTREE CHEESE SPRD	1258	30	11	100
PAL DOG FOOD	1258	30	11	100

CREST TOOTHPASTE	1322	30	15	145
BAXTER SOUPS	1323	30	15	145
ANDREX	1323	30	15	145
CUNITY SNUGGLER NPPY	1324	30	15	145
ADVENTURES/WILDERNESS	1349	30	18	165
NESCAFE	1350	30	18	165
BATCHELORS MUSHY PEA	1350	30	18	165
BRANSTON PICKLE	1351	15	19	175
SHIPPAMS SNOWCH MGR	1351	30	19	175
ROSS FROZEN FOODS	1352	30	19	170
SILVIKRIH SHAMPOO	1357	30	18	165
MACLEANS NW FLUORIDE	1358	30	18	165
BOUNTY	1358	30	18	165
EGG AUTHORITY	1359	30	18	165
BATCHELORS STEW STK	1359	30	18	165
BOVRIL CUBES	1421	30	15	145
ANADIN	1422	30	15	145
FISHER PRICE TOYS	1422	30	15	145
JOHNSONS BAND AID	1423	15	15	140
BOVRIL	1423	30	15	140
PLAYTEX C.Y.H. BRA	1423	30	15	140
HEINZ CND PUDDINGS	1424	30	15	145
N.E.INFO SERVICE	1425	15	15	145
BARET METAL WARE	1442	30	13	125
BISTO	1442	30	13	125
S FRENCH DANISH KING	1443	30	13	120
OIL OF ULAY	1443	30	13	120
ROSS FROZEN FOODS	1444	30	13	120
MCVITIE CH M/WHEAT	1509	30	13	120
HEDEX TABLETS	1509	30	13	120
TEA COUNCIL	1510	30	13	120
CUNITY SNUGGLER NPPY	1510	30	13	120
BAKEWELL BAKE PAPER	1511	30	13	120
JOHNSONS BAND AID	1523	30	13	120
LEMSIP	1523	15	13	120
DYNARD DETERGENT LIQ	1524	30	13	120
STORK PACKET	1524	30	13	120
BOUNTY	1525	30	13	125
KELLOGGS K: KRISPIES	1525	30	13	125
JOHNSONS PLEDGE	1526	30	12	115
N.E.INFO SERVICE	1526	15	12	115

AIR SOCCER	1613	15	14	135
LUCOZADE	1614	30	14	135
FIP TOP STORES	1614	30	14	135
STATUS STORES	1615	30	15	140
NANA HOUSEHOLD LP	1615	30	15	140
NORTHERN GAS BOARD	1616	30	15	145
ETCH A SKETCH	1617	15	15	145
ADVENTURES/WILDERNESS	1629	30	18	170
EGG & CASHER TOY	1630	30	18	170
LESNEY SUPERKINGS	1630	30	18	170
SCALEXTRIC	1631	30	20	185
KELLOGGS FROSTIES	1631	30	20	185
IDEAL HIGHWAY MO	1643	30	23	220
WAKE UP THUMBERLENA	1643	15	23	220
POWER PASSERS	1643	30	23	220
COMBEX BIG WHEEL HKE	1644	30	23	220
M.BRADLEY TANK BTILE	1644	30	23	220
BASSETTS DOLLY MIXTR	1645	15	23	215

COMBEX BIG WHEEL HKE	1711	30	22	210
ADVENTURES/WILDERNESS	1711	30	22	210
S FRENCH DANISH KING	1712	30	22	210
GALAXY MILK CHOC	1712	30	22	210
BINNS STORE	1713	15	23	220
LUCOZADE	1713	30	23	220
SAVACENTRE	1714	45	23	220
SCALEXTRIC	1741	30	23	215
PALITTOY TREE HOUSE	1741	30	23	215
EGG AUTHORITY	1742	30	23	215
BRITISH LAYLAND MINI	1742	30	23	215
SILVIKRIH H SPRAY	1743	30	24	225
HEINZ BAKED BEANS	1743	30	24	225
PLAYTEX C.Y.H. BRA	1744	30	24	230

COMMERCIAL SPOTS
TIME AND DURATION (seconds)
TVR
HOMES COST
view per
000 \$ 000
(p.)

