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Association of Community Health Councils for England and Wales
Mark Lemon Suite,Barclays Bank Chambers ● 254 Seven Sisters Road, London N4 2HZ ● Tel 01 272 5459 01 272 5450

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Joint Planning

At the request of Health and Local Authority Associations the DHSS established a working group on joint planning in May 1984. Its terms of reference are:

> "To review the working of the present arrangements between health and local authorities, including the arrangements for transferring the resources; to consider what steps could be taken to improve joint planning and the more efficient and more effective use of all available resources in the delivery of services: and to report."

The working group comprises officer representatives of the Associations and the DHSS which provides the chair and secretariat. Early requests for CHC representation through ACHCEW were rejected. The working group hopes to report to the Associations and the Minister of Health in May.

At short notice the working group met the Secretaries of ACHCEW and the Society of CHC Secretaries together with a team from the National Council for Voluntary Organisations on the 7th January.

All the organisations represented were constrained by the time available to consult their members over the Christmas period but, following a wide-ranging informal discussion, ACHCEW and NCVO agreed to make further submissions on paper by mid-March.

CHCs have long been conscious of the importance of joint planning but are frustrated by the variable performance of joint consultative committees, lack of consultation and information and uncertainties about their role. A limited survey of CHC views on the need of the Code of Practice and other details conducted in 1983 revealed a certain amount of confusion based on variations in experience and involvement.

In defence of the CHC role and the need for them to be represented as of right on JCCs and Joint Care Planning Teams it could be argued that, as the only intermediary agencies operating in all health districts, they would be able to complement their understanding of the NHS with an acquired understanding of the structure and workings of local authorities, represent the needs of service users to offset the primary influence of service providers, contribute new ideas and imaginative proposals to overcome bureaucratic inertia and, properly informed, to monitor developments.

ACHCEW's request to Regional Associations for the views of member CHCs in preparation for the meeting of the Working Party produced a valuable response, given the time available, but, again, demonstrated a variety of experience from those CHCs which have been active in JCCs and JCPTs for some time to those which had experienced the utmost difficulty in obtaining information or reconciling the different conceptions of social service departments and health authorities.

The working party is preoccupied with the availability of resources and the best way of deploying them but much of the discussion centred on the performance and role of JCCs, the contribution of voluntary and private sectors and, in particular, the potential impact of the new JCC members elected from voluntary organisations under the provisions of the Health and Social Security Act 1984 about which neither the NCVO nor ACHCEW had been consulted. Amid doubts as to whether the interests and contribution of consumer groups and a wide range of voluntary service providers would be achieved through the new arrangements, the organisations giving evidence emphasised the role of intermediary bodies, including CHCs, and the need to provide support services for the voluntary organisation representatives commensuate with those available to officers representing the Authorities. Reference was also made to the role of Family Practitioner Services, divergent perceptions of the appropriate role in service provision for voluntary organisations and the opportunities afforded through statutory and non-statutory joint projects.

To prepare a further submission to the working group ACHCEW would appreciate the views of member CHCs on ways in which they think joint planning mechanisms could be improved in the future and the role they would wish to play. Hard information on their experiences to date, whether or not they are represented or have observers on JCCs and JCPTs and the extent to which they feel that the views of the community could be represented through the voluntary organisation appointees would also be useful.

To recap on the issues: joint planning is desirable but ineffective.

The reasons for the shortfall are:

(a) difficulty of supplying plans which are sufficiently realistic in the light of changing circumstances,
(b) the absence of resources to actually carrying out effective planning,
(c) ambivalence towards forward planning despite the commitment of authorities to it,
(d) poor management of planning activity so that clear objectives are not set and followed through,
(e) the failure to align the allocation of resources to the planning process.

Appreciating the strong commitment to joint planning by central Government and many health and local authorities, it is still not backed up by proper organisation. There is little monitoring of progress by central Government. While there are formal requirements for health authorities to produce strategic and operational

plans, which are followed up in district/regional reviews, the formal requirments (as set out in circulars) to produce joint plans are often not followed up.

There is a difference between formal joint planning and the informal arrangements which operate between officers below chief officer level. While the formal mechanisms are important, they cannot function effectively unless there is a great deal of backup work done on a less formal basis by working groups and individuals. Formal arrangements are probably not used effectively. It would be quite possible to produce joint plans without the JCC structure being used at all.

Health and local authorities often have different priorities at different times so that it is extremely difficult for organisations to work collaboratively. Other problems include the non-alignment of boundaries between health and local authorities some of which are now less well aligned than before the 1982 reorganisation. Granted, certain authorities such as some London Boroughs are now better aligned.

Then there is the question of which activity should be included in joint planning. The local authority functions involve social services, education and housing. Often, local authorities leave joint planning activity entirely to social services departments which are then responsible for bringing in education and housing as necessary.

Family Practitioner Committees will now also be involved but it remains to be seen how well they can be grafted onto the present structure.

Allocations of joint finance to districts underpin the joint planning arrangements. The reluctance of local authorities to undertake joint finance commitments because of the tapering off arrangements are quite understandable. While the Government has guaranteed arrangements under the rate support grant to counter the effect, the position remains unclear and local authorities tend to be less than confident.

Finally, in spite of the inclusion of voluntary organisations representatives on JCCs, the consumer or voluntary sector involvement in joint planning remains ill-defined and less than satisfactory. The position varies from district to district and a lot depends on the willingness of JCCs to communicate with CHCs and the public. CHCs themselves must, perhaps, ignore the lack of consultation and try to muscle in on a process to which they can make the most informed contribution.

NEWS

Mortality Rates

How many people know that our mortality rate in the 45/64 age group is higher in the UK than anywhere else in Europe? Hardly anyone, it appears. A recent article in the BMJ (15 December 1984) by John Catford and Sherry Ford makes grim reading.

It points out that recently published data on mortality in the EEC and Scandinavia showed convincingly that mortality among both men and women in this age group was considerably higher in the UK then elsewhere. This applied to deaths due to circulatory and respiratory diseases, cancer, indeed all causes. For example, in 1980 in Scotland, twice as many, or more, women aged 55-64 died of heart disease than in Belgium, Denmark, France, Greece, West Germany, the Netherlands, Norway and Sweden. Reductions in mortality from all causes during 1950-80 in the UK did not match those in other countries. After a selection of text and tables proving this, the authors ask: "Surely more resources for appropriate preventive and treatment services are required if Britain is to enjoy the level of health currently experienced by its European neighbours. The country could afford this development if it wanted to, but it seems that the public and the politicians do not think it worth the cost. This may be because they have been lulled into a false state of complacency about the state of the nation's health. If the public was made aware of our health state in relation to other countries, action might follow."

Private Members Medical Bills

It is a lucky MP who manages to draw high enough in the ballot to enable him/her to introduce a Private Members Bill at all and it is even more difficult to get such a Bill through Parliament. However a number of MPs who have drawn fairly high are hoping to introduce Bills on medical matters. Neville Trotter, Conservative MP for Tynemouth, has opted to tackle glue sniffing and he is right at the top of the list. Others include Nigel Spearing, Labour MP for Newham South, who, having been very dissatisfied with the GMC's actions to strengthen the professional conduct procedure, wants to amend Section 36 of the 1983 Medical Act to empower the professional conduct committee to impose conditions on the registration of a doctor judged not guilty of serious professional misconduct but guilty of unacceptable professional conduct.His interest follows a case in his own constituency where a doctor was found in breach of his terms of service because he failed to arrange adequate treatment for a child who subsequently died.

