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Association of Community Health Councils for England and Wales

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Annual General Meeting

The 398 delegates, observers and other CHC members who met in the sunshine at Nottingham University for the AGM showed a mood of optimism which would have been unbelievable only a year ago when it looked as if there might be no more ACHCEW by the end of the year. It must be one of the more attractive campuses in the country; the facilities and conference hall were fine and the food remarkable.

There was a record of sorts in that all the Resolutions were actually taken, along with two emergency motions. Putting resolutions into groups dealing with similar subjects helped matters along considerably. The two issues which aroused the most heat were, interestingly enough, both concerned with aspects of women's health - these were the emergency resolution proposed by Tower Hamlets CHC supporting the stand taken by Dr. Wendy Savage and calling for her immediate reinstatement and the other calling for the reversal of what has become known as the "Gillick" ruling. Both resolutions were, however, passed along with another emergency motion from The Welsh Association of CHCs calling on the Government to review its policy of only partially funding the cost of pay awards and price increases totally outside the control of Health Authorities.

Under Secretary for Health, John Patten MP emphasized that the Government believed in taking fully into account patients' needs which was where CHCs came in.

He said, "I have been encouraged by the reports of health authorities - under the guidance of the new breed of general managers - taking special measures to tune into and respond to patients' needs. I am sure that this is exactly the sort of thing which Sir Roy Griffiths envisaged when he emphasised in his report on management in the NHS that patients must be our first priority

"There has been a distinct tendency for hospitals to steal the limelight in the NHS - understandably when new modern hospitals are opened or new 'miracle' techniques are pioneered. But most people most of the time don't need to go into hospital and their only contact is with the local GP or community health clinic. We have made it clear that the improvement of primary health care is

one of our major objectives. We are particularly concerned that the 'voice of the consumer' should be heard in this area and that every effort should be made to respond to the needs of the consumer, from providing as much information as possible about existing services to the consideration of patients' wishes when planning services....

"One of the very many important and complex issues the Government has been considering in its review of primary care services is the needs of patients as consumers. We hope to produce proposals which will stimulate discussion among the public and professionals alike - proposals which would be designed to make services more sensitive and responsive to the needs of the patient. I can assure you that CHCs will be given every opportunity to contribute to the debate that will follow. Work on the Green Paper is well advanced....

"I know that it has been suggested from a number of quarters that GPs should provide more information to patients - for example details about surgery times or whether the practice employs a woman doctor or provides antenatal care, is particularly interested in prevention or keen on screening. This is an idea which might be taken up as it would improve the patients' ability to make an informed choice of doctors' practice."

A lively, if short, question and answer session followed. In answer to a question from GLACHC as to whether the Government was prepared to give additional funding to RHAs to enable CHCs to have more resources to carry out their ever-increasing load of work the Minister replied, simply, "No". He then added that it was up to CHCs to resolve their problems with the RHAs if they felt they had insufficient funds.

It was obvious from the speakers from the floor that the problems CHCs are dealing with at the sharp end of the NHS are nationwide and not confined to specific areas such as inner cities or metropolitan authorities. No AGM would be complete without its humour, though, both intentional and unintentional.

Dame Elizabeth Ackroyd, speaking on the BMA's refusal to agree to the Government's appeal system on restricted list prescribing, told us "the BMA got their knickers in a twist - not to put too fine a point on it!" There was a heated exchange over the morals and contradictions of the drug industry. A Rochdale delegate assured us unconvincingly "as Mark Antony said when he crept into Cleopatra's tent in the middle of the night - I've not come here to make a speech." Emrys Roberts, the Bard from South Gwent, hearing that the BMA had agreed in principle that no-fault compensation was a good idea, had asked the advice of the Law Society which told them it was not said "going to the Law Society on advice to take work away from them is the equivalent of asking the National Association of Undertakers to vote for everlasting life!"

The workshops were particularly appreciated with all who attended commenting on the exceptionally high standard of the facilitators, Lady Kina Avebury, Dr. Peter Horrocks of the NHS, Deputy Health Service Commissioner, Gordon Marsh, Marion Rawlings and Bill Brookes for the Pharmaceutical Society, Dr. Kenneth Boddy on his remarkable maternity unit, and Judy Wilson who presented a video for the Nottingham Self-Help Team.

Delegates left expressing their feeling that this was one of the very best ACHCEW AGMs and looked forward to meeting again at the University of Kent, Canterbury, next July under the wing of Chairman, John Butler, who is Master of Darwin College and who was re-elected unopposed. Vice Chair, Eva Mullineaux was also re-elected by a handsome majority.

During the recent BMA Conference in Plymouth, the new President, Lord Pitt, explained what he meant by being "political". He said that the amount of the nation's resources to be spent on health and how high it came on the list of a government's priorities was and had to be a political decision. The politicians made the decisions about these things, nobody else. Therefore, if those policies were not accepted by many people - and all the opinion polls had shown that the public was prepared to see more resources go to the NHS - it was natural that they should object and that a variety of bodies should object too if they saw the health service suffering. Yet, when this happened, all the objectors were accused of being 'politically' motivated. He also pointed out that the U.K. now spent the lowest amount of its gross national product on health than any other developed country in the world, scarcely an enviable record. "The construction of the NHS was the result of a multitude of political decisions. The principles on which the NHS was founded were good for both the patients and the doctors and we tinker with them at our peril."