NESCAFE FINE BLEND	1818	30	30	280
STORK PACKET	1819	30	30	280
NIGHT NURSE	1819	15	30	280
FROLIC DOG FOOD	1819	45	30	280

KNOWR QUIK SOUP	1840	30	31	295
ALCOHOLISM	1841	45	31	290
BINNS STORE	1842	15	31	290
HEINZ CND PUDDINGS	1842	30	31	290
BOOTS ELEC BEAUTY	1856	60	31	295
M.M.B. CHEESE PROMO	1857	15	32	300
ANDREX	1857	30	32	300
HEINZ SOUPS	1858	30	31	290
PLAYTEX C.Y.H. BRA	1859	30	31	295
N.E.INFO SERVICE	1859	15	31	295
HEINZ CND PUDDINGS	1926	30	35	330
VAUX LORIMER	1926	15	35	330
BENTLEYS COUGH SWTS	1927	15	34	320
MEAL PROMOTION	1927	30	34	320
BRITVIC MIXERS	1927	30	34	320
N E E B	1928	30	35	330
ESTEE LAUDER COSMETICS	1928	30	35	330
CADBUHY ROSES	1938	30	35	330
HEINZ BIG SOUP	1939	45	35	330
MAZDA LIGHTING	1939	30	35	330
OXO	1940	30	35	330
ADVENTURES/WILDERNESS	1940	15	35	330
BISTO	1957	30	36	340
MALLESERS	1958	30	36	335
BABYCHAM	1958	30	36	335
EMI MINSTRELS/J LOSS	2014	15	48	455
CADBUHY DRINK CHOC	2014	30	48	455
LEGO	2015	30	48	455
KP NUTS	2016	30	49	460
VIEA MEDINITE	2016	30	49	460
LEIFHEIT JAR OPENER	2017	15	49	465
SHELL CORPORATE	2027	30	39	365
OXO	2028	30	38	355
PLAYTEX SUPER LOOK	2028	30	38	355
SPILLERS WINDOT	2029	30	37	345
DANISH LURPAK BUTTER	2029	30	37	345
CADBUHY DRINK CHOC	2056	30	28	260
ADVENTURES/WILDERNESS	2056	30	28	260
BINNS STORE	2057	15	29	270
SAVACENTRE	2057	45	29	270
DUNNS TAILORS	2118	45	38	355
OLD CAPE SHERRY	2119	15	37	350
GRANADA TV RENTALS	2119	30	37	350
PHILIPS HOME TRIM	2120	30	37	350
CUNITY SNUGGLER NPPY	2120	30	37	350
BRAUN MICRON	2134	30	34	320
BLUE STRATOS TLIRIES	2134	30	34	320
LEMSIP	2135	15	34	315
HARVEYS BRISTL CREAM	2135	30	34	315
POLAROID 1000 CAMERA	2135	30	34	315
EMI MINSTRELS/J LOSS	2136	15	34	315
VENUS COUGH MIXTURE	2157	30	30	285
BROOK BOND PG T BAGS	2157	30	30	285
CAMPBELL'S SOUP	2158	30	30	285
N E E B	2158	30	30	285
VISIONHIRE	2215	30	25	235
SAVACENTRE	2215	45	25	235
FIRE PREVENTION	2216	45	24	230

