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Association of Community Health Councils for England and Wales

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Performance Indicators

In 1983 the Regional Liaison Division of the DHSS published a set of Performance Indicators, devised in collaboration with the Northern RHA. These PIs were sets of tables containing statistical information to be used by Health Authorities in assessing the provision of services and making decisions on the allocation of resources. A new and updated set of PIs based on a 1983 census has just been distributed to Health Authorities in machine-readable form. As well as 2 manuals, the Computer User Manual and Guidance for Users, the "package" comprises a set of floppy discs to be used on a BBC Model B micro with a Torch Z80 second processor linked to a suitable double-sided 80 track twin disc drive and monitor. One of the discs, which introduces and explains the package, can be viewed on a BBC micro with a 80 track single disc drive. Each DHA will also receive a set of printed tables with PIs specific to their district. The Guidance for Users manual is needed even for these. The DHSS has said that the Health Authorities can make as many copies of both tables and discs as they wish for further distribution. As things stand this means that CHCs will have to approach their DHA for copies of either the discs (should they be so lucky as to have the equipment) or the tables. The DHSS are currently looking into the question whether or not CHCs should receive the package and/or tables by right.

What are Performance Indicators? Each disc, or often more than 1, contains data on a different service or part of NHS work e.g. Acute Services, Services for the Elderly, Manpower, Estate Management. It's possible to look at figures for any region, district or, where applicable, unit. The package is not designed, however, simply to tell the users what they already know, for example, how many acute beds they have per 1,000 pop. Besides, the data itself is 18 months out of date. Its purpose, rather, is to enable a user to see how the "performance" of a particular district or region compares with that of the rest of the country in respect of some aspect of service provision. The DHSS have collated the statistical data provided by each region and district on levels of provision, access to treatment, costs etc., made straightforward comparisons and presented the results in this package. These are the PI values. The results of this comparative analysis are presented in four different ways: rankings, histograms, box plots and "outlier reports". (These last 3 forms of graphical representation are available only on disc, not on the tables which the DHAs also receive).

Rankings arrange districts' or regions' performances in a kind of league table. For example, if you want to know what % of nursing staff caring for the mentally ill are based in day centres, the tables will give this % for your district and a ranking, say 80. Since there are 189 districts, this means that 79 have a higher % and 109 a lower %. The box plot will tell you within what range of %s the figures for 80% of all districts lie e.g. 80% of districts have between 2% and 5% of nursing staff caring for the mentally ill in day centres. The histogram gives the distribution of these values for the whole country i.e. it will tell you how many DHAs have approx. 2%, how many approx. 3% etc. The outlier report will tell you whether the figures for the district lie within the middle 60% of values for the whole country, or the top 10% or the second highest 10% or the bottom 10% etc. (The manual, which is on the whole clear and useful, is misleading at this point as it confuses histograms and box plots).

The data used to work out these PIs covers "input", that is, levels of provision - e.g. no. of acute beds/1,000 pop., "processing" - e.g. no. of cases dealt with per bed per year, and costs, particularly unit costs. In determining the rankings no allowance has been made for the varying demands made on the health services in different parts of the country - so varying morbidity rates are ignored. Users are explicitly warned of this and are told that the PIs on their own should not be taken as indications of how well or badly the district or region is performing. Indeed, PIs should not be thought of as directly answering any questions at all about the efficiency or effectiveness of the health services. They are intended, rather, to pose questions to a Health Authority e.g. Why do we spend more/less than average on service X? Should we have more/less staff in service Y? etc. As long as the users abide by these intentions, there need be no concern that these figures will be taken as a justification for decisions which may improve their performance as measured by PIs and at the same time result in a deterioration in the quality of service.

CHCs, Voluntary Sector and Joint Planning

ACHCEW, as a member of the voluntary sector Working Group on Joint Planning set up by NCVO, conducted a survey of CHCs to ascertain the nature and extent of their involvement in joint planning procedures. 108 CHCs returned completed questionnaires.

67 CHCs already had observer status on JCCs and/or JCPTs. Unsurprisingly, the vast majority thought that they should be involved with these bodies in some way, most of them wanting representative rather than observer status. A significant proportion, however, thought that it was more appropriate to be observers, as this would enable them to preserve a measure of "independence".

