CHC NEWS

A newsletter for Community Health Council members and staff

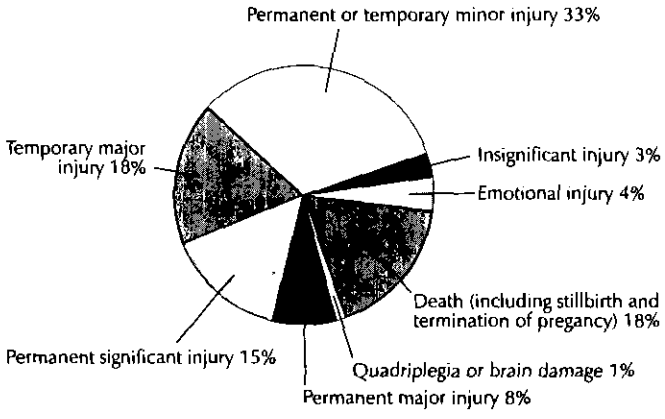
Negligent prescribing

A quarter of successful claims against GPs for medical negligence result from GP mistakes in prescribing, monitoring or administering medicine, according to a report from the Medical Defence Union (MDU). Errors include failing to check records for drug allergies, prescribing the wrong drug or excessive doses and administering injections incorrectly.

The MDU has published data on claims covering the last six years – it is the first time that the organisation has made detailed information public. Of the 21,500 claims made against GPs in the period, 790 resulted in damages being paid.

Guardian 4 June

Results of medical negligence in 790 successful claims
Source: MDU, reported in The Guardian



Rejecting medicines

The Royal Pharmaceutical Society has found that many patients are not taking prescribed drugs, even when a failure to take those drugs is very risky.

- Almost one in five patients who have had kidney transplants are not taking their anti-rejection drugs. Of those not taking their drugs, 91% either rejected the kidney or died. The equivalent rate for those who do take their drugs is 18%.
- Half of patients with high blood pressure do not take their medicine and a third of the remainder do not take enough to improve their condition.
- Between 25% and 50% of elderly patients do not take their drugs as prescribed.

Daily Telegraph 6 June

"More like a doss house"

Consultants in Carlisle have been up in arms about changes to plans for a new hospital in the city to be built through the Private Finance Initiative. In order to save money, the private consortium, Hospitals Management Group, had planned to squeeze 88 beds into wards designed for 76 and to cut the number of lavatories to one for every 38 beds. Doctors complained that having beds too close together was a health risk.

Since medical staff have spoken out, the Carlisle Hospital Trust has taken a tougher line in negotiations and more space around beds has been agreed. However there remain concerns that responsibilities for equipping the hospital have not yet been agreed.

Observer 23 June

ISSUE 2 (NEW SERIES), AUGUST 1996

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ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES
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End to the dental dispute

The Government has at last come to an agreement with the dental profession over a new system of payments for NHS dentistry. The deal involves more resources for services for children, though apparently no new resources overall. Dentists have said that it will do little to encourage dentists to return from private care to the NHS.

Shifting resources to children

The share of NHS dentistry resources being spent on children will rise from 18% to 26%. Payments for services to children will be made up of:

- a payment per head
- payments for items of service

Extra payments for taking on children with significant additional treatment needs are to be dropped.

Savings will be needed to free the extra resources for children's dentistry. This will be achieved in part by setting a 15-month "registration period" for both adults and children. At present adults are removed from a dentist's list if they do not go for a check-up within two years of their last examination, and children must re-register within a year. It is estimated that shortening the adult registration period will cut the adult dentistry budget by £25 million a year.

The Government also intends to cut £10 million a year from treatment costs by introducing "more rigorous" prior approval for some courses of treatment.

Backing down on "overpayments"

As part of the deal, the Government has written off "overpayments" of £250 million which it had been trying to reclaim from dentists. This sum had built up because dentists had done more work than anticipated after the introduction of the 1990 dental contract. This issue had been largely responsible for sparking the dental dispute in 1992.