SHELL CORPORATE	2232	30	19	180
KELLOGGS CORN FLAKES	2232	30	19	180
IWS CARPETS	2233	30	19	180
BEECHAMS POWDERS	2233	30	19	180
CALUR GAS FIRES	2234	30	19	180
SILVIKRIH H SPRAY	2234	30	19	180
HALLS/MENTHULYPTUS	2235	30	18	170
BROOK BOND PG T BAGS	2248	30	16	155
CALUR GAS FIRES	2249	30	17	160
GUINNESS	2249	30	17	160
HALIFAX BUILDING SOC	2250	15	17	160
FORD FIESTA	2250	45	17	160
ESSU CORPORATE	2304	45	28	260
HARVEYS BRISTL CREAM	2305	30	28	260
NIGHT NURSE	2306	30	28	265
SAVACENTRE	2306	45	28	265
CHRYSLER ALPINE CAR	2307	30	28	265

OLD SPICE MNS TLTRS	2348	30	24	230
MACLEANS NW FLUORIDE	2349	30	24	225
MARS LOCKETS	2349	30	24	225
CNTRY LIFE ENG BUTTR	2350	30	24	230
MR DISCOUNT	2350	15	24	230
SAVACENTRE	2350	45	24	230
GUINNESS	0018	30	22	205
P O SERVICES	0018	45	22	205
ROWNTREE YORKIE	0019	45	22	205
FAMILY INCOME SPLMNT	0020	30	22	205
MEMUREX TAPES	0020	30	22	205

SINCE THERE ARE NO APPROPRIATE
RATES TO APPLY, SEGMENT RATES
AND COST PER THOUSAND ARE
OMITTED



P1/GTW/mvh

16th February, 1979

Dear Mike,

Publicity Activities of CHCs

Thank you for your letter of the 9th February, 1979 regarding the possibility of using a room at the A.G.M. for the display of CHC publicity.

As you know, Stockport has adopted the name style 'LINK' (now being used also by the Manchester North and Central CHCs) and also engages professional help on its publicity. In this perhaps we are different to most CHCs.

At the moment we have a 20 minutes slide show for use at public meetings etc.; a 12 panel exhibition stand which we use in public places and, of course, are using carrier bags, car stickers etc.

Perhaps because of the reasonable quality of the product we have not found it necessary yet to mount any other more unusual form of publicity.

At the present time, my Council's Publicity Committee are finalising their programme for next year and should there be any change in the direction of our publicity which might qualify items as having the description of 'interesting publicity exercises' I will write to you again.

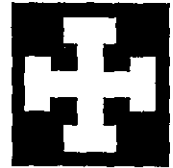
Yours sincerely,

Secretary to the Council

EDS

M.A. Gerrard Esq., Secretary,
Association of CHCs for England and Wales,
362 Euston Road,
London NW1 3BL.

Community Health Council



SWINDON AND DISTRICT

101 VICTORIA ROAD, SWINDON, WILTS SN1 3BD

Telephone: Swindon (0793) 31008

Secretary: R.B. Sillars

M. A. Gerrard, Esq.,
Secretary,
Association of Community Health Councils
for England and Wales,
362 Euston Road,
LONDON, NW1 3BL.

19th February, 1979

Dear Mike

Publicity Activities of CHCs

In reply to your letter JM dated 9th February concerning the above.

This Community Health Council has not developed any particularly interesting publicity schemes, although we utilise a display board which has been specially produced for us by the Teaching Media Unit of Southampton University, and paid for by CHC funds, and which I use as a backdrop during presentations, addresses, publicity drives, etc. It is reasonably interesting, although I imagine will be similar to many others.

Regarding other publicity matters, we use our local television station, local radio, local newspapers and normal methods employed by other CHCs.

If you wish I could bring the display unit which I use to York, which could be made available for perusal in an ante room; always assuming that my Council authorise my attendance at the AGM.

*Yours sincerely,
Bob Sillars*

R.B. SILLARS
Secretary to the Council

*ACK 26/2/79
FDS.*

TORBAY DISTRICT COMMUNITY HEALTH COUNCIL

CHAIRMAN
Mr. W. H. Carr

VICE-CHAIRMAN
Mrs. H. J. Williams

SECRETARY: Walter G. Penn M.R.S.H.