It is in this light, then, that there has been so much across the board concern over the Government's Green Paper on Social Security for this cuts across a whole range of government departments. You could not divorce health from housing, income, nutrition and the like.

It is, of course, inconceivable that any government could go this far without having detailed figures from which to work and, therefore, one can only surmise why no such figures are forthcoming. But the Green Paper concerns CHCs to quite a large degree for it will be they who will be receiving enquiries and, indeed, complaints from those at the sharp end of this benefit review. Both the Death Grant - which CHCs have consistently asked to be raised - and maternity benefit go altogether unless you are very poor. This means that a poor family in shock following a death will have about two days in which to sort out a grant with the DHSS. There will obviously be a longer timescale for maternity benefit but, as all local DHSS offices will now have cash limits set on them, what happens if you have a genuine case but the cash has run out? Our neonatal and perinatal death rates are, anyway, hardly anything to go into raptures about compared with, say, Sweden or Holland.

It looks as if many disabled people will lose out too with the abolition of the present weekly allowances for additional requirements - diet, laundry, domestic help, etc. There will be a "disability premium" and the Health and Social Services Journal reckon that some 87,000 disabled people will be affected. The cutbacks in housing benefits and grants to enable housing to be brought up to standard will also, in the long run, have an effect on health.

Getting hold of the Green Paper was, in itself, quite a task. It is a lengthy and expensive document.

Reform of Social Security Background Papers. Volume 1. Cmd. No. 9517. £3.00. Volume 2. Cmd. No. 9518. £6.60. Volume 3. Cmd. No. 9519. £10.50.

Civil Defence

There is only marginally more realism shown in the Government's new consultation document on civil defence, sent out via the DHSS but "not issued to individual CHCs". It appears to assume the continued existence of the Metropolitan Boroughs

who would have made advance plans and also that the whole bureaucratic system of the NHS would somehow remain intact, although there would be "problems of communication". The new general managers would be expected to step in and co-ordinate the care of the survivors. The Government still put forward the view that radiation effects would only last 14 days. There is no treatment for radiation sickness, says the report, "but spontaneous recovery might occur assisted by hydration and careful nursing." If hydration means giving plenty of fluid, then there is no suggestion as to where non-radioactive water can be obtained. There is no discussion of the casualties which might result from a conventional war with all the new weaponry now available, or the effects of biological and chemical weapons and how these should be coped with. There is no discussion of what has come to be known as the "nuclear winter" and its effects. In Switzerland and Scandinavia there are already underground shelters for large numbers of people and underground hospitals but there is no suggestion that any should be constructed here, although as a small congested island with many nuclear bases we would be an obvious target. All in all this is a singularly unimpressive document based on a myopic assessment of a situation where there has been no real forward planning to protect the population yet where medical services are supposed to be able to put a comprehensive plan into operation at seven days notice. The British Medical Association and Royal College of Nursing reports are much more realistic as is that of SANA.

If you want to try and get a copy, write to Alexander Fleming House, Elephant & Castle, London SE1 6BY, ref. HN (85) 16/HN(FP)(85)18. The decision not to circulate it to all CHCs was taken "at a high level".

Health Service Commissioner

Only 25 cases appear in the Second Report to Parliament for the 1984/85 Session and one always has the feeling that the complaints that actually get this far are only the very tip of the iceberg. The most dramatic, which was also reported in the press, is probably that of the pregnant 17-year-old girl who was told her twin babies appeared to be dead and was then discharged from hospital. During the night, a few days later, she gave birth on the bathroom floor to dead twins. She was bleeding heavily and the ambulance crew called for the obstetric flying squad but there was, says the report, "an unnecessary delay" of one and a quarter hours before it arrived. To compound matters she was later sent home without transport being arranged and was given incorrect information about the funeral arrangements.

Report obtainable from PMC Division, Room B 1206, DHSS, Alexander Fleming House, ref. DA(85)15.

Misuse of Drugs

CHCs seem to have been singularly unimpressed so far with the Government's reaction to the growing problem of drug abuse, especially the use of heroin and cocaine. There is little point in a publicity campaign to encourage users to seek treatment without any real resources being put into treatment centres or specialist help. The All Party Committee of the House of Commons set up to investigate seems to be pretty unhappy too and its report is now published. It expresses great concern at the increasing incidence of misuse of hard drugs and the failure of the Government and of health authorities to develop services to match the growing need and it also recommends that the Government issue

national guidelines for the development of services, establish a Drug Advisory Service and create a central fund to which RHAs could apply for government money to develop new services. The Committee refers to an acute lack of resources, sets out what should be done, and says present services are "woefully inadequate" there being "little sense of direction in the Government's preventive efforts." The Government's response was very lukewarm. Can they or we afford to ignore it?

Misuse of Drugs: the Fourth Report from the Social Services Committee is published by HMSO Price £11.20. Cmd. No 208.

Computer-based waiting time project

The West Midlands RHA is running an experimental research project to look at one way of cutting patients' waiting time for hospital treatment. What happens to patients who want general surgical treatment for simple conditions, such as hernias and varicose veins if their doctors are given more information about waiting lists? Will doctors suggest to patients that they travel a considerable distance to be operated on within three months, instead of waiting twelve locally? Will patients be prepared to go into an unknown hospital where their relatives might not be able to visit them? The DHSS is providing £150,000 for this trial and the information will then be stored on computer to provide up-to-date information. Further details from Jennifer French or Dr. Colin Stevenson, Specialist in Community Medicine, Arthur Thomson House, 146 Hagley Road, Birmingham B16 9PA.