BMA and smoking

As part of its campaign aimed at stopping young people from smoking, the BMA is joining in the campaign to ban cigarette advertising and promotion all together. A copy of an article by Frank Ledwith from the Health Educational Journal Vol. 43 No. 4 1984 was circulated to all those attending a Press Conference held by the BMA on December 14 which showed from a survey of 880 children in five secondary schools in one education authority that children were most aware of the cigarette brands which are most frequently associated with sponsored sporting events on TV. Children's TV viewing of a recent snooker championship, for instance, sponsored by one manufacturer was positively correlated with the proportion of children associating that brand and other brands used in TV sponsorship of sport. The article is a useful aid to those interested.

Health Region Cuts

London and the South East are to face cuts in health spending for the fourth successive year under new taregts for 1985 announced by Norman Fowler. (Guardian 21.12.1984). Two regions, N.W. Thames and N.E. Thames are to receive an extra 4.2% (0.3% below inflation) and another two, S.E. and S.W. Thames, 4.4% which is marginally below. The figures do not take into account increasing demands for services from an ageing population which has caused a 3.4% rise in demand over the past five years, or the 0.5% extra cost expected to arise from new technological development. As a result, efficiency savings, privatisation of ancillary services and so on will have to be stepped up. Three regions, Trent, Wessex and the West Midlands, have been given a gross figure of between 6.8% and 6.4% enough to allow very modest improvements. The remaining regions vary between 4.9% for Merseyside to 6.3% for Oxford, S. Western and East Anglian regions. Shortly the Minister is to announce cash limits for health authorities and manpower targets. N.W. Thames is already examining a radical programme involving hospital closures in London and the distribution of cash to services in Hertfordshire and Bedfordshire.

AIDS

41 people in England and Wales are having medical checkups, possibly without being told why, after receiving blood products from an Aids sufferer whose blood infected a baby. (The Times 21.12.1984) 15 Scottish haemophiliac patients are also being examined after exposure to the virus which can cause AIDS. They received blood transfusions from another source. This has led to renewed pleas to anyone who thinks they are at risk of transmitting the disease, not to give blood. Dr. Richard Tedder, a leading AIDS researcher at the Middlesex Hospital says that AIDS should not be regarded as a disease only affecting homosexuals because it could now appear anywhere in the community. He is urgently working on a screening method whereby blood transfusion centres could detect signs of the virus in blood donations. Concern arose when it was found that a premature baby, born in Birmingham, had AIDS antibodies in its system after its mother had received infected blood during a transfusion after an operation and then later became pregnant.

Under 16s and the Pill

The DHSS is to appeal to the House of Lords following the decision of the Appeal Court in favour of Mrs. Victoria Gillick, the mother of ten, who challenged DHSS guidance to doctors that they could give contraceptive advice to girls under the age of 16 without telling their parents. Until the Appeal is heard the advice from the DHSS to doctors has been suspended. The BMA has issued a statement saying that girls under 16 can still be prescribed contraceptives without their parents being told if the case is considered as an emergency. Doctors would still have to take into account such special cases as girls who are sexually abused within the family and decide the damage that would be caused if such a girl became pregnant. The controversy is likely to rumble on for a long time and it is particularly fascinating that at no time have the responsibilities or otherwise of teenage boys been discussed.

AROUND THE CHCs

North Devon CHC has expressed concern over what it describes as "mini-epidemics" or "cluster". It draws attention to the problems of families living near the Re-Chem plant at Bonnybridge near Falkirk (recently closed down) and a similar plant in Wales. Chemicals processed in the plants included 245T which releases dioxin, traces of which have been found in soil surrounding the plants. Apart from deformed and sick cattle in nearby farms, there have been cases of babies born either with severe eye defects or without eyes at all, a similar deformity to that found in Vietnamese babies whose parents were exposed to the 245T-based defoliant, Agent Orange. Other "clusters" include leukaemia cases not only around the British Nuclear Fuels plant at Seascale in Cumbria but also at Leiston in Suffolk and Winfrith in Dorset, both next door to nuclear power stations. There are instances of doctors' surgeries suddenly filling up with people complaining of rashes, stinging eyes, sore throats, headaches and other minor ailments after intensive crop spraying. Many CHCs, says North Devon, must have anecdotal information on mini-epidemics which have never been properly investigated. If CHCs would like to send details of such clusters or mini-epidemics, the Chairman of North Devon CHC would be pleased to collate the information on ACHCEW's behalf. North Devon also raises other points in response to previous issues of the bulletin, which include:

1. That CHCs should write directly to the DHSS protesting at their being expected to purchase a copy of the NAHA Handbook on "Registration and Inspection of Nursing Homes" or, at the least, that they should be available to CHCs at a reduced rate.
2. On the reply to Resolution 17 that there is no evidence to suggest there is any need or desire on the part of the private sector to allow CHCs to inspect such homes, perhaps CHCs should therefore contact homes in their areas asking proprietors to write to the DHSS if agreeable.
3. That the comment regarding pesticides, that health Authorites would not accept CHC representations on the grounds that this was not an environmental health matter, should be challenged. "The job description of the District Medical Officer makes him responsible for collecting evidence and acting upon it."

Finally, North Devon wonders if the Cumbria CHCs might bring us up to date on the Black Report and Sellafield and could West Dorset comment on the issue of the leukaemia cluster near to Winfrith?

Airedale CHC has written to Norman Fowler following an incident where a standard printed letter was sent to a widow enquiring about a wheelchair loaned to them in 1978. The wheelchair had been used for her husband who died in that year and was promptly returned to the DHSS Artificial Limb and Appliance Centre. The CHC says this is not an isolated incident and that it caused much distress. It points out that the situation must have arisen because properly maintained records are not kept by the Department. It calls on the DHSS to carry out a full scale enquiry into its administration and to take steps to stop such letters being sent in error in future.

Swansea Valley CHC has taken up the point raised by West Lambeth CHC about providing some kind of indicator to people who wish to donate organs, etc. As part of such a campaign in its area, Swansea Valley had watchstrap tags made saying "I am an organ donor" and have also extended the system to include chronic disabilities such as diabetes, or the need to wear pace-makers. Such tags are available from D.A.T.Engineering Co. Ltd., Market Road, Richmond, Surrey TW9 4NE.

Northumberland CHC has produced an excellent leaflet in conjunction with the Community Council of Northumberland, funded by the Development Commission, on services available to rural dwellers and to encourage them to be more assertive in making their needs known to those who provide the services. 25,000 copies were printed, 10,000 being distributed immediately to households in remoter parts of the county via the Post Office. Anyone who would like a copy should write to the Secretary of Northumberland CHC at South Views, Ashington, Northumberland.