Your Ref.

1 EAST STREET,
NEWTON ABBOT,
S. DEVON.

Our Ref. WGP/HJF

Tel: Newton Abbot 67929

21st February 1979

Dear Mike,

Publicity

Much publicity must be local in essence and depend upon local customs and events.

The publicity activity described below could not therefore be universal but might have some interest.

Totnes, an ancient Town in our District is heavily thronged with visitors during the summer season and is probably as well known in the North as it is in the West Country.

During the summer season on a Tuesday, Totnes residents dress up in authentic Elizabethan costume, and man stalls and walk about the Town to add to its attraction.

The day is well known in the West Country and thousands of sightseers invade the Town with cameras at the ready.

I decided to take advantage of this for the benefit of this C.H.C. and despite having a good pair of legs which would look well in doublet and hose, came to the conclusion that my Secretary had the physical advantage. I hired a costume, bought a gardeners "Trug", arranged with a local Doctor to use his surgery for rest and storage of booklets, and sent my Secretary "On the Town". From the "Trug" she gave away the booklets, posed for many photographs, chatted with the public about the work of C.H.C's and created a great interest in C.H.C's not only for ourselves but for other parts of the country.

We received much "Press Publicity", one cutting we enclose.

Sincerely,



Walter Penn

ACK 23/2/79
EDS

Mr. M. Gerrard,
Association of Community Health Councils for England and Wales,
362, Euston Road,
London NW1 3BL

**FROM
MOOR...
... TO
SEA**

**Prior's
Column**

Hannah spreads healthy word

THE original Elizabethans were not a very healthy lot according to the history books. Of course there were no wonders of modern science to fight disease, plague and pestilence in the 1500s.

Nor were there people like attractive secretary Hannah Furneaux, pictured here in Elizabethan garb in Totnes last week.

For Hannah works for the Torbay Community Health Council and was in town to promote the

watchdog council's work by handing out leaflets and talking to passers-by.

"We thought it would be a good idea for me to dress up because it would be more likely to attract people. It's important to tell those who live outside Torbay about the council, because it is as much for them as for the people of Torbay itself," said Hannah. She works at the council's headquarters in Newton Abbot.

It seemed to do the trick, for by the time she had finished her spell in Totnes market and elsewhere she had handed out hundreds of leaflets and had her picture taken by several tourists.

It is now likely that Hannah will be joining in Elizabethan Tuesdays more often. "We are giving it a trial run and if it works then we will make it a regular thing next year," she said.



WAKEFIELD (WESTERN) HEALTH SERVICE DISTRICT
COMMUNITY HEALTH COUNCIL

9 BOND STREET WAKEFIELD WF1 2QJ

Telephone Wakefield 62509

Our Ref.

TK/JH/3/10

Your Ref.

JM

Secretary:
Tom Kerrod

26th February, 1979.

Dear Mike,

Publicity Activities of CHCs

Thank you for your letter of 9th February, 1979. I am sending you specimens of our publicity literature. The poster depicting Jimmy Saville was done on a Regional basis about three years ago, the Community Health Councils in this Region sharing the cost. We think it is very eye-catching and a very good poster.

The "Can we help you?" cards were issued for the first time during Christmas and the New Year and we have had a very good response from them.

The leaflets "Your Link with the Health Service" have been distributed by various means, one of which was undertaken by a Circular Distribution Firm at a fairly low cost. Periodically we also write out to various organisations and associations such as Working Men's Clubs, Firms etc. sending them our leaflets.

At the time the Jimmy Saville poster was devised, I was a member of the small Sub-Committee concerned, and at that time I felt very strongly, and still do, that an advertisement on TV on a national basis would have more impact than all the posters.

Yours sincerely,

Tom

*ack
7/3/79*

Mr M A Gerrard,
Secretary,
Association of Community Health Councils for
England and Wales,
362 Euston Road,
LONDON NW1 3BL.