Prize Winners

The Consumers Association has announced two winners of the £10,000 Which Jubilee Award for 1985. The winning entries are a proposed Consumers' Guide to Child Safety Equipment which is now being prepared by the Child Accident Prevention Trust and an information service to the public on health matters. Sally Knight, district librarian at the Lister Hospital, Stevenage, aims to provide "a reliable service to members of the public who need health information via the public library service." There is already a limited scheme operating says the CA, and partially funded by Hertfordshire Library Service.

NAHA

One important theme of NAHA's AGM was inadequate care in many mental hospitals. A paper on the subject by John Yates, called Just Visiting, gives some pretty horrendous examples and is published in full at the back of the NAHA 1985 Discussion Papers. Visiting, he says, is the much preferred method of assessing standards of care and he sees CHCs as performing a particularly important function in this respect.

NAHA has also published a paper on Medical Manpower Planning in the NHS based on the findings of a working party established in response to a resolution passed at the 1984 NAHA AGM. Many junior doctors, it says, are spending too long in training because suitable permanent career posts are not available. It calls for a fundamental review of the present medical career structure.

The paper is available from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

Closing Chemists

An action committee of chemists has been formed - Pharmacists Against the Contract - to fight Government plans which would result, according to The Times of June 17, in the closure of about 2,500 "corner shop" chemists. This information was apparently leaked and is a scheme hatched in secret between the DHSS and the big retail chemists which would deprive many local chemists of being able to dispense NHS prescriptions. It would be part of a revised contract of service which would mean that small shops dispensing less than 16,000 health service prescriptions a year will have their basic allowance cut. According to the DHSS no date has yet been set for this. The DHSS claims this could save up to £6M on the nation's drug bill. Chemists are fighting back and anyone wanting more information should contact P.A.C., Suite 13, Jellicoe House, 374 Euston Road, London NW1.

Massive support for more resources for NHS

On July 7 the Sunday Telegraph published the results of its own opinion poll on how the public thought the nation's money should be spent.

A massive 76% thought too little was spent on the NHS and more than half of those polled (53%) thought too much was spent on Defence at the expense of the social services and the NHS.

Among Conservatives, says the ST, those who think too much is being spent on defence has gone up by 7% since the last opinion poll. Only 2% of the population thinks that too much is spent on the NHS.

Environmental Pollution

Friends of the Earth have put out two detailed statements on topics of interest. The first is that DDT, which is banned in this country, is still freely available on sale in certain areas without any action having been taken (DDT is so pervasive it is found in the breastmilk of Eskimo women living well inside the Arctic Circle) and F o E wants a properly imposed ban which also extends to Third World countries for while banning DDT in Europe, the agrochemical companies still export it to the Third World. It is certainly not fair on them and anyway the residues return to us in the fruit we import and eat. The other statement is on behind-the-door decisions on the dumping of nuclear waste. Although a policy of more openness was promised by Environment Minister, William Waldegrave, it appears that all kinds of arrangements are already going ahead. Nuclear waste dumping is a subject of public concern and indeed it ought to be - some of it will remain potentially lethal for 100,000 years!

BMA Conference

Dr. John Marks, in his first address as chairman of the Council referred to a general deterioration in the relationship between the profession and the Government. The Secretary of State, he said, had been "a thoroughly bad employer, and his Minister for Health had introduced, without warning, changes in doctors' patterns of work." Politicians, he continued, wanted the cheapest service the public would accept. Doctors wanted the highest standard of care that medicine could provide. There would always have to be compromise within the resources available but Dr. Marks pledged the BMA would oppose "by all the democratic means available" anything which it believed would damage the health of patients whether the proposals came from government, the opposition or any other source.

Privatisation

The House of Commons All Party Select Committee on the Social Services has published its Report on Public Expenditure and the Social Services. Apart from pointing out that the money involved in the Newcastle DHSS dispute - some £150M - "could have been better spent", it is definitely less than enchanted with the record of privatisation in the NHS. Privatisation, it claims, had caused disruption, taken up a great deal of management time and had led, in a number of instances, to a significant lowering of standards. Taking just one area - laundry - the Committee said that when all the sums had been done it had saved just one per cent of the total laundry bill of the NHS and could "hardly be described as much of an achievement."

This is a report which could be used to good effect. It also looks at Expenditure Trends, FPCs, Management JCCs, etc.

Sixth Report of Social Services Committee Command No. 339 HMSO £8.00.

BMA and the Appeals Procedure

The BMA has rejected the Government's proposed appeals procedure for the restricted list of NHS drugs. In a letter to Dame Elizabeth Ackroyd of the Patients Association, the chairman of the General Medical Services Committee, M.A. Wilson said that following discussions the GMSC looked at the Minister's offer of an appeals mechanism and widespread reservations were expressed regarding the further bureaucracy suggested. GPs already had to cope with three sets of Amendment Regulations and the override procedure would have meant yet another set. Reservations included the conflict in surgeries when a doctor managed to get a banned drug for one patient but not for another, or when one doctor succeeded in getting hold of a drug when another had failed. New committees would be required which could effectively contradict clinical decisions by the patient's own doctor without having seen the patient. It was decided therefore that the BMA would not accept the override procedure but concentrate on a review mechanism for the schedule (black list) which would ensure the most suitable range of NHS medicines within the restraints imposed by government. ACHCEW deplores the doctors' decision, continued to press for appeals and a review system and asks member CHCs to monitor the operation of the selected list so that details of problems which arise can be collected nationally.