High Wycombe CHC has written to the DHSS expressing concern at what it feels is the unsatisfactory way in which the procedure for investigating complaints involving clinical judgement is working. During the last 18 months it has received two complaints of this nature, both of which were referred to the Regional Medical Officer by the District Administrator and both of which were rejected without a full explanation to the patient. In both cases the RMO was asked for the reasons and gave only a cursory reply. One then went to the Health Ombudsman who spoke of the unsatisfactory handling of the case and offered the Health Authority's apologies. The procedure, says the CHC, should operate fairly and be seen to do so. At present there is no system of appeal against the RMO's decision. The Health Ombudsman suggests that his office could undertake the administration of the investigations with medical advice made available to him. Alternatively, a small member body drawn from RHA members with medical representation could consider each case. It should also be made clear to RMO's that patients are entitled to a full explanation as to why their complaint cannot be investigated. As the DHSS is supposed to be monitoring the way in which the procedure is working, surely it is time they assessed its shortcomings.

Portsmouth CHC Secretary, following our report in the last issue on Gareth Wardell's campaign over durgs and driving which quoted his survey findings and which said that Portsmouth CHC could not support either a public information campaign on the subject or the marking of drug containers with a warning label, points out that what was actually said to Mr. Wardell was: "... having sought the views of my Council, I regret that it cannot take any specific action nor commit itself to supporting your proposal at this time. However it has arranged for a pharmacist to speak at its business meeting in public to be held on 17 September this year and maybe something might arise out of that debate..." Portsmouth CHC was not so much disagreeing with the proposal but saying it simply did not have the time, at present, to consider the subject.

South Lincolnshire CHC is holding a Symposium at Rauceby Hospital, Sleaford on 9 March on one of the most topical medical subjects of the moment "Medical Intervention in Human Fertility". Speakers include Patrick Steptoe who pioneered in vitro fertilisation, Nicholas Spencer-Gregson, Senior consultant gynaecologist for South Lincs Health Authority and Noreen Edwards, Chairwoman of Gwynedd Health Authority and a member of the Warnock Committee. The fee is low for such a seminar, £5, and has been held down to enable the maximum number of those interested to attend. Applications must be in by 15 February. Details from: Secretary, South Lincolnshire CHC, Council Offices, Eastgate, Sleaford, Lincs. NG34 7EM. Believe it or not - the £5 also includes lunch and coffee!

Rochdale CHC has written to John Patten pointing out that after considering evidence on the costs and benefits of re-usable syringes and blood glucose monitoring for child diabetics in comparison with other procedures, it believes that there are considerable benefits to patients in using the small plastic syringes with their very fine needles and in maintaining the accurate control of blood glucose which is only possible through blood glucose monitoring. Rochdale CHC questions his interpretations of the net costs of using these methods and asks for a detailed breakdown of how the figure of £10m a year, given in a letter to Rochdale's MP, Cyril Smith, in November, was arrived at?

Chorley & South Ribble CHC has brought up an aspect of ultra sound scanning in pregnancy. At a recent meeting of the Maternity Services Liaison Committee, on which it has a representative, the question was brought up of whether the radiographer who carries out such a scan can then answer questions from the mother as to what has been revealed by it. Nationally, radiographers have been advised not to do this and are told to refer the woman instead to the consultant obstetrician to interpret what the scan has revealed. But it is the radiographer who interprets the results of the scan to the doctor. The Committee was, therefore, at a loss to understand why the radiographer cannot tell the mother direct if all is perfectly normal to avoid causing anxiety. Andy Beckingham of Chorley & S. Ribble CHC would like to hear from any CHCs whose district Radiography Department provides a service which is truly appropriate to patients' needs and is well liked by them.
Andy can be reached on Chorley 69995 (the new number for Chorley & South Ribble).

South Birmingham CHC is concerned over the number of worried parents coming in to the CHC when they learn their children will have to wait over a year for operations like removal of adenoids or draining ears. They are anxious as to whether such delays will effect hearing, schooling and social development as the problems often occur just as children start school. Consultants are able to see children in out-patients clinics within two or three weeks of referral and give priority to children but the workload of the department is so heavy that, even if a definite date for an operation is given, that can be three months away and for many others the wait is very much longer. 3,500 children and adults are now awaiting ENT surgery in South Birmingham despite the fact that more operations are being done than even before. South Birmingham has issued a plea to the DHA to help ENT consultants carry out more operations on children by finding money so that an extra ward and operating theatre can be brought into use at Birmingham's Selly Oak Hospital.

West Essex CHC takes up two points from our previous bulletins. First, rural bus services. The northern end of its district has villages where there is now a bus service only twice a week and there is considerable concern that travelling to hospital by public transport will become almost impossible when the proposed centralisation at Harlow takes place. During recent visits to out-patient clinics, CHC members have been told by patients of the problems involved and the difficulty of even getting back to their homes if a clinic runs late and they are not seen at their appointment time. Connecting buses can be missed and this results in a wait of several hours. West Essex propose raising this issue with the District Management Team to see if it is possible to find a solution. On drug abuse West Essex has received several "very distressed" calls from both parents of drugs misusers and drug misusers themselves and say there is now a very definite need for a network of district-based drug misuse centres.

South Lincolnshire CHC also takes up the question of rural transport. The inconvenience and difficulties have now become so great that it can take quite literally all day for an individual to visit a hospital for an appointment as this can involve two or more changes of bus with long waits between connections. The cost, even subsidized, can be very heavy. The CHC can see therefore much resorting to the use of ambulances although a recent massive advertising campaign was undertaken to dissuade people from using ambulances in this way and it became accepted policy to refuse ambulance places to those capable of travelling by other means. At the same time the health authority was forced to cut costs by disbanding its hospital car service. South Lincs is taking up the matter with all MPs within its area and is asking them to press for special funding to be made available to local groups which help with volunteer drivers who, receiving only the cost of their petrol, are struggling to help patients overcome the shortfall which already exists in the public transport system even before de-regulation.

Northallerton District CHC is running a half day seminar for members of CHCs on "Nursing Care in Rural Communities" on January 29. It will be held in the Nurses Recreation Hall, Friarage Hospital, Northallerton and will be chaired by the District Nursing Officer. It will cover a wide range of subjects from the care of the mentally handicapped in the community to the role and function of the district nurse in community care. Further details from Northallerton CHC at 66 High Street, Northallerton, North Yorks DL7 8ER.

Following our item on what happens to those on low wages who do not fall within the exemption categories for free prescriptions we have heard from two CHCs. Haringey says there must be some misunderstanding since the rules specifically state that people may be entitled to free prescriptions if they do not have much money coming in (leaflet HB1 April 1983). However, a different view is put by South Birmingham CHC. "You are right that low pay is not a criterion for automatic exemption ... you have to make a separate application for an exemption certificate on Form BP11 and your claim is then means tested. However, it seems that, on the standard claim, the DHSS only considers one prescription charge whereas the lady I dealt with most recently needed a battery of prescriptions to control a skin complaint. When I pointed this out to the DHSS local office they advised her to get her first batch of prescriptions dispensed, obtain a receipt from the chemist and attach this to her claim. They then said they could reimburse the full cost to her and not just one standard charge. Of course she still had to find the money for the first set of prescriptions so it's not much help to those in real need.... The whole system needs sorting out."