Other proposals

The Government proposals also include:

- significantly increasing lay representation on the General Dental Council (GDC);
- increasing the range of disciplinary sanctions available to the GDC;
- creating new classes of dental auxiliaries and expanding the work that they can do;
- setting up pilots to test local contracting for primary care dentists (a draft Bill to enable this will be published in the Autumn).

Access

Recognising that there are "local problems" of accessibility, the Government has announced that health authorities in England will be able to put in bids for individual grants of about £40,000 for funding local solutions. These will probably be available to about 20 health authorities, and have been described as "chickenfeed" by John Renshaw, the vice-chairman of the British Dental Association.

Parliamentary etiquette

The British Dental Association has welcomed some aspects of the Government proposals, but says that they do not offer new money for NHS dentistry, so that adults will continue to have difficulties in finding an NHS dentist. This issue was taken up in the House of Commons following a statement by the health minister, Gerald Malone.

Asked by a Conservative MP whether he would "give a commitment to ensure that, by the time of the general election, everyone who wants an NHS dentist will have one", Mr Malone side-stepped the point. Asked much the same question by a Labour MP who said he had been told by his NHS dentist "to go private or to go away", the minister commented that he "would not fancy looking into the hon. Gentleman's mouth on a regular basis, so perhaps [the dentist's comment was] understandable." He still didn't make any promises.

Guardian 10 June; Hansard, cols 313-323, 12 June; Independent 13 June

Going private – in style

Fancy a holiday lying back and being looked after? Well, how about a few nights in Budapest with a visit to the dentist while you are there? Earlier this year Hungarian Air Tours launched a package starting at £173 offering flights, three nights hotel accommodation and dental consultations. Treatment, using up-to-date equipment and techniques, can cost half as much as in the UK. If Budapest doesn't grab you, you can opt for Prague, Warsaw, Vienna, Krakow, Salzburg or Bucharest instead.

Sunday Telegraph 19 May

Seeking reconciliation

The NHS Executive has issued a consultative document on the future of primary care. It covers all types of community and GP services, but not dentistry. The document shows a marked change in tone from earlier Government documents on reform:

- change should be preceded by wide consultation: "the Government has no preconceived idea" about how to achieve a primary-led NHS;
- all new ideas should be tested in pilots.

In an attempt to undo some of the damage to relations between doctors and the Government caused by the 1991 reforms, the Health Secretary, Stephen Dorrell, stresses the need to ensure that new ideas have professional support. Reflecting this approach, the document lists five principles of good care and seven areas for action, but does not put forward firm proposals.

Patient and carer information and involvement

This is one of the areas for action identified in the document: choice, information and access are discussed under this heading. In the "listening process" which led up to the document, managers and patient groups had commented on the difficulty some people have in securing general medical services. It is suggested that advocacy may have a role here, with possible involvement of CHCs. Services must cater for vulnerable groups and special arrangements may be required to meet the needs of "difficult" patients.

Fairness and flexibility

It may prove difficult to reconcile the Health Secretary's stated principle that "services should not vary widely in range or quality in different parts of the country" with "the need for greater local flexibility". A number of options for organising primary services are listed. The document stresses that new ideas need to be tested before they are widely applied and implies that a range of options could be made available.

Primary Care: the future, NHS Executive
Main report, 62 pages; Summary, 6 pages
To order free copies phone 0800 555 777.

The BMA looks to the future

Possibly responding to Stephen Dorrell's less abrasive approach, the BMA too is less outspoken than it has been in its discussion paper, *Financing the NHS*.

Instead of directly attacking Government policy of the past few years (even complaints about the cost of the internal market are muted), the paper is more concerned with future policy. To this end, it takes care to undermine the conclusions of the 1995 *Healthcare 2000* report. In measured terms it points out that the *Healthcare 2000* report is based on questionable assumptions (for example on the future healthcare needs of an ageing population) and points to the risks inherent in some of its suggestions (for example on charging patients for elements of hospital care).

The conclusions of the paper are presented as "points for discussion", a few of which set out clear proposals (see box).

Financing the NHS, BMA. 20 pages
For availability details phone Health Policy and Economic Research Unit, BMA on 0171 387 4499.