NEWS

After a meeting by the House of Commons Public Accounts Committee, Victor Paige told the managers "You will hear more from us on key issues where accountability is to be strengthened". In other words, managers had better start getting their sums right or else... Presumably this is all to do with savings and knowing how the money gets spent. We would like to know how money saved in such a way is going to get where it is most needed. CHCs know where patients are feeling the pinch. Money is also needed to get the message from the consumer across to government, health authorities and the FPCs.

AROUND THE CHCs

Limited Victory

In our last issue we carried the story of the merger of Victoria CHC with Hammersmith and Fulham CHC into the new Riverside CHC, due to re-organisation. With the merger date coming ever nearer - 1st August - the staff were still left without knowing what the new staffing levels would be. The suggestion was that there would be a single Secretary and one other person for the whole new area. At present each CHC office is staffed by two full time employees. Judy Hague, Secretary of Victoria CHC, says that the CHCs now appear to have won a small but important victory. The new Riverside office will be staffed by a Secretary on Scale 9, an Assistant Secretary on Scale 4 and a Higher Clerical Officer. The letter of confirmation from the Health Authority, however, makes the proviso that this is an interim arrangement until such time as the new CHC is set up in its offices and established itself. Judy Hague thinks, though, that once the arrangements have been set up it will be difficult to cut back on staffing levels. However this still leaves the staff of the two present CHCs wondering what the future holds for them in the way of employment after 1st August.

X Airedale CHC has called on the Government to provide legislation for the training of employees in private or non-NHS homes, pointing out that many patients on transfer from the NHS will still require high levels of nursing care even though they will be residing in non-NHS accommodation. Recruitment and training programmes had become crucial. Funding should be met by way of a levy on the Private Nursing Home Sector, says Airedale CHC.

X Salford CHC receives occasional complaints about the need for re-housing on medical grounds and the issue was mentioned by Ged Moran both at the Kings Fund seminar on CHC/FPC relationships and in a recent article in the HSSJ. Salford is an area with a high proportion of local authority housing. GPs are not routinely involved, the Medical Officer for Environmental Health supplying applicants with a questionnaire on which he assesses their suitability for transfer. A fixed percentage of accommodation is allocated on medical grounds. Salford CHC would like to hear what arrangements there are in other districts and any comments CHCs have about them.

South Bedfordshire CHC has contacted Norman Fowler pointing out that, following the new regulations in April regarding provision of NHS glasses, it has come to the CHC's attention that there are certain groups of visually handicapped people requiring the provision of complex lenses who may be considerably disadvantaged by the new regulations. This group requires these complex lenses to enable them to be self sufficient. South Beds says they are in a Catch 22 situation - unable to pay for the lenses but not receiving either supplementary benefit or FIS. There needs to be, therefore, much greater flexibility to enable those who might be prevented from doing so, to participate fully in everyday life.

Waltham Forest CHC has published a report of a seminar organised by it last year on discharge from hospital to community care. The seminar was particularly concerned with a multi-disciplinary approach and anyone interested in reading its findings should contact the CHC for a copy.

Mid Essex CHC co-operated with the Chelmsford Health Fair and Fun Day held on 27 May to complement the Great British Fun Run, Chelmsford being the first stop. There was something for everybody from small children to adults along with a variety of stands, advice on diet, an "it's a Knockout" competition, and a stand where members of the public could have fitness tests.

The CHC provided the publicity and 400 posters and 1000 handbills were circulated to everyone from GPs surgeries to Parish Councils and local shops. The CHC also had its own stand manned by its Secretary while other CHC members attended to talk to people and hand out the CHC booklet "A Simple Guide to the Health Services".

? α Harrow CHC has published the results of a survey into the views of doctors on local provision for abortions. A previous survey in 1978, had shown facilities to be inadequate. The CHC found it difficult to understand why doctors were equally divided as to whether they found the services adequate or inadequate, although some of the latter did not appear to know what facilities were actually available. One step to rectify the situation, says Harrow CHC, is to make sure that the situation in the area is better publicised among GPs and Harrow residents.

Isle of Wight CHC tells us there is nothing new under the sun, following our report in the last issue under the heading "Good Practice" on the provision of information by a health authority. The Wessex RHA Year book for 1983 is enclosed with their letter (it has been published yearly since 1975) giving information, addresses and telephone numbers for almost every body and organisation connected with the NHS within the area.

Bexley CHC has joined forces with the Bexley Council for Racial Equality in a new booklet Bexley in Statistics. It covers which areas have the highest unemployment in Bexley, what kind of people live in Thamesmead, why are there sufficient cars in Bexley for every household apparently to have access to one yet almost half the households do not own a car, and which areas have the highest number of applicants for free school meals. The result is an easy-to-read guide to the Borough which both organisations hope will assist planners and administrators as well as community and voluntary organisations. Copies are available price £1. from Bexley CHC.

? South Birmingham CHC has carried out a survey on family planning services in its area. As a result the CHC has become somewhat alarmed over the number of abortions being carried out privately because of the shortage of NHS funds. Many women, despite qualifying for NHS abortion, suffered considerable financial hardship because the only way they could get an abortion in early pregnancy was by paying for it. More than half the abortions in South Birmingham are carried out privately and the CHC wants more funding for NHS terminations. Other conclusions are that there should be special family planning facilities for men and wider availability of "morning after" pills.