Entered on summary

Enc.

Warrington Community Health Council

Chairman: The Rev. Canon J. O. Colling

Secretary: Miss M. E. Davies

7 SPRINGFIELD STREET,
WARRINGTON,
WA1 1BG

Telephone: WARRINGTON 34317

23rd February 1979

Mr.M.A.Gerrard,
Secretary,
Association of CHCs for England and Wales,
362 Euston Road,
London NW1 3BL

Dear Mr.Gerrard,

Publicity Activities of CHCs

I enclose a copy of this Council's publicity card which was designed principally for elderly people. The card was distributed to elderly people throughout the district by home helps and via sub post offices, voluntary organisations, libraries and a few GPs surgeries.

The Council was recently approached by a Community Care Group established by Warrington New Town Development Corporation. The Group asked for financial assistance for a scheme to provide identity cards for elderly people. The card to be encased in a plastic wallet is intended to be carried by elderly people at all times and will contain details of name, address, person to be contacted in an emergency, GP, Church Minister, blood group, allergies etc. The Council was unable to provide financial assistance for the scheme as suggested, but the Community Care Group has now accepted the CHC's proposal that the back of the card should be used to provide information about the work of the CHC. It can, therefore, be regarded as a CHC publicity exercise and the Council can assist in financing it. It is intended in the first instance, to provide 10,000 cards and wallets at an approximate cost of £500. The CHC will meet £400 of the cost and the remainder will be met by the Old People's Welfare Committees, Community Council etc. If other sections of the community are interested, it is hoped that they will be prepared to buy a card for about 10p - 15p.

I also enclose a copy of our poster which emphasises the advice and information function of the CHC. I think this message is far easier to get across and is the service provided by the CHC which the community seems to appreciate most.

Yours sincerely,

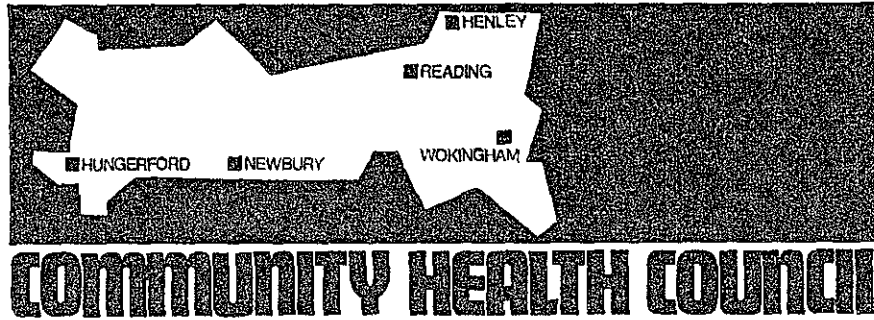


M. E. Davies
Secretary

Ack
26/2/79
EOS

Encl:

WEST BERKSHIRE



THE SECRETARY, 10 GUN STREET, READING, RG1 2JR. (Tel. READING 595678)

HEALTH WEEK

15 - 21 October 1978

'Fit to Face the Future'

In October 1978 West Berkshire CHC held a 'Health Week' which was based on various displays and held with the help and co-operation of the management of The Butts Centre, a large shopping precinct in the centre of Reading. This precinct is used by over 300,000 people each week, and therefore provided an ideal 'shop window'. The week coincided with Mental Health Week and the local MIND branch took a prominent part. The week was opened by Dr Gerard Vaughan, M.P., Shadow Minister of Health.

All the local statutory and voluntary bodies were approached asking if they would be willing to set up and man their own stalls on, for example, dental health, epilepsy, weight-watching, mental handicap, physical handicap. The response was extremely good, and the stalls, including the CHC stall, took up all the available space in the main parade (under cover) of the precinct. We received help and advice from the Area Health Education Officer and a wide range of health education literature was available with the emphasis on the H.E.C. campaign, 'Looking After Yourself'.