Some BMA "points for discussion"

The NHS and healthcare needs: The future demand/need for healthcare and how that might be met should be researched before it is accepted that the NHS will not be able to meet demand.

Efficiency drives: "Efficiency savings" in hospital and community health services should be set at 1% rather than 3% a year.

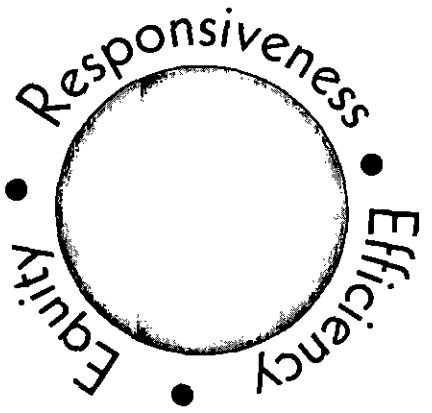
Resource allocation: Resources should be distributed more equitably (the body of the paper suggests that a needs-based formula for allocation should cover community as well as hospital services).

Patient charges: The financial burden of prescription charges should be shared more equally – although the paper steers clear of suggesting how. Another suggestion is that, to encourage prescribing of cheaper generic medicines, patients receiving generic drugs should not be charged. Charges for dental check-ups and sight tests should be abolished.

NAHAT PROPOSES PERFORMANCE INDICATORS FOR ANNUAL REPORTS

Health authorities (HAs) should use make better use of their annual reports to account to the public, according to a report published by NAHAT.

How does the NHS measure up? is based on research carried out by the Health Services Management Centre at the University of Birmingham. In it Chris Ham and Martin Woolley recommend that HAs should include quantitative data on three areas identified by the NHS chief executive: equity, efficiency and responsiveness. This would enable the public to compare performance across authorities. The graphs and figures could be supplemented by explanations of exceptional aspects of performance and with reports on issues of local importance.



The approach attempts to get away from the old tendency to measure provision, productivity and costs, and to avoid the more recent problem of a proliferation of indices. However, as so often with performance indicators which have to use readily available data, one can question whether they measure what they say they are measuring, or what the public want to know.

Efficiency: this would focus on *financial* efficiency, though measures of "clinical effectiveness", such as the proportion of surgery carried out as day cases, might be included. Measures which give a more meaningful indication of effectiveness might be added in the longer term, for example readmission rates and incidence of pressure sores.

Equity: this would involve measures of progress towards the Health of the Nation targets, apparently for whole HA areas. Thus they seem to be measures of equity between HAs and not of equity between different groups within an HA area.

Responsiveness: would draw on Patient's Charter statistics. Data on patient satisfaction and complaints might be added later.

The report recommends that annual reports assess the performance of the NHS as a whole in each area. HAs may complain that this is not fair since they cannot control all the factors involved. However, the authors point out that HAs are the only bodies in the NHS at a local level with overall responsibility to meet the health needs of the population.

Accountability could be enhanced by distributing summaries with local newspapers. They could also be discussed at the annual statutory meeting between the HA and CHCs and in discussions with local authorities.

How does the NHS measure up? NAHAT, 24 pages Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ; phone: 0121 471 4444

Performance tables: The NHS Executive has sent copies of this year's performance tables to CHCs.

What's in a name?

CHCs are generally careful to explain their role in all their literature. A recent survey shows that they may also need to explain the nature of the health organisations they refer to if the public are to understand what they are talking about.

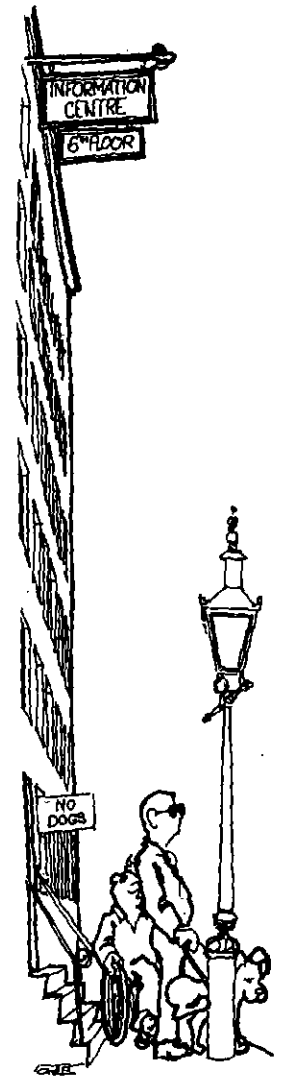
Many health authorities and trusts have adopted new names in the 1990s – and the survey of 1100 adults shows that those names are not widely recognised.