? Islington CHC has produced an excellent leaflet "Having a Baby in Islington" giving a comprehensive but simple guide to the subject and has also published one on 'Abortion in Islington and Hornsey', stressing the need for early consultation and drawing attention to a new day care service now offered by the Royal Northern Hospital.

Cambridge CHC Addenbrookes Hospital is often in the news these days over its transplants. Cambridge CHC did a survey of waiting times in the Out-patients' Clinic at the Hospital on Monday 12 November 1984. 56 volunteers offered every outpatient on that day a short questionnaire and the results have now been published. The first finding was that there were delays in patients being seen, although they varied depending on the specialty. Only two of the clinics came up to the NHS guidelines on waiting times designed to indicate good practice and in six clinics over a quarter of the patients had to wait more than an hour. Reasons given included patients arriving late, emergencies, doctors failing to turn up and clinics still went in for overbooking and making more appointments than the doctors could actually get through. Cambridge CHC makes a number of sensible suggestions as to how matters could be eased, given existing resources pointing out that Addenbrookes' does emerge from the survey as coping pretty well with difficult problems.

East Dorset CHC has looked into a service which it describes as still being in its infancy in East Dorset, namely the area's District Psychology Service. The report gives a brief history of the speciality in general and what has happened in East Dorset in particular. Those taking part were most impressed with the obvious quality and enthusiasm of the psychologists and the wide range of services provided and techniques employed. The CHC thought too little was known by lay people and many health care professionals of the work being done and recommended, among other things, that the service should be promoted among GPs and other primary care and community health staff. The CHC received excellent co-operation from the psychologists and the response of the District Psychologist is given. This most interesting report says, East Dorset CHC, was not one of the easier it had undertaken but was definitely one of the most fascinating.
Copies obtainable from East Dorset CHC, 460 Christchurch Road, Bournemouth.

2 Rochdale CHC has put out an informative press release on health cuts in Rochdale where 82 Health Service staff must go in the next ten months. These staff cuts are proportionately the biggest of any of the 19 Health Districts in the region. The CHC believes that the Government, through the RHA, has set Rochdale Health Authority a "monstrous task" in reducing the services offered without causing considerable suffering to both patients and their relatives.

Brighton CHC is another CHC expressing great anxiety over the new Transport Bill which would deregulate buses and it set up a special sub-committee to look into what might happen in its own area. Its conclusions, mirrored by those of other organisations, prove extremely disquieting and, says Brighton CHC "many people in the groups we have identified are unable to provide transport for themselves because of low income, age or both". It is therefore concerned that access to NHS facilities can only lead to a curtailment of services offered. CHCs are probably the only agencies able to monitor what is likely to happen and Brighton intends to keep a watching brief on developments. Friends of the Earth has got out its own information sheet on traffic and that can be obtained from them at 377 City Road, London EC1.

Salford CHC looked into the take-up of prescriptions following our item in CHC News No. 2 on the problems facing those who did not qualify for free prescriptions but who found paying for them extremely difficult. The Salford FPC checked with the Prescription Pricing Authority and was told that during April 1985 0.5% of items ordered on Form FP 10 were not dispensed. That is "a small percentage" and the FPC felt it provided no strong evidence of cost putting people off but it is, says Salford, a much higher percentage than in previous months although the introduction of the restricted list will have had a substantial effect. However, that 0.5% does add up to approximately 2 million items per year nationally which suggests there may be cause for concern. Some CHC members also point out that an unscrupulous chemist could easily claim for an item he had not issued by failing to make out the form appropriately, which would make 2 million an underestimate.

Oldham CHC carried out a survey of the new Ante Natal Department at its DGH (the last survey was in the old department in 1982) and, on the whole finds a great deal of improvement. It makes a number of criticisms and recommendations and it is interesting to note that a huge 79% of women interviewed said that nobody had actually discussed the birth of the baby with them!

Victoria CHC has produced a report of a survey into consumer views on the siting of local hospitals, called "Where do we go from here?" It seems to show that even in an area well served with hospitals, like Victoria, the public is extremely unhappy about the possible closure of a hospital (Westminster is under threat) and when asked about their feelings over a possible new hospital at St. Mary Abbots not only said it was not convenient but a large proportion expressed "general scepticism about the economics of building a new hospital when the Health Authority said it could not afford to maintain present hospitals." The CHC stresses that both Westminster and St. Stephen's Hospital provide important health services to their communities which in other areas are provided either by GPs or local community services. Improvements in primary care must come before any major reduction of local hospital services.

Hansard

Michael Meadowcroft asked John Patten (11.6.1985) if he intended to establish complaints procedures for community health services as well as for hospitals. He replied that this was already covered in the Department's guidelines on complaints procedures but consideration was being given to the possibility of promulgating specific procedures for the handling of complaints relating to the exercise of clinical judgment by medical and dental staff working within the community health services.

Lord Ennals asked in the House of Lords (12.6.1985) how many NHS hospital beds had been closed since May 1979 and how many new ones provided. He was told that 17,220 beds had been approved for permanent closure and 12,035 new beds provided in major schemes and many small schemes. Baroness Trumpington for the Government said there was no truth in the allegation that in some areas beds were not available when needed due to financial stringency.....