Several outside events also took place. One of these was a well attended 'Jog', organised by the local jogging clubs, held in a local park on the Sunday morning preceding the 'Health Week'.

Our theme for the week was 'Fit to Face the Future', and to this end a poster competition throughout the West Berkshire schools was organised, with the help of the Education Department. Again, this was well supported and the prize winners, three in each of two age brackets, were presented with their certificates by Jimmy Saville, O.B.E.

Members and staff of the CHC needed to devote much time and energy to this project!

West Birmingham Community Health Council

Most of this Council's publicity effort over the last year has been directed at the attempt to set up a "Panel" of the public which mirrors the population of the District in terms of age, sex, area of residence etc.

The idea is to build up a sounding board for public opinion within the District, which the CHC can reasonably treat as being representative of the whole public but which, because members receive CHC reports, is rather better informed than the general public. In other words, we hope to find out what the public would think if it did think about health.

Something like 40,000 leaflets fulfilling both a publicity and a recruiting function have been delivered, either by CHC members and their acquaintances or by voluntary organisation workshops, which have been paid at the same rate which commercial organisations would pay their deliverers.

The density of distribution has varied from area to area, depending upon the rate of response from the public, and generally, as would be expected, more effort has had to go into working class wards to achieve the quota of membership.

Copies of the recruiting leaflet are displayed.

The map of geographical distribution of membership shows development when the Panel was about 85% complete. Geographical distribution of membership has been the criterion for determining the development programme; age/sex distribution has been monitored, but has never been so dissimilar to the required distribution as to demand great attention. When the target for each ward has been achieved, it will be useful to check the sample against other population criteria.

We suspect that the disabled, and heavy users of the NHS are over-represented. This has advantages and disadvantages, but needs to be checked.

Such a Panel will need to be reinforced regularly, from the youth of the District in most cases, so as to balance the natural ageing of members of the Panel and the greater mobility of the young.

IT'S YOUR HEALTH SERVICE

and you do have a voice in it. This letter is written to give you the opportunity of making your personal views more effectively known. We shall know what people really think only if they have the chance to tell us.

"We" in this case are the members of the West Birmingham Community Health Council. Community Health Councils, (CHCs) have been given the job of representing the interests of the consumer, (usually the patient), on health matters. For this area, your CHC is West Birmingham CHC.

West Birmingham CHC has thirty spare-time members, mostly appointed by the City Council and voluntary organisations, who are supported by a staff of two.

CHC members visit hospitals and other health service premises to look at them from the patients' point of view. They discuss plans for the NHS with managers of the service and meet quite frequently to discuss problem areas. They can raise with NHS management anything they think needs improving in the health service.

some we win and some we don't

DUDLEY ROAD HOSPITAL THEATRES

Dudley Road Hospital is very short of theatres for its number of surgical beds. The CHC has successfully pressed for the building of new theatres to replace out-of-date ones, but the hospital is still short.

HEALTH VISITORS

For a time, all Health Visitors were organised on the basis of looking after a particular doctor's patients. This meant that people without a GP had no Health Visitor either, which was a bad thing. The CHC argued the case and the policy was changed for those areas with a particular problem.

GYNAECOLOGY WAITING LISTS

The CHC was worried about the length of the gynaecology waiting list at St. Chad's Hospital, but knew that the maternity unit was very under-used. It persuaded managers to move the maternity unit in with that at Dudley Road and make more space for gynaecology.

SHORT STAY ACCOMMODATION

We need much more short stay accommodation to let people looking after an elderly or mentally handicapped relative have a break. The CHC has not persuaded authorities to make adequate provision.

ERG WAITING LISTS

There are the best part of 2,000 people waiting for eye surgery in Birmingham, mostly at the Eye Hospital itself. The CHC has pressed for this to be reduced, but with no effect.

AMBULANCES

The CHC was concerned about people having long waits for ambulances at Dudley Road Hospital. It has now persuaded management to appoint a liaison officer to make arrangements more efficient.