> "Simple words like hospital are universally understood, so why not use them?"

Respondents were shown a list of six categories of organisation, e.g. "health authority" and "GP surgery". They were also given the names of the health authority, hospitals and community units serving their locality and asked to say which category each belonged to. Health authorities were correctly identified in 32% of responses, acute hospitals in 36% and community units in 19%

People were more likely to get the answer right if the name of the organisation had been only marginally changed or if it kept a simple descriptive title, such as "hospital" or "health authority".

Journal of the Royal Society of Health, June 1996



Cartoon by Chris Bazeley, reproduced with kind permission of the National Information Forum

National Information Forum

How to provide information well: a good practice guide

The National Information Forum is a charity whose objective is to ensure that all disabled people receive the information they need to live independently as equal members of society.

The Forum's new 46-page guide offers advice and guidance about:

- access for all
- interviews
- how and when to refer
- publicising services
- presenting written information
- different formats and media
- monitoring

Free copies are available from:
The National Information Forum
Post Point 228
BT Procter House
100-110 High Holborn
London WC1V 6LD
Fax: 0171 404 3849

Free sample copies of the Forum's magazine *Innovations in Information* are also available.

Getting the Message Across

The National Information Forum gives awards for "Getting the Message Across". This year eight awards include one for Andrew Bright of People First for work on making information accessible to people with learning disabilities. The organisation's ideas have been taken up by the Government in a simplified guide to the Disability Discrimination Act.

The value of simpler efforts is recognised as well: Jyotindra Pattni received an award for providing a menu in braille in his restaurant.

Grants for rural transport schemes

CHC members may know of projects which could qualify for support from the Rural Transport Development Fund. The fund, administered by the Rural Development Commission (RDC) and funded by the Department of Transport, makes grants to rural commercial and community transport schemes in England. The RDC has recently announced a 40% increase in the RTDF's funding.

The RDC hopes that increased grants will help to ensure that groups who have most difficulty in getting around – including elderly people, disabled people and young people – can have access to affordable local transport services through community-based schemes.

Grants could be given, for example, to help with:

- converting community buses to enable people with disabilities to use them;
- providing waiting points or bus shelters in rural areas;
- making better use of vehicles already owned by public sector or charitable organisations;
- contributing towards employing people who will help schools and hospitals set up services.

If you know of a scheme which might qualify for help, contact your local RDC office. Contact details from: RDC, Dacre House, 19 Dacre Street, London SW1H 0DH; phone: 0171 340 2900.

Welsh Health Survey 1995

The Government Statistical Service has produced an interesting survey for the Welsh Office on health in Wales. The survey, which presents a mass of tables and graphs, covers: health status, the NHS and other services, learning disability, lifestyle, carers and first aid.

Just over 50,000 questionnaires were distributed (with a 59% response rate). The report is particularly valuable for including the results of a parallel survey of people with learning disabilities (4,000 people sent questionnaires, 56% response rate). This enables the findings for this group to be statistically reliable.

Since the questions in the main and the parallel surveys overlap, the special needs of people with learning disabilities are highlighted. Two out of a mass of examples are that people with learning disabilities are more likely than the general population to have difficulties with seeing (even when wearing their usual glasses/contact lenses) and are more likely to have had food poisoning in the last three months.