Information wanted

URGENT

The Australian Consumers Association (ACA) has sent in a copy of a submission made to its own government examining the Australian system of health administration. It calls for public participation in the national administrative structure which, it says, has few mechanisms for external consultation. Our very own Community Health Services, it continues, have provided the ACA with a model which could be adapted to the Australian system. Copies of the submission can be obtained from the ACA, 57 Carrington Road, Marrickville, NSW 2204 but, most importantly, the ACA would welcome any documentation any CHC can send them outlining its activities and evaluating its role. "We are anxious to obtain the benefits of your experience before putting forward formal proposals to our own national government." The ACA will pay the costs of forwarding documents "on receipt of your advice." Send them urgently please to Jacqueline Isles, Project Officer at the ACA at the above address.

The Society of Administrators of FPCs have appointed a small working party to look at the role and function of the Medical Practices Committee, its relationship with FPCs and the ways in which FPCs and the MPC might be of assistance to each other. Anyone who might like to present evidence to the working party should do so, if possible, before the end of July. The contact is Mr. J.P. Williams, Administrator, Nottinghamshire FPC, 111 The Ropewalk, Nottingham.

Northumberland CHC has had an enquiry from a lady whose child suffers from Kartagener's Syndrome. She would find it helpful to be put in touch with anyone else in the same situation but the disease is, it seems, very rare. If any CHC knows of anyone else in this position could they contact Patrick Conway of Northumberland CHC.

The Community Nursing Review Team, set up by the Secretary of State under the Chairmanship of Mrs. Julia Cumberlege has the following terms of reference: "To study the nursing services provided outside hospitals by health authorities and to report to the Secretary of State on how resources can be used more effectively so as to improve the services available to client groups. The input from nurses employed by GPs will be taken into account." The team has to report back by the end of the year. ACHCEW has been sent a set of core questions but although we asked that individual CHCs should also be circulated this does not appear to have been done. If any CHC wants to respond but has difficulty in getting hold of the questionnaire, we can supply a photocopy although it would be an expensive business if many CHCs required it. Once again there is not enough time - answers to the questionnaire need to be sent by the end of July along with any evidence on more general issues.

Irene Watson of Hull CHC writes:

"I have been required by my Council to enquire as to the situation elsewhere in the country regarding CHC staffing and, in particular, those CHCs employing more than 2 members of staff.

2 The Hull CHC wishes to take up the question of a 3rd junior member of staff being approved as a permanent feature of CHC establishments.

I would like to know of any CHCs with a basic establishment of 3. Also, those CHCs using temporary additional staff; through which agencies; for how long a period and whether the resulting assistance is worth the effort involved. In fact, whether such arrangements were made out of sheer desperation or on a planned basis.

My own view is that a staff of 2, where one member is away from base at least 50% of the time, could never be expected to continue to be a workable proposition after 10 years of increasing demands and that, whilst CHCs are willing to experiment and manage in order to meet what is required of them, the situation will not improve.

I would welcome information and comments."

✓ East Birmingham CHC would like to hear from any CHCs who have either surveys or other information on the workload of Accident and Emergency Departments.

The Pre Menstrual Tension Advisory Service would like to hear from any CHC which has undertaken any work in this area. They would also like to see simple nutritional treatment made available for women throughout the country. Anyone who would like to know more of this service or who has information to give them should contact Maryon Stewart, Pre Menstrual Tension Advisory Services, PO Box 268, Hove, East Sussex BN3 1RW.

A report on the Manchester/Salford Health for the Homeless project is available from Central Manchester CHC. This is a unique project employing a GP and nurses etc. and funded via Inner City funding. Contact: Nick Harris, Manchester Central CHC.

Miscellany

Edith Körner speaking after dinner at the AGM of the Institute of Health Service Managers: Coming across a huddle of people engaged in earnest conversation she said she knew "they were not the CHC. They did not talk the NHS jargon better than we do ourselves."

PUBLICATIONS

Urban Primary Care - Access to G.P.'s, A Fair Share for all? This is a hefty report from the Department of GP Practice, Manchester University, prepared for the DHSS. The study is based on the reported use of, and views about, GP services in the Manchester area and is based on interviews with 1900 users. CHCs will find that, on the whole, it mirrors many similar surveys carried out by individual CHCs over the years. There are hardly any novel findings - for instance, those using the GP service most are the elderly, young mothers, the disabled, etc. There are a number of complaints about waiting times when a

proper appointments system is not used and also of difficulties in getting access to the doctor through the receptionists. Some patients had communication problems with their doctors and a comparatively high percentage of women (between 19% and 15% depending on age) felt they could only say a little or a part of what they wanted to their GP. On the whole the survey finds that patients are satisfied with their GP services. Hardly a world shaking document. It is obtainable from the Department of General Practice, DHSS Reserach Unit, University of Manchester, Rusholme Health Centre, Walmer Street, Manchester M14 5NP. Price £7.50 inc. p & p.

The Ciba Foundation - a body whose aim is the "Promotion of International Co-operation in Medical and Chemical Research" held a press conference on new medical methods of induced abortion and the present therapeutic trials for the use of the new chemical compounds. It also held a seminar on the subject of abortion including this latest development and the whole has been published in book form for those interested.

Abortion: Medical Progress and Social Implications is published by Pitman Ltd. Price: £27.95p (no paperback to follow?)