KIDNEY DONOR CARDS

It was more difficult to get kidneys for transplant in Birmingham than in the rest of the country because of management restrictions on which kidneys could be used. Following CHC pressure the policy in Birmingham has been brought into line with the rest of the country.

how to get involved

Although we have done quite a lot to get in touch with members of the public, we want to improve this. Previously all our attempts to assess public opinion have been on a one-off project basis. What is more, we have not been able to do as much of this sort of work as we would wish because interviewing takes so much time.

What we have decided to do is to set up a panel of 200 people, broadly representative of all local people in terms of age, sex, area of residence etc., (taking care to include people who don't speak English, people who are handicapped etc.).

From time to time we shall send some of our reports which contain useful information, and questionnaires on health matters. In this way we think we shall get an expression of opinion which will be useful because the people questioned will mirror the whole population - except that they will be better informed.

We are looking for volunteers for this panel. If you are interested please fill in the personal details below. You will understand that we are asking for this personal information only to make sure that the panel is balanced. Details will remain confidential.

.....

I am interested in joining the Panel.

NAME..... TELEPHONE.....

ADDRESS.....

..... POSTCODE.....

SEX: M / F AGE: Under 20 20-40 40-60 60-80 Over 80

MAIN LANGUAGE English / Other (please specify)

ANY DISABILITIES (please specify)

.....

2nd Fold

NO STAMP
NEEDED

WEST BIRMINGHAM COMMUNITY HEALTH COUNCIL
FREEPOST
161 CORPORATION STREET
BIRMINGHAM
B4 6BR

3rd Fold and Tuck in

1st Fold

IT'S YOUR HEALTH SERVICE

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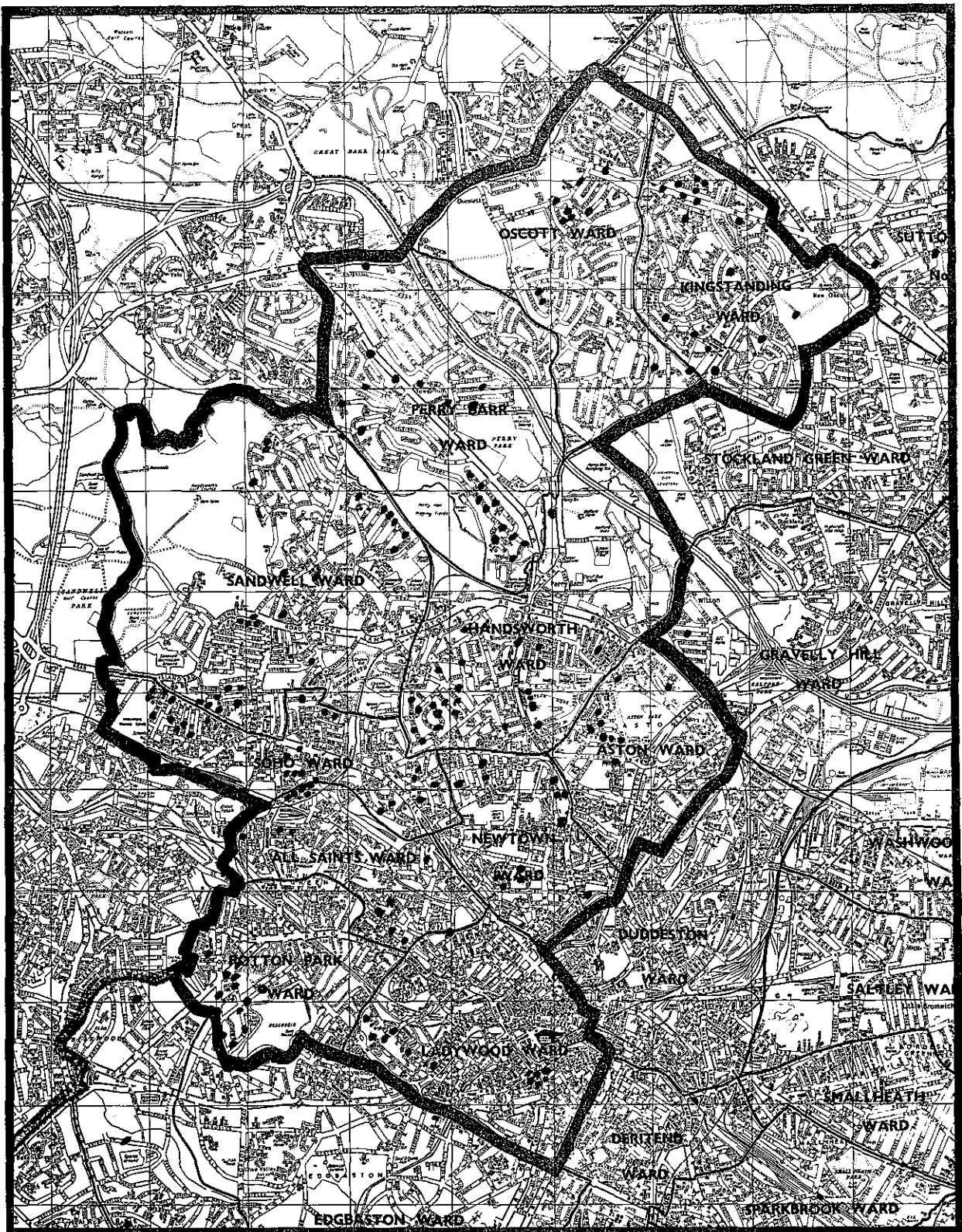
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GEOGRAPHICAL DISTRIBUTION OF PANEL MEMBERS, 2nd August 1979