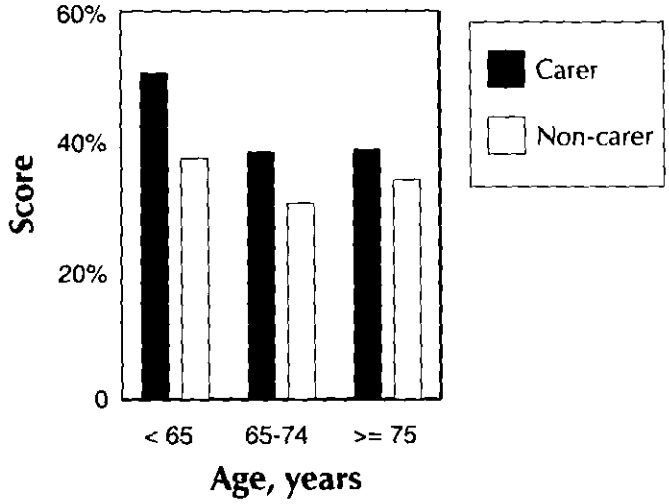
Welsh Health Survey 1995
Welsh Office
HMSO, £10

There were enough carers in the main survey to enable comparisons to be made with non-carers. Carers showed consistently worse mental health summary scores than non-carers. The difference was particularly marked when "risk of having depression" was assessed as a separate element.

Depression screen

A higher score means a higher risk of depression

Source: Welsh Health Survey, 1995

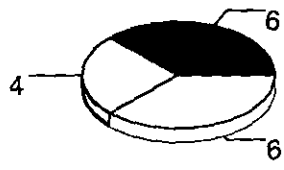


GP fundholding accountability

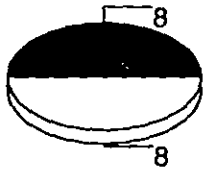
Merton & Sutton CHC has been testing GP fundholding documents on purchasing intentions against official guidance on accountability. As the pie charts indicate, the results from 16 practices show that many are failing to provide the recommended information.

Is full information given on existing contracts?

Is a section on objectives and priorities included?



To what extent does the practice give a breakdown of current spending?



Does the document propose changes in referral patterns for 1996-97?

Does the document contain measures to support the achievement of national targets?

■ Yes □ No

■ Full
□ Limited
□ Little or no breakdown

Numbers show the number of practices responding in the ways indicated.

Can you help?

"Reasonable information"

The CHC Regulations require health authorities to provide reasonable information to CHCs about the planning and operation of health services. If any CHCs have had problems obtaining such information or have exercised their right of appeal to the Secretary of State in relation to obtaining "reasonable information", could they please contact ACHCEW.

Lotteries

Salford CHC would like to hear from any CHCs which are involved for applications for funding from the National Lottery or the NHS Lotto.

Internal communications

Brenda Currie, Communications Project worker at Southend District CHC, is looking for information on internal communications strategies. She would like to know how CHCs pass important information:

- between staff
- from staff to members
- from members to staff and
- between members.

She would be interested in hearing whether CHCs have tried to formalise arrangements and whether they have found a method that is notably successful – or, indeed, unsuccessful.

ECR inconsistencies

The Greater London Association of CHCs has conducted a survey of CHCs and health authorities on the subject of Extra Contractual Referrals (ECRs). Policies, procedures and the dissemination of information varied considerably across London – not all health authorities had a policy of any kind.

There was considerable overlap in the recommendations for improvements made by the 21 CHCs which responded to the survey. Three CHCs prefaced their remarks by calling for free referral to be re-introduced. Other recommendations were for:

- a clear public statement about ECRs from health authorities;
- a clear and accessible appeals procedure (many patients know nothing of such procedures);
- greater flexibility, e.g. to allow patients to continue treatment with a particular provider;
- formal monitoring of ECR procedures and decisions;
- a publicised structure for dealing with ECR requests and refusals by GP fundholders.

Brief descriptions of all the publications ACHCEW has received from CHCs in the last two months are included in CHC Listings, sent to CHC offices.

Hillingdon CHC opposes fifth terminal at Heathrow

Last year Hillingdon CHC became aware of local residents' concerns about proposals for a fifth terminal at Heathrow airport. The Hillingdon Health Agency has identified asthma as a particular problem in the borough. When the CHC's preliminary investigations produced comments such as one from a local GP – that every baby on his list had respiratory problems – it decided that it should undertake a survey of people living near the airport and the nearby motorway.