All CHCs are aware of the problems caused by the closing down of the large mental institutions. Closing a Hospital by Nancy Korman and Howard Glennerster looks at the Darenth Park Project and how the RHA involved is coping with the transfer of 1000 mentally handicapped people in Dartford, Kent, to seven different district health authorities in south east London. The hospital will close completely by 1988. The book shows what has happened, warts and all, examining the mistakes which have been made and why they occurred and how they have been handled. The book is published by the Bedford Square Press, and costs £6.50p.

The South Regional Association for the Blind is seeking to win more general recognition for the information sheet No. C291 on the multiple issue of hearing aids and accessories, put out by the DHSS in March 1980. This is particularly appropriate for those elderly people who have become both partially sighted and partially deaf. The Association held a seminar last September on the Hard of Hearing Blind and anyone interested in a copy of the paper which resulted can obtain one from the Association at 55 Eton Avenue, London NW3 3ET.

King's Fund Quality Assurance Project

Professional and public interest in whether we have a "good" health service is rapidly increasing in this country. A variety of people are approaching the issue in a variety of settings and for a variety of reasons: one problem is to agree on what we - the public, as well as providers and politicians - consider to be a "good" service.

Unlike many other countries, the UK does not have a national organisation to act as an obvious clearing house for the exchange of information currently available. The King's Fund is willing to take on this role, at least until an appropriate alternative is found. Comments are being sought from a progressively widening circle of professional (medical and paramedical) academic and health service bodies on attitudes and initiatives locally or nationally. These contacts are already proving fruitful and we wish to widen the circle further by establishing contacts with Community Health Councils and other consumer organisations.

We are keen to help Community Health Councils and others to exchange ideas and experiences (successful or otherwise) of measuring quality in the health service. To do this we need to know about the many local initiatives by CHCs which are hardly ever published formally but which could provide inspiration or advice to others. In return, we hope to be able to provide CHCs, on request, with practical ideas from our own catalogue of activities and publications.

If you have recently begun or completed any specific activity designed explicitly to measure and improve health care in your area, please send written details to: Paula Harvey, Quality Assurance Project, King's Fund Centre, 126 Albert Street, London NW1 7NF.

CHAR, the Campaign for Single Homeless People has produced a leaflet on its own work and a report call Singled Out, on how single people of working age are discriminated against in the field of housing. The leaflet is obtainable from CHAR as is the report which costs £3.45 (£2.75 to CHAR members). CHAR, 5/15 Cromer Street, London WC1H 8LR.

The DHSS has contacted us to say that it is aware of the need to keep CHCs informed of current developments and there are a number of items, although not of sufficient relevance to warrant their automatic issue to all CHCs, that may be of specific interest to some. The DHSS has therefore put ACHCEW and the Society of CHC Secretaries on the distribution lists for these and the publications should, therefore, start to filter through. If there are any problems please contact Miss R. Marriner at the DHSS, Alexander Fleming House, Elephant and Castle, S.E.1. Ref: CHC 10/2.

The Health Education Council has issued a booklet on the National Dental Health Campaign. It is available from them free at: 78 New Oxford Street, London W.C.1.

"Heart pacemakers and hip replacement surgery are the best buys under the NHS" is the unnecessarily jokey start of a press release publicising a report from the Office of Health Economics. This is health from the cost effective viewpoint. For example the "pacemaker operation gives twenty times as good for money as artificial kidney treatment in hospital." Some of its conclusions, it admits, might be considered "controversial" such as the cost effectiveness of looking after those whose states or survival are "worse than death". Using very sophisticated methods", says the report "it is concluded that patients confined to bed in severe distress have a lower score for well being than a person who is dead." Apart from the implicit suggestion of legalised euthanasia as the way out, one can only assume that the OHE has had a most remarkable breakthrough in sophisticated communication methods to discover the cost effective well-being score of the dead. What method did they use - table Measurement for Health is available free from the OHE, 12 Whitehall, London SW1.

Stoke Aldermoor Women's Group in Coventry has produced its own survey on what women think of the health services in the city. There seems to be a crying need for a proper well women's centre offering something other than just contraceptive advice and cytology smears. Women are interested in breast screening, preventive medicine, counselling, and all aspects of positive health care and would like a centrally situated base which offers a crèche for those with young children and flexible hours for those who work. A pilot scheme is to be operated in the city shortly. Further details are obtainable from Angela Cooper, 16 The Vale, Stoke Aldermoor, Coventry who also has copies of the survey.

Drinking Choices is a training manual for those concerned about alcohol related diseases and problems and it is published by the Health Education Council and is obtainable from TACADE, 2 Mount Street, Manchester M2 5NG, free of charge.

Castle Priory College has sent us a broadsheet giving details of its courses on many aspects of health and health care. Anyone interested in receiving the broadsheets or finding out about courses available should contact T.B. Johnson, Castle Priory College, Thames Street, Wallingford, Oxfordshire.

The London Health Democratisation Campaign has now published its Charter for a Democratic Health Service. Those interested in having a copy can obtain one from LHDE, Room 318A, 157 Waterloo Road, London SE1 8XF.

The Politics of Nursing by Jane Savage is a critical, but constructive look, at the work of nursing and the needs of nurses and the author argues for a new charter for nurses. Heinemann £4.95.