CHC SURVEYS

The standard of surveys undertaken by CHCs never ceases to impress. Stockport has tackled a popular subject - how satisfied women are with the management of their labours in a local large maternity hospital - and has published not only a detailed and hefty report but also an attractively printed and comprehensive summary which would be of use to other CHCs. 130 mothers were chosen at random (by hospital admission number) and each interview took at least an hour. Those

mothers who consented to it also had information extracted from their hospital notes.

The survey does seem to bear out the views of so many women today on this subject- that in spite of all the publicity, not enough consideration is given to the views of the woman involved. It shows, without doubt, that this is not just the view of a few articulate complainers. As are most mothers when questioned after a successful birth, the majority were satisfied with the overall standard of care but it was specific points which gave rise for concern. Routine foetal monitoring was very high - 73% - and many women not only did not like it but felt it was unnecessary in a straightforward delivery. This, in turn, led to complaints about delivery positions. Most women were delivered flat on the back or half reclining, because of the monitors. A high percentage of women had been induced into labour and/or had their labours accelerated yet it was shown that while 76% of sponataneous labours finished with a normal delivery, only 56% of the induced/accelerated ones did.

Recommendations by Stockport CHC included: foetal monitoring should be reserved for really necessary cases and full explanations given. Staff should be adequately trained in its use and equipment properly checked and serviced - some mothers had been extremely distressed when machines did not work properly and/or nurses would not believe the readings anyway. This, again, would lead most women to having more choice in the delivery position at birth (birth chairs are now routinely offered in many hospitals). Induction and acceleration procedures should never be used as routine measures. This is a wealth of interesting information in the survey from ante natal to post natal care. Copies of the summary - Mothers' Satisfaction with their Labour and Birth and of the full report are available from Stockport CHC, Burley House, Marriott Street, Higher Hillgate, Stockport SK1 3PP.

Trafford CHC has just published the result of its survey into Parents/Carers of Mentally Handicapped People in Trafford. The working group of Trafford CHC concerned with services for mentally handicapped people considered that the time was ripe for consulting users of the services provided through the Community Mental Handicap Teams (CMHT). There are three CMHTs in Trafford. Following its survey, Trafford CHC concluded that there was a substantial minority, and in some groups, a majority of people who were unable to say what the term "Community Mental Handicap Team" meant, that professional contacts were not always recognised as being related to its work and that a substantial majority of parents/carers were unable to understand that a core assessment had been carried out and/or that an individual programme plan was being pursued. Further details from Trafford CHC at 12, The Mount, Church Street, Altrincham, Cheshire WA14 4DX.

Harrogate CHC asks if the survey into Hospital Patients and their Aftercare is a "first" in that it is a joint project by the CHC and the DHA? In-patient information was sought on a wide range of topics from noise, privacy and smoking to waking-up time, meals and communication with staff. After care dealt with leaving hospital and travelling home, prescriptions, letters to GPs and out-patients appointments. The joint consultation seems to have worked extremely well and the list of recommendations was agreed by both sides. Many boil down to plain common sense - minimising night-time noise, prompt maintenance of radios, etc., - others

require action from within the service such as the reviewing of early morning ward routines, more flexibility in visiting arrangements, and, most of all, providing patients with clear and concise information about medication and improved communication with patients generally.
Details available from Harrogate CHC at 50 High Street, Knaresborough, Yorks.

CHC Secretaries in the S.W. Region have produced a paper on the best ways in which CHCs can assist in the transmission of patient perceptions to Health Authorities in the light of the Griffiths Report. A working party was formed after a meeting between the Secretaries and representatives of the RHA.

The working party also looked at the mechanisms for dialogue between CHCs and management, the effectiveness of existing methods and how these could be improved, including dissemination of information, good practices and new initiatives using additional resources. The working party made draft proposals for regional consumer research and special projects committee. Those interested should contact Torbay CHC 1 East Street, Newton Abbott, Devon TQ12 2JP.

Warrington CHC has carried out a Patients' opinion survey on the Acute Wards at the District General Hospital under some difficulty. The hospital refused a list of discharged patients to enable the CHC to contact them - Warrington points out that Hull CHC was provided with a list of 500 by its DGH when carrying out a similar survey - and the two alternatives followed were unsatisfactory. Letters to patients while in hospital elicited a dismal response and asking staff to hand questionnaires to patients when they left, with a letter from the CHC, did not work very well either. "Whether all patients during the survey period were given questionnaries to complete is open to question. There is some evidence to suggest that patients who were openly dissatisfied ... were not given them.." Is this a problem other CHCs have had? The conclusions were, possibly because of the difficulties somewhat insubstantial - not least because patients' expectations differ. The one thing that came across strongly was the admiration for the staff, and especially the nurses, often working in very difficult circumstances.

Oxfordshire CHC has called for a public inquiry into how life and death medical decisions are made. This follows the well publicised case of the kidney patient who had his dialysis treatment stopped because doctors at the Churchill Hospital Oxford, decided that his "quality of life" did not make him eligible. The patient is a resident at a hostel for the homeless people and suffers from mental confusion following an operation to remove a tumour on his brain. He was said by hospital authorities to be difficult to manage. Before his illness he worked as an engineer at the United Kingdom Atomic Energy research station at Aldermaston. The decision to withold treatment was backed up by the DHA. He is now being treated privately in London, paid for by the British Kidney Patients Association, and is said to be much improved.

The publicity surrounding the case has prompted other people to come forward with stories of relatives refused treatment who either died or managed to get treatment outside the area in which they lived. Some even went on to have successful kidney transplants.

Residents and staff at the hostel where the patient lives deny that he is the difficult person he is made out to be and described the decision to cease treatment as "legalised murder". The BKPA intends sending the bill for his treatmemt to Oxfordshire DHA.

Oxfordshire DHA emphasized that the decision to cease treating was taken on medical grounds and was not caused by shortage of dialysis units (which makes the decision almost more brutal), but, even if this is the case in Oxfordshire, the real problem behind many decisions on dialysis is that there is just not enough money within the NHS to treat all the patients who need it. Britain now lags behind almost every other country in Europe in the number of kidney machines available.

Dr. Chisholm Ogg, head of Guy's Hospital Renal Unit says about 2,000 patients a year come to Guy's requiring different kinds of treatment who cannot be treated (although they could be treated successfully) because of shortage of various facilities including dialysis machines. (Daily Telegraph 9.1.1985).

So serious is the situation that now the chances of getting dialysis over the age of 45 are very limited and over the age of 65, virtually non-existent. Some 2,500 people need life saving kidney dialysis every year but the NHS has facilities for only 1,400. While this is the case and the Government refuses to accept it, then doctors and health authorities will continue to be put into impossible situations which are not of their making, where they have to decide who should live or die irrespective of medical criteria. Michael McNair-Wilson, Newbury's Conservative MP whose views we have given before, pleaded in the House of Commons on 8.11.1984 for proper funding saying "without kidney dialysis I would have been a dead man". He pointed out that dialysis is not covered by private health insurance as it is too expensive.

This is surely a case where CHCs might ask DHAs what criteria are used when selecting kidney patients for dialysis, who makes the decision and at what level.