About half of the respondents worked on joint planning groups of some description, 20 reporting to JCCs or JCPTs and the rest to some part of the Health Authority. Over two thirds of these (40 out of 56) were satisfied with the effectiveness of these groups and their responsiveness to V/Os. 10 were clearly dissatisfied. In 13 cases V/Os were not represented.

22 CHCs had neither observer status on JCCs or JCPTs nor representation on other joint planning bodies or health care teams.

Only a minority of CHCs (26) saw themselves as playing a role in involving smaller grassroots organisations in planning and consultation on health and social services provision. In a few cases the CHC had helped set up special fora for this purpose. Two Health Authorities were picked out for praise in

actively seeking V/O views. 12 CHCs were involved in getting the views of ethnic minority groups heard, though this is not a major issue in all parts of the country.

Views over the JCC elections for V/O representatives varied, dissatisfaction being expressed mostly where the RHA had organised the process. Most CHCs were well-informed about what was going on and were in touch with their V/O representatives. 35 CHCs had members who were also V/O representatives on JCCs. Only a small minority of CHCs (8) said that they weren't prepared to service or inform JCC reps. Where a reason was given for this, it was what you'd expect - overwork.

The Audit Commission is beginning a special study on the effectiveness of joint planning and financing community care by local authorities but as well as concentrating on them it will examine the contribution being made to community care by the NHS. Its aim is to examine whether there are effective joint planning arrangements to achieve value for money and the right balance in services for the elderly, disabled, mentally handicapped and mentally ill. After collating national information, the study team will look at current practices in a sample of joint care planning "units". The Commission intends publishing its findings in August 1986. It is the third study to be carried out by the Commission on the impact of particular central government measures on local authorities' economy, efficiency and effectiveness.

NEWS

Community Nursing Review

ACHCEW has now submitted its evidence. The Review Team's terms of reference were "To study the nursing services provided outside the hospital 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 fact the ACHCEW was able to make a detailed and comprehensive response was largely due to the amount of work put into it by Dr. Alan Berson of Bloomsbury CHC. It must be said that some of the questions asked by the CNR team did seem to be rather vague and, in one or two cases it was hard to see what the team were getting at - for instance "What would happen if the contribution made by community nurses to each community health care programme:- decreased by 75%? Increased by 75%?" To which ACHCEW's response was that arbitrary figures like this are meaningless as conditions and needs vary so tremendously from District to District. However we hope that most of the information submitted will prove valuable and will be carefully noted.

Mental Health Act Commission

The Draft Code of Practice on Consent to Treatment has been published by the Mental Health Act Commission. ACHCEW asked particularly that CHCs should be informed and consulted on this and you should have received a copy of it. We would be interested in responses from individual CHCs.

One person's view of the World Congress - Mental Health 2000. 14-19 July 1985

Pauline Phillips (East Herts CHC) writes: "The multiple choices available during the course of the week meant that no one person could encompass them all. We had representatives from the Conservatives (K. Clarke), Labour (M. Meacher) and SDP (D. Owen). The first was heckled at the final plenary session, because some of his audience regarded him as complacent about Britain's progress in community care. He asked delegates not to listen to "crackpots" - a term which reverberated round the hall and into Fleet Street. The second spoke on Mental Health and Social Justice which he said could not be separated, and paraphrased: "if power corrupts, powerlessness corrupts absolutely". The third opened the congress with the chilling prediction that the problems of mental health would soon outstrip those of physical health.

We had speakers from all continents and many cultures. We were presented with a view of A World in Crisis - the subsidiary title of the congress - a crisis caused by tension and conflict between nations, between north and south, between classes, between races, between men and women; a crisis heightened by the threat of nuclear war, environmental disaster, over-population and fear - above all, fear.

We had some conflicts ourselves, with heated exchanges between doctors and patients. Dr Anthony Clare passionately defended psychiatrists and there was a shrill attack by a patient activist on compulsory treatment and detention.

We talked about prevention and human rights. One speaker linked the two, claiming that every child had the right to be born with an undamaged brain and into a loving family. We talked of cures, and some decided there weren't any. We talked of institutions, and how bad they were. Said an Italian representative, "I have a dream of a world without asylums".