Mental Health Care and Social Policy edited by Phil Brown looks at the problems which exist in the United States where the large mental institutions have been closed down within the philosophy of the free market economy. The result, says the editor, has been the creation of a huge private nursing home population of the chronically mentally ill and a massive rise in the number of "street people", those with serious problems left to wander the streets. The book is a pleas for properly funded community care. Routledge and Kegan Paul. £12.95.

From Figures to Facts by Christopher Day aims to strip away the mystique which puts off all those working in the health service from translating statistics into meaningful information. Written in straightforward language it is amusingly illustrated by cartoonist Larry. Published by the King's Fund, it is distributed by Oxford University Press. Price £5.95.

Back Pain by Nicholas Wells looks at the subject, its many causes and treatment. Practically everybody, he says, experiences it at some time in their lives and it is a tremendous charge on the NHS. Office of Health Economics. £1.00.

AA Travellers' Guide for the Disabled is self explanatory but extremely useful detailing, in county order, hotels, guest houses, inns and other holiday accommodation in Gt. Britain suitable for the disabled, along with a selected number of European tour routes.

From bookshops and direct from the A.A. £2.25. It is free to members.

Health Enhancement: A Directory of Projects for Older People examines a wide range of projects, some initiated by CHCs including Waltham Forest North Manchester, Wakefield and Wandsworth. Emphasis is on preventive medicine and encouragement to take up new interests. Available from Age Concern, 60 Pitcairn Road, Mitcham, Surrey. Price £1.50 inc. p. & p.

Community Development in Health: Addressing the Confusions is the report of a conference organised by the King's Fund in collaboration with the London Community Health Resource and the Community Health Initiatives Resource Unit. Available from the King's Fund Centre, 126 Albert Street, London NW1. £3.00

Still There! is a paper written for Exodus by Nigel Smith and John Tizard on children under sixteen still living in mental handicap hospitals. To date, some 450 children live permanently in long stay mental handicap hospitals in England and Wales. The paper looks at the problem and charts a way forward. Available from Exodus, 16 Fitzroy Square, London W1P 5HQ.

Official Secrecy. Our very own Judith Cook has exposed the British obsession with secrecy in The Price of Freedom, published by New English Library, price £8.95.

Making it Clear. The British Dental Association are less than enchanted with the DHSS posters on dental charges and dental care, covered as they are in small print and putting information across in a way which needs a good deal of study. It has therefore produced two of its own, each one clearly set out in very large print. One is called "Do I Have to Pay?" and the other, "What Will My Treatment Cost?" At the bottom of both the BDA states: "NHS charges are fixed by the Government. Dentists call them a tax on your teeth." Copies available from the British Dental Association, 64 Wimpole Street, London W1M 8AL. They would be extremely useful in a CHC office.

Child Abuse. The DHSS has now got out its consultative paper on this subject suggesting action authorities and agencies should take to review their services where serious cases of child abuse arise. Copies of the document are obtainable from Alexander Fleming House, ref. 85/173 and comments on it should be sent to Peter Martin, Room B1305.

COMING EVENTS

National Conference on Narcolepsy. This will be held at Manchester Polytechnic on 14/15 September. The cost of the two days is £12.00 to cover the cost of lunch and refreshments. Guest speakers include Dr. J.D. Parkes, a neurologist from King's College Hospital who has specialised in the subject. Further details from Narcolepsy Association, c/o CHC, 1 St. Anne's Churchyard, Manchester M2 71N.

The British Holistic Medicine Association is holding its third annual conference (Kensington Town Hall on 19/20 October). The title is "Holistic Medicine and the Health of the Carer." Topics will include the BMA Report on Alternative Medicine and there will be a number of workshops including one on pain relief. The full cost of the conference is £50. Further details from Cynthia Read, Department of Clinical Pathology, Maudsley Hospital, Denmark Hill, London SE5 8AZ.

The Royal Institute of Public Health and Hygiene is holding a conference aimed at doctors and other engaged in community medicine and community health. It will take place in Brighton on 12/15 November at the Old Ship Hotel. Details and information of conference fee etc., from The Secretary, RIPHB, 28 Portland Place, London W1N 4DE.

The Royal College of GPs is to host the 11th Conference of the World Organisation of National Colleges, Academies, and Academic Associations of GPs. in London in June 1986. They will be making further details available during the year but those wanting to be put on the mailing list should write to the Conference Secretariat, 27A Medway Street, London SW1P 2BD.

There is to be a conference on Ethical Issues in Caring at the University of Manchester, 6/8 September. It is intended to bring together practitioners of the caring professions to discuss joint problems. There is a range of fees for the conference from £5 which includes full board and accommodation, to £15 for attendance only. Details from Gavin J. Fairbairn, 25 Russell Road, Whalley Range, Manchester M16 8DJ.

National Childbirth Trust conference on The Changing World of Breastfeeding. November 8th and 9th at the Wembley Conference Centre. Price £35 for both days. Details and application form from NCT, 9 Queensborough Terrace, London W2 3TB. (Tel: 01-221-3833).

A programme on complaints "When Practice isn't Perfect" will be screened at 19.50 on the 16th of August on BBC 2.

CHC DIRECTORY: CHANGES

Page 7: Great Yarmouth & Waveney CHC. Address: 23A Lowestoft Road, Gorleston, Gt. Yarmouth, NR 31 6SQ. Telephone: Gt. Yarmouth 651391

Page 8: North West Herts CHC. Secretary: Mrs. Heather Rutt.

Page 17: Tameside and Glossop CHC. Telephone No. 061 366 7623.