NEWS FROM THE DHSS

Continuing its policy of giving the minimum possible reaction time for any decisions it intends to take, the DHSS has circulated a lengthy letter couched in best quality jargonese on the amendment regulations to general ophthalmic services. The general objective is to make regulations which will enable the arrangements to continue whereby ophthalmic and dispensing opticians contract with FPCs to supply glasses under the General Ophthalmic Services scheme to certain defined groups of people. There follows a two page list with sub clauses. Responses are wanted by FEBRUARY 8! Anyone interested therefore had better contact the DHSS at Hannibal House straight away asking for a copy of the circular which has no reference number at all but is headed Health and Social Security Act 1984: Clause 28(1). The telephone number to ring is (01) 703-6380 extension 3429. Good luck...

Replying to a letter circulated to all GPs by the BMA on limited list prescribing, Kenneth Clarke accuses the BMA of amending the provisional list of medicines so that it "appears to exclude a wider selection of drugs than we ever intended." Continuing in tart vein he ends by saying he is perfectly willing to discuss the issue with the BMA "but I do not approve of the kind of campaigning that tries to cause needless alarm to patients to draw them into lobbying. If you must advise your members to involve their patients then, at the very least, the doctors

should be given a clear and accurate description of the proposals. I must insist that you should withdraw your inaccurate and misleading letter."
Ref. 84/422 13.12.1984.

And another response required at the speed of light. The DHSS is looking into what it describes as "unnecessary dental treatment - to consider methods of preventing and detecting such treatment, to consider any amendments which may be necessary to the relevant legal provisions and to make recommendations together with the estimated costs of those recommendations". It does not explain what it means by unnecessary dental treatment but requires your instant response by February 28 to Hannibal House, reference CTT 2/10. Perhaps one might suggest dentistry as practised in the good old days when there was no such unnecessary messing about as filling or capping teeth. You just went along to the nearest fair where there was a tooth drawer and had your offending molar yanked out for about sixpence while outside a man banged a big drum to drown the sound of your screams.

We have finally had a response to Rolutions 3 and 5. Resolution 3 on Independent Legal Advice brought the answer that an RHA has a duty to meet expenses it considers reasonable incurred by a CHC in carrying out its statutory functions. Although there could be circumstances in which an RHA would authorise expenditure on litigation by a CHC to determine its legal rights where these are in dispute, the DHSS would expect such a situation to be wholly exceptional. A CHC should not incur legal expenses without obtaining prior authorisation from the RHA. Except in exceptional circumstances, the advice of the RHA's own legal adviser should be sought on all matters of litigation. On the specific question of consultation, closure, or change of use of hospitals the guidance issued by the DHSS has recently been reinforced by personal letters to Regional General Managers. On Resolution 5 - FPC Service Committees, the FP Services Division is presently engaged in a review of Service Committee procedures and it is too early to say if changes will be agreed but the role of the CHC Secretaries at Service Committee hearings is one of the areas which they hope to clarify.
Ref. CHC24/37/72 19.12.1984.

The DHSS has issued a set of guidance notes on the management of deliberate self harm. The term is used to describe patients who injure themselves by poisoning or other means and who may possibly die as a result. "Attempted suicide" does not always reflect their motivation," says the DHSS.
Guidance Notes on the Management of Deliberate Self Harm ref NH (84)25.
LASSL (84)5 available from DHSS Store, Health Publications Unit, No. 2 Site, Manchester Road, Heywood, Lancs. OL 10 2PZ.

PARLIAMENTARY QUESTIONS

CHCs featured in a question raised in the House on 27 November 1984 by Max Madden. He asked the Social Services Secretary if he would introduce legislation to give rights to members of CHCs to visit regularly elderly people and others staying in private homes registered by AHAs or local authorities. In a written reply Mr. John Patten said bluntly "No. CHCs are not concerned with services provided outside the NHS. By agreement with the private sector, councils can already visit private homes where people are being treated as NHS patients."
Hansard 27.11.1984 column 465.

Norman Fowler was asked what consultation he had had with the pharmaceutical industry following his announcement of limited list prescribing to which the Secretary of State replied that Health Minister Kenneth Clarke was planning to have meetings with the Association of the British Pharmaceutical Industry. Questioned in particular on analgesics and expecially Distalgesic the Secretary said that this drug was no longer in the listed category but that the consultation period was designed to listen to arguments concerning particular drugs.
Column 761. Page 397

Mr. Fowler was further asked to make a statement on Government support for the NHS in the next financial year. He said a total of £17 billion had been set aside for the NHS by the Government, representing an increase of £700M on the anticipated expenditure for 1984/85 and £200M more than that previously announced in the 1984 White Paper. The funds allocated to health authorities will be increased by 1% over and above what would be required to keep pace with the forecast rate of inflation.
Column 764. Page 398

In answer to a question on the number and proportion of health authorities operating a call and recall system for cervical cytology, and whether the Health Minister had received any representations advocating the national implemetation of such a system, Kenneth Clarke said "we do not keep information centrally on call and recall systems." He then went on to repeat Government policy on this issue although admitting that it had been suggested that local systems which call women for smear test might be more effective. The DHSS was currently funding research into the effectiveness of local recall systems.
Hansard 28.11 1984 column 522. Page 265

In a series of non answers, Mr. Clarke replied to a question on proposed increases in NHS charges and when they would take effect with "in due course" and on which DHAs provided screening for sickle cell aneamia as part of routine post natal testing with "this information is not collected centrally".
Hansard 28.11.1984 column 526. Page 267

Further asked if he would list for each FPC area for 1979 and each subsequent year the number of patients registered with dentists, the number of dental practices and the ratio between the two, the Minister provided tables for each FPC area in England and the total number of dentists wholly or mainly in practice in each area and the ratio of persons per dentist as at 30.9 for the years 1979-1983. Patients are not registered with dentists nor are figures available on practices.
Hansard 28.11.1984. Columns 526 to 530 inclusive, pages 267-269

Asked if the Health Minister intended issuing guidelines or a code of conduct for local government officers who also engage in running, as owners or managers, private nursing or residential homes, the Minister replied that the conditions of service for local authority staff are a matter for local authorities and not for central Government.
Hansard 30.11.1984. Column 622. Page 315

On the question of rural bus services, the Transport Secretary, Nicholas Ridley, was asked how many representations he had received from local authorities covering rural areas on the implications of the White Paper. He replied he had had about 250 and that the response was "varied". He confirmed the Bill to de-regulate would be introduced during this session of Parliament. He went on to say

that he had received some 3000 representations on the plans to de-regulate, apart from the 250 from local authorities, and that he was studing them. The transport and road research laboratory would be studying developments following de-regulation and he was sure safety standards would be maintained. "Experience in trial areas has shown that safety standards in a competitive and deregulated environment can be maintained through the operator licensing system."
Hansard 3.12.1984. Columns 30 and 31. Page 16

Asked what plans the Social Services Secretary had to increase the death grant to £250 and what this would cost and what representations he had had on the subject, the Secretary replied that the DHSS was getting about nine letters a week on the subject and that the Government was still considering its position. This consideration would now be carried forward into the wider re-examination of social security payments. The estimated additional cost of increasing the grant to £250 would be £125M.
Hansard 3.12.1984, column 72. Page 37