"If [the air pollution] can turn washing yellow, who knows what it is doing to our lungs?"
Comment on a questionnaire

Responses on breathing difficulties are alarming: 167 residents including 38 children under 16 years old reported having a breathing difficulty (this represents 20% of individuals in the sample from 38% of the sampled households). Of those with breathing difficulties, 57.5% were reported never to have smoked and 89% blamed their problems on poor air quality. Many people complained of the smell of aircraft fuel, car fumes and the dirt caused by them. Airport noise at night and motorway noise were also significant problems, with a quarter of respondents saying that motorway noise disturbs them "all the time". Residents fear that the problems will get worse if Terminal 5 is built.

Local organisations are already dealing with the issue of asthma in the area: the CHC intends to monitor developments closely. It has also called on the health and local authorities to undertake further research into poor air quality and noise. In view of its findings, the CHC has decided that it should oppose the proposal to build a fifth terminal at the airport.

NEWS FROM ACHCEW

Consultation on supplies

It can sometimes seem as though responding to consultation exercises is a time-consuming duty which achieves little. Recently ACHCEW was pleased to get positive feedback on its response to a consultation on supplies and equipment for the NHS.

The consultative report had been commissioned from a firm of chartered accountants and, perhaps for this reason, concentrated on minimising process costs and getting better deals on equipment orders.

ACHCEW's response pointed out that there were only scattered references in the draft document to procedures which could ensure the suitability of equipment and supplies for patient care. The Association believed that there should be a separate chapter on quality issues which could pull together references to the suitability and acceptability of equipment. It pointed out that CHCs know of instances in which aids and appliances cannot be used because they do not fit or are unacceptable for some other reason. A chapter on quality could include advice on good practice, such as involving user groups in the selection of equipment. Far from undermining value for money, this would enhance it since there is little value in aids which are put away in a cupboard because users find them unacceptable.

ACHCEW was pleased to find that its comments were valued. The authors rang back, agreeing that there were shortcomings in the draft document. They asked for examples of unsuitable equipment being provided, and ACHCEW has been able to put them in touch with CHCs.

The Glidewell enquiry

Earlier this year ACHCEW forwarded evidence from Hillingdon CHC to the Glidewell Panel which has been considering the Asylum and Immigration Bill 1995. The panel was set up by a number of voluntary organisations to carry out an independent review of evidence on the likely impact of the Bill. In the Glidewell Report, Hillingdon CHC's contribution appears alongside the written evidence from many other bodies. The report specifically draws attention to ACHCEW's fears about the likely implications of the Bill's proposals for the health of refugees and access to health care services for those who end up sleeping rough.

ACHCEW conference

ACHCEW had a very successful conference in Harrogate, with much lively debate. Copies of *AGM News*, distributed on each day of the conference, should be available in CHC offices.

ACHCEW activities

Delegates at the conference received a copy of ACHCEW's Annual Report. As well as giving details of CHC activities over the past year, the report describes what ACHCEW has achieved in a particularly busy year for the Association. Among other things, ACHCEW has:

- introduced the *Health Perspectives* series;
- changed the format of *CHC News*, printing enough for every CHC member to get a copy;
- provided 2000 training days for CHC members and staff;
- produced distance learning packs for CHC members and chairs;
- published eight *Health News Briefings*.
- responded to 60 major national consultation exercises;
- handled over 4000 enquiries from CHCs;
- worked to promote the interests of CHCs, and NHS users in general, with Government, the Opposition, the NHS Executive, the NHS in general and the wider public.

Follow-up on PFI debate

One of the motions in the ACHCEW AGM which attracted the most heated contributions from CHC representatives concerned the Private Finance Initiative. Delegates complained of delay, cherry picking of services and risks to quality.

Since the conference the *Observer* has revealed that there are worries about delay from another quarter. The newspaper reports that the Chancellor, Kenneth Clarke, has written to the Deputy Prime Minister, Michael Heseltine, warning him that PFI is at risk of collapse because of delays. Mr Clarke seems not to be worried so much by the implication of delays for the health care of local populations as by the difficulties they cause for private sector contractors. He has urged Mr Heseltine to speed through projects.

Observer 7 July