(Orange = female)

(Black = male)



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W O R T H I N G C O M M U N I T Y H E A L T H C O U N C I L

PUBLICITY ACTIVITIES

Worthing CHC has a policy to ensure a constant flow of publicity throughout the District -

1. Broadcasts - (approximately monthly through local Radio Station - sometimes with 'Phone-Ins).

2. Circulating 110 Voluntary Organisations and 34 Parish Councils -

- (1) Monthly Minutes/Agendas.
- (2) Newsletters.
- (3) Leaflets - CHC Leaflet, Diet Sheets, leaflets concerning films and other special events.
- (4) Annual Reports.

3. Advertising - 6 Railway Stations.

Annual contract basis - large posters changed and varied 6 weekly. (copies of smaller size posters enclosed).

4. Posters/Leaflets/Notices of Meetings/Annual Reports and Other Information sent to -

HQs of Inland Revenue, Glasshouse Crops Research Institute, Post Offices, Electricity Board, Lloyds Bank Registrar's Department, HQs of Building Societies, Excess Insurance, Beechams Pharmaceuticals, and all other Head Offices of National firms based in the area; also Port and Airport Authorities.

5. Clinics, Health Centres, Hospitals.

6. Libraries throughout District/District Council Offices.

Relevant information displayed on specially designed exhibition stand - moved monthly.

7. Press Advertisements.

Meetings and special events.

8. Series of Films.

These publicise the aspects of health care on which the CHC are concentrating.

9. Public Speaking.

Secretary/Chairman/Members engage in speaking at meetings of local Organisations, approximately twice weekly.

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Due to our publicity Personnel Officers refer employees for advice. Local CABs, Voluntary Organisations, Health Visitors, Nurses, Social Workers call regularly by 'phone or visits and involve CHC in discussions. Members of public call for advice and information having seen railway publicity or leaflets in Libraries, Health Centres and Clinics. Contacts made with office (complaints, requests for information and suggestions to improve services) in 1977/78 doubled those of previous year and since Annual Report in August, 1978 contacts have increased by more than 60% over the previous year.

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Articles