Several Private Members Bills were introduced on 5.12.1984. Robin Squire introduced a Bill on greater public access to local authority meetings, reports and documents - the Local Government (Access to Information) Bill and Enoch Powell introduced one on in-vitro fertilisation - the Unborn Children (Protection) Act.
Hansard 5.12.1984, column 384. Page 205

Michael McNair-Wilson introduced a Bill to establish a complaints procedure for hospital patients - the Hospital Patients Complaints Procedure Bill and a Bill was introduced by Keith Raffan to increase penalties for certain offences relating to controlled drugs within the meaning of the Misuse of Drugs Act 1971 - Controlled Drugs Penalty Bill. All Bills received assurances of a second reading.
Hansard 5.12.1984, column 386. Page 206

Asked what the average earnings are of NHS dentists in general practice, Kenneth Clarke replied that the average during 1983/84 was £43,200.
Hansard 4.12.1984, colum 161. Page 84

Asked what was the percentage of the NHS budget devoted to drug expenditure in 1983/84, 1973/74, 1963/64 and 1954/55, the Health Minister replied:

1954/55	9.1
1963/64	9.8
1973/74	8.5
1983/84	10.9

Hansard 4.12.1985, column 162. Page 84

Asked how many jobs would be lost in the pharmaceutical industry as a result of limited list prescribing, the Health Minister replied that the extent of job losses would depend on how well companies were able to recoup in other ways sales lost to the NHS. Asked if he would allow companies with excluded products to increase prices on other products to make up for it, the Minister replied "not as a matter of course" although he agreed price increases might be sought.
Hansard 4.12.1984, column 166. Page 86

The Secretary of State was asked how much was spent on the provision of kidney machines in the NHS in 1983/4 and how that figure compares with 1978/79 both in cash and real terms. The Minister replied the information was not centrally available. The number of patients being treated rose from 2,883 on 31.12.1978 to 3,708 on 31.12.1982. The capital cost of a kidney machine is between £7,100 and £8,700 (1981), or £7,950 and £9,750 at 1983 prices and the cost of maintaining a patient on dialysis in hospital is between £12,550 and £15,300, 1983 prices. The cost of maintaining the patient on a satellite unit was estimated at £8,700. The Minister also gave information on kidney transplant statistics.
Hansard 7.12.1984, columns 316 and 317. Pages 163/164

Asked about his taking steps to prevent doctors making available blank signed prescriptions to be filled in by non-medical staff, the Health Minister said this was contrary to the terms of service for doctors and any evidence of it should be referred to the medical services committee concerned for consideration.
Hansard 7.12.1984, column 315. Page 163

The Health Minister was asked to list the number of family planning clinics throughout the following regions - north east, north west, midlands, south west and south east. He said the information was not held centrally but gave the following table.

Regional Health Authority	Number
Northern	132
Yorkshire	152
Mersey	105
North Western	162
Trent	138
West Midlands	174
South Western	114
North-West Thames	168
North-East Thames	153
South-East Thames	138
South-West Thames	120

Asked how many clinics had been closed within the last two years, the Minister replied this information was not collected centrally.
Hansard 10.12.1984, column 378. Page 194

Asked what proportion of the recently announced additional £5M funding in connection with drug abuse was to be used for treatment facilities, the Health Minister replied that £3M had already been allocated to the Government's drug initiative programme for projects to provide treatment and rehabilitation and that much of this would be taken up by applications already received.
Hansard 13.12.1984, column 585. Page 299

Asked if the Social Services Secretary would make a statement on the composition of FPCs from April 1985, the Health Minister replied they would normally comprise a chairman and 30 members which would include 15 members of the professions appointed from nominations received from local representative committees. There will be 7 general medical and one ophthalmic medical practitioner, 3 dentists, 2 pharmacists and an ophthalmic and dispensing optician. Four members would be appointed from nominations from DHAs, four from local authorities and seven from nominations from other sources.
Hansard 14.12.1984, column 659. Page 336

There was a series of questions on limited list prescribing from what advice the Health took on patient compliance to those drugs outside the scope of the proposed limited list to those which the pharmaceutical industry has claimed will no longer be available under the NHS. The Minister replied that he did not think there would be any significant change in the pattern of patient compliance and that consultation was still going on as to the make-up of the limited list.
Hansard 14.12.1984, columns 659 and 660. Page 336

Asked what steps the DHSS was taking to monitor compliance with the regulations laid down in the Sale of Optical Appliances Order 1984 and to whom complaints about alleged breaches should be made, the Minister said he saw no reason to make special arrangements to monitor compliance and that complaints can be laid by written information before a magistrate.
Hansard 17.1.1984, column 55. Page 28

Asked what investigations the Committee on Safety of Medicines has made into the possible teratogenic effects of Debendox and what its findings were, the Health Minister replied that the Committee had considered Debendox on eight occasions and its advice was that there was no scientific evidence that Debendox caused harm to the foetus.
Hansard 18.12.1984, column 145. Page 74

ACHCEW was among nearly 200 bodies which gave evidence to the DHSS in response to the consultative document The Death Grant, of March 1982.
Hansard 18.12.1984, colum 147. Page 78

Asked what are the most recent figures for the distribution of health expenditure for each English region expressed in per capita terms and categorised according to hospital services expenditure and community health expenditure and the totals, the Minister provided the following table:

Region	*Hospital Service Expenditure* £	*Community Health and Family Practitioner services* £	*Other services expenditure* £	*Total expenditure by Health Authorities* £
Northern	155·25	76·63	21·18	253·06
Yorkshire	150·86	75·16	19·78	245·80
Trent	143·81	71·46	17·14	232·41
East Anglian	140·69	75·85	18·74	235·28
North West Thames	168·89	79·18	20·76	268·83
North East Thames	200·91	76·26	21·95	299·12
South East Thames	178·20	78·90	23·34	280·44
South West Thames	170·31	80·33	22·92	273·56
Wessex	144·07	76·63	19·42	240·12
Oxford	125·40	72·78	20·23	218·41
South Western	145·75	76·31	19·99	242·05
West Midlands	144·96	74·12	17·50	236·58
Mersey	164·32	76·35	20·63	261·30
North Western	165·66	81·85	22·71	270·22
All Regions	157·88	76·47	20·33	254·68

Notes.

1. The expenditure figures used are taken from the annual accounts submitted to the Department by regional and district health authorities.
2. Other services expenditure includes the cost of the ambulance, blood transfusion, mass radiography and various other services and headquarters administration.
3. The figures do not include the cost of certain services provided centrally (for example, by the Dental Estimates Board and the Prescription Pricing Authority), nor expenditure incurred by the London Postgraduate special health authorities and preserved boards of governors.
4. The figures will reflect regional influences, the major one being the effect of London weighting allowance in the four Thames regions.
5. Family practitioner committee expenditure has been included in the region of the health authority which accounts for that expenditure. However, a few family practitioner committees' catchment areas straddle regional boundaries and will have marginally distorted some of the figures.
6. The population figures used are the mid-year estimates of resident population for 1983, the latest available.

Hansard 19.12.1984, column 219. Page 112

The Health Minister was asked what steps he intends to take to ensure the registration records relating to perinatal deaths contain clinical information indicating the sequence of events preceding death. He replied that discusions are now in progress with the relevant professions on modifying the medical certificates used for registering stillbirths and neo natal deaths and that it is hoped the new regulations will be made in time for the new certificate to apply to deaths registered in 1986.

Hansard 20.12.1984, column 306. Page 157

The Minister was asked how much the NHS spent on the purchase of drugs in 1984 and how this compared with the figure for each year from 1979. He gave the following table:

	£ million cash
1978-79	686
1979-80	792
1980-81	954
1981-82	1,091
1982-83	1,257
1983-84	1,399

Hansard 20.12.1984, column 306. Page 157

Asked how many speech therapists are employed with each RHA and what rate per 100,000 of population that represents, the Health Minister gave the following table:

NHS speech therapists as at 30 September 1983

	Staff	*Whole-time Equivalent Staff per 100,000 Population*
Northern RHA	108	3·5
Yorkshire RHA	126	3·5
Trent RHA	183	4·0
East Anglian RHA	89	4·6
NW Thames RHA	171	4·9
NE Thames RHA	175	4·7
SE Thames RHA	181	5·0
SW Thames RHA	129	4·4
Wessex RHA	98	3·5
Oxford RHA	102	4·3
South Western RHA	134	4·3
West Midlands RHA	198	3·8
Mersey RHA	83	3·4
North Western RHA	187	4·7
Total England	1,963*†	4·2

* Owing to rounding the sum of the Regional figures may differ from the total shown.

† Excludes 10 speech therapists working in London Post-graduate teaching hospitals

Hansard 21.12.1984, columns 419/420. Page 214

Asked when he intended to issue for consultation a draft order to amend the NHS Act 1977 ending general NHS subsidies for spectacles and how long he anticipated the consultation period would be before the order was placed before Parliament, the Health Minister said he was almost ready to begin consultation with interested organisations on the contents of the proposed regulations and an adequate consultation period would be allowed to enable them to come into operation on 1 April 1985.
Hansard 21.12.1984, colum 420. Page 214

During another prolonged question and answer session on limited list prescribing, asked if the Health Minister would consult a number of organisations before going ahead with his list - although the long list of bodies suggested did not include CHCs - the Minister replied that he would welcome any comments or suggestions from the organisations mentioned on the drugs for inclusion in the final limited list.
Hansard 9.1.1985, columns 495-498. Pages 252 to 254

Asked if he would list the companies which received more than £100M per year from the NHS for drugs supplied to it, the Minister replied only the Glaxo group received, in aggregate, more than £100M a year in respect of NHS drugs.
Hansard 9.1.1985, column 498. Page 253

Asked what provisions are being made for printing notices and instruction leaflets in foreign languages in NHS hospitals and clinics for ethnic minorities, the Minister replied that this was primarily a matter for the individual health authority to determine in the light of local needs although attention was drawn to the need for hospital and clinic signs in the most common used languages. The Health Education Council had produced a number of leaflets for minority groups.
Hansard 9.1.1985, column 499. Page 254

COMING EVENTS

Family Forum is holding a Conference "Family Relationships in the Caring Situation" on 13 March 1985 particularly focussed on the problems faced by carers. It will be held at the Westminster Cathedral Conference Centre, Morpeth Terrace, S.W.1. beginning at 10.0.a.m. and costs £14 including coffee, lunch and tea. Details from June Ford, Family Forum, 131 Camberwell Road, London SE5 OHF. Closing date for application is 1 March.

The National Information Forum is holding a seminar "Information - Whose Responsibility?" to discuss the information needs of the disabled. It will be held at the Kings Fund Centre, London on 14 March 1985. It will be chaired by Philippa Russell, Voluntary Council for Handicapped Children, and Brian Rix of MENCAP. The seminar fee is £12.50 including coffee, lunch and tea and an information pact containing what the Forum believes to be the essential basic reference materials for all professionals in contact with disabled people. Further details and application forms from: National Information Forum, c/o Kings Fund Centre, 126 Albert Street, London NWL 7NF. Closing date for applications 14 February.

The Consumer Congress invites ACHCEW to put forward the names of 9 delegates to attend the next Consumer Congress which will be held from Friday evening 22 March to Sunday lunchtime 24 March at Sussex University. The conference fee is £17, accommodation £11 per night and the overall fee for a residential place £39. Applications and booking fees should be sent to the NCC Congress Secretariat by 20 Feb. so anybody who is interested in being nominated should contact ACHCEW right away for an application form.

Mental Health Film Council is holding a series of seminars this year to discuss new material. Each seminar lasts a day and costs £15.0 plus £2.25 VAT. Seminar fee includes coffee, lunch and tea. Details of the different seminars and dates from Mental Health Film Council, 22 Harley Street, London W1N 2ED.

INFORMATION WANTED

East Herts CHC would like to hear from any CHCs still interested in pursuing the question of charges for duopacks. Please contact the Secretary, Pauline Phillips, East Herts CHC, Baldock House, 23 Baldock Street, Ware, Herts SC12 9DH.

PUBLICATIONS

With so much discussion about generic and/or restricted prescribing, a new publication from Social Audit, Drugs and World Health by Charles Medawar, is essential reading. His findings have been adopted by the International Organisation of Consumer Unions (IOCU). He looks at ineffective medication - as many as 70% of drugs on the world market today are inessential and/or ineffective, medication and needs, resources, health for all, solutions and implications for consumers. The IOCU says the booklet is the first consumer policy statement "to link the problem of drug over-consumption in the developed world with its mirror image - chronic shortage of essential medicines in the Third World." Its main conclusion is that a reduction in drug use would benefit rich and poor alike. He suggests an "essential drugs policy" based on the experience of Norway with its medical needs list. Norway's laws mean that drugs are not licensed for marketing if they do not present real therapeutic advantages. "Essential drug policies would also seem more acceptable in developing countries if their value had been proved in the richer countries. Such opportunities have not been realised partly because essential drug policies have been advocated as an austerity measure rather than for what they are worth."
Drugs and World Health by Charles Medawar is available from Social Audit, PO Box 111, London NWL 8XG. Price £2.95.

The General Medical Services Committee of the BMA and the Royal College of GPS have collaborated on a Handbook of Preventative Care for Pre-School Children and new child health record cards. It covers Needs, Preventative Care, Child Development, Schedule of Examinations and sample record cards and costs £1. inc. p & p. from either RCGP Information Service, 14 Princes Gate, Hyde Park, London SW7 1PU or General Medical Services Committee, BMA House, Tavistock Square, London WC1 9JP.

As readers will know, there has been a great deal of discussion on the safety or otherwise of ultra sound scanning as a routine measure during pregnancy. As is also probably known, the Royal College of Obstetricians and Gynaecologists considers it holds no hazards. Copies of the working party's report are now available.
Report of RCOG Working Party on Routine Ultrasound Examination in Pregnancy is available free from the RCOG, 27 Sussex Place, Regent's park, London NWL 4RG.

Chance or Choice? Community Care and Women as Carers is a booklet which should be of interest to all CHCs currently investigating the problems of community care. It is published by the Women's Unit and Health Panel of the GLC in consultation with a wide range of bodies including Paddington and North Kensington, and Hampstead, CHCs.
It is available from the GLC bookshop, Room 82, County Hall, London SE1, free. There is also a shortened version in the form of a leaflet which is available too and is currently being translated into the major languages used in inner cities.

The Association of Professions for the Mentally Handicapped (APMH) has produced a project paper based on a series of workshops on living and learning together- The Consultant Role. It looks at the work of the paediatrician, social services, education authorities, psychologist and, of course, the parents involved in the care of a mentally handicapped child.
Living and Learning Together - The Consultant Role is available from Publications Dept. Greytree Lodge, Second Avenue, Greytree, Ross-on-Wye, Herefordshire. Price £1. inc. p & p.

The Kings' Fund has published a document Advocacy - The UK and American experience * by Bob Sang and John O'Brien. "An Advocate is a person who effectively represents, as if they were his own, the interests of a mentally ill or handicapped person who has major needs which are unmet and likely to remain unmet without special intervention... it is particularly vital for those unable to plead effectively for themselves."
* Available from King's Fund Publishing Office, 126 Albert Street, London NW1. Price £2.50. inc. p & p.

The National Childbirth Trust has two new publications, Becoming a Father and, most moving, Mothers Writing about the Death of a Baby. The later includes cases of late miscarriage, stillbirth, perinatal death and cot death. It aims to help grieving parents by sharing the experience of others and it also contains some useful practical information and lists organisations which can help. Both are useful.
Becoming a Father costs 25p and enclose a 6 x 4 s.a.e. The Death of a Baby is £1 plus 20p. p & p. Both available from the National Childbirth Trust, 9 Queensborough Terrace, London W2 3TB.

Nottingham CHC has produced a good guide to aids and equipment for the handicapped child. While it obviously concentrates on what is available in Nottingham its format might prove useful to any other CHCs. Copies from Nottingham CHC, 54 The Ropewalk, Nottingham NG1 5DW.

Health Emergency Video - Brent Health Emergency has made a video film, 25 minutes long, on what cuts in the NHS mean within the Brent area and how a loose consortium of interested bodies is fighting back. The video will be ready for release by March and Brent Health Emergency will provide it, and a speaker, to anyone interested. There is also a detailed information pack. The video can also be purchased but a price has still to be agreed. For further details contact London Health Emergency, 335 Grays Inn Road, London WC1. Tel.(01)833 3020

BOOK REVIEWS (in brief)

The reorganised National Health Service (3rd. edition) by Ruth Levitt and Andrew Wall, Published by Croom Helm. Paperback price £8.95p. This edition has been completely revised and will bring you up to date with most policy and management developments. The sections on CHCs and complaints are accurate, informative but, in common with most of what has been written about consumer involvement in the NHS, lacking in conviction and vision. Essential reading for CHC members.

They Keep Going Away - a critical study of short-term residential care services for children who are mentally handicapped by Maureen Oswin. Published by King Edward's Hospital Fund for London. Hardback price £15. In her introduction Peggy Jay, Chairperson of Exodus (the campaign to get mentally handicapped children out of long-stay hospitals) says that the book "should prove to be another milestone in public and professional thinking about mentally handicapped children and their families". Maureen Oswin writes and researches with authority and conviction. She has done much to change attitudes. Her recommendations demand action.

Volunteers in the Personal Social Services edited by Giles Darvill and Brian Munday. Published by Tavistock publications. No price given.

Hospital at Home - the Alternative to General Hospital Admission by Freda Clarke. Published by Macmillan Press. Paperback £7.50p. The hospital at home concept was developed in France but has received a lukewarm reception here. CHCs are invited to campaign on the issue and given advice on how to do so. The idea could save money but would also bring positive therapeutic benefits.

Hard-Earned Lives - Accounts of Health and Illness from East London by Jocelyn Cornwell. Published by Tavistock Publications. No price given. An academic study which may add something to the debate on inequalities and health.

Women and the Health Service - report of an ad hoc working group prepared by the Women's National Commission, which is an advisory committee to the Government, and submitted to Health Ministers on the 15th January 1985. Free. Copies from the Commission, Government Offices, Great George Street, London SW1P 3AQ. A full survey report "Women's Health Care Preferences" will be published shortly.

From NAHA - Registration and Inspection of Nursing Homes a Handbook for Health Authorities. The DHSS contributed about £10,000 to its preparation over three years. It is intended to help district health authorities to devise their own codes and practices in the light of new legislation and the introduction of dual registration. CHCs will need copies if they want to keep their districts up to scratch but they will have to pay through the nose - £12.
Also - Index of Practice 1984. Price £4.50. The "good practice" approach has really caught on.

ACHCEW's Domestics

The AGM Arrangements Committee has met and agreed that a major theme for the 1985 AGM should be "Prospects for primary care". Feedback from CHC members demonstrated awareness of the issues likely to be raised by the new status of Family Practitioner Committees. A White/Green paper on Family Practitioner services is due and the level of CHC interest in aspects of pharmaceutical, dentistry and optical services remains high. Formal notice of the AGM will be despatched shortly and the Arrangements Committee will meet (provisionally) on the 21 March and, definitely on 8 May. CHC members will be asked to book delegates and submit motions early, to exercise restraint in submitting motions, to try, wherever possible, to concentrate on the theme suggested and to organise informal fringe meetings or exhibitions. The next meeting of the Standing Committee will take place on Wednesday the 13 March and agenda papers will be sent out by Wednesday the 27 February. The AGM will take place on the 11 and 12 July with a Standing Committee meeting on the afternoon of Wednesday 10 July, followed by registration. CHC members are invited to submit posters, annual reports and other publications for display.

Some CHCs have failed to register ACHCEW's change of address and we would be grateful if you could correct your mailing list. ACHCEW post will not be re-directed from the 1st of March, 1985. We are still trying to collect constitutions or terms of reference of regional associations of CHCs so that we can promote common procedures which would facilitate a more efficient structure for decision-making and communications.

The lack of CHC publicity material - posters, leaflets, etc - is keenly felt. ACHCEW is prepared to publish more for use by its CHC members if suitable drafts and designs are submitted.

Correction

John Knighton, Hon. Secretary of the Society of FPCs tells us that the final sentence in our report on Doctors' Hours (page 4 CHN No. 2) was incorrect. We said "the basic practice allowance included in a GP's average gross salary is £34.000." This was taken from the report in Doctor 1.11.984 which included a part-sentence "a GP is only allowed by law to spend a minimum of 20 hours per week seeing patients at the surgery or on visits to qualify for the basic practice allowance included in a GP's average gross salary of £34,000."
John Knighton says that the basic practice allowance is not relevant and that the average net income of a GP is £22,070 according to the Review Body.

GP HOSPITALS

The Association of General Practitioner Hospitals, founded in 1969 to combat closures, has just published the first Handbook & Directory 1985. In S.E. Staffordshire GPs use 5 hospitals in the Lichfield and Tamworth districts while there is no GP hospital in Sandwell. CHC Secretaries, Jim Smy and Ted Ashley, compare notes in a welcome consumer contribution to this important new publication. It is available, price £4.50 from AGPH, Ruperra House, St. Mary Street, Brecon, Powys, LD3 7AA.