Above all, the message came through that in both prevention and cure - and in care - housing, social support and adequate income were as important as Largactil, Valium and ECT. Perhaps, one speaker mused, psychiatrists should try to influence governments.

We produced a Charter which will go to the World Health Organisation for discussion. Copies can be obtained from MIND.

I am left with one final picture. From the window of a sea-front restaurant, I watched sharp-suited delegates from Japan and Africa striding past in the chilly sun. On the other side of the road a man of indeterminate age, and ancient layered clothing, searched impassively in the brimming rubbish bin with a torn plastic bag in his hand. Care in the community?"

Pauline Phillips was sent to the Congress by her CHC and has produced reports of the sessions she attended. These can be obtained either individually (get the list first) or as a set from E Herts Community Health Council, Baldock House, 23 Baldock Street, Ware, Herts SG12 9DH. Please send large SEA.

Banned Report Now Available

The College of Health has released the report on Eating for a Healthy Heart which was produced by an independent committee at the request of the DHSS. It arose out of the mounting anxiety caused by the fact that Britain has the highest incidence of death from coronary heart disease in the world. The report should have been published by the Health Education Council and the British Nutrition

Foundation in July but it had been stopped by intervention from the government which objected to advice to cut down on meat, dairy products and processed food. The head of the research team Dr. John Garrow, has threatened to resign. Michael Young, Chairman of the College of Health, said the Government's action was "disgraceful when the toll from heart disease is so high" and "it is all the more outrageous that the Government has bowed to the agricultural and food industries and allowed their vested interests to prevail so far over the interest of public health". Copies of this sensible document can be obtained from the College of Health, 18 Victoria Park Square, London E2 9PF.

The meaning of "consultation"

Dartford and Gravesham CHC is wondering just what consultation means in the context of what is happening in its area. Secretary Kay Heatherington expresses the concern of the CHC over what appears to be the reaction of the HA to a financial crisis caused by a deficit this year of some £1.06m. "The whole thing is a total mess," she says. "The Health Authority seems to be using the temporary closure procedure in a way the rules do not allow in a frantic attempt to save money. They are using the Urgency Clause in a way which was never intended solely to save money". She and her chairman have gone through the rules over and over again but can find no basis for what is happening. Wards are being closed on a "temporary" basis but with no plans to re-open them and with only the sketchiest ideas as to what to do with the patients who are currently using them. The money saving "plan", she says is an ill-conceived and emergency exercise in cost cutting with no consideration as to its overall effects.

The use of the Urgency Clause means that "the health authority can do just what it likes and then tell us. This can hardly be called consultation by any stretch of the imagination". Even when proposals have been put to the CHC in advance it has only been given the minimum of information and on one occasion members were asked to receive part of the information, requested weeks earlier, in an eight-page statistical document tabled by the District Administrator actually during a meeting and were then told he proposed giving verbal responses to any residual information during the course of the discussion. The CHC does not think that substantial savings will be made by using such an ill-considered and hurried plan and that next year will be even worse if the deficit from the current financial year is then tacked on to that for the next.

Real Consumer Involvement

The Secretary of Liverpool Central and Southern CHC had the lead letter in the HSSJ of 15 August welcoming with open arms the speech by Ken Jarrold in his address to the Institute of Health Service Management. The new President does really seem to be the very first person in his position to ask for full blooded involvement by CHCs. His speech should be required reading by all CHC members. He calls for a far more active and vigorous and open public debate not just about health resources but about health policy and priorities. "We need vigorous, adequately-funded, well run CHCs who will go out to conscientiously research public opinion and represent that opinion firmly and clearly to the decision makers". Copies are available from the Institute, 72 Portland Place, London W1N 4AN.

Ken Jarrold is also interested in the idea of joint activities with ACHCEW and would like to do something on out-patient services. He would welcome information, both statistical and anecdotal on patients' experiences in out-patients departments so that we could then select the most telling evidence and use it as an introduction to a Code of Good Practice for Out-Patient Departments which would be jointly published by ACHCEW and the Institute. The Standing Committee will respond.

Small Change

On 22 July we received a letter from the DHSS saying an unnamed CHC Secretary had contacted them saying he or she felt the number of routine press release mailings should be reduced and it would be sufficient if they were sent out by second class post about twice a month. This impressed John Patten so much that ACHCEW was asked for its response. We were impressed by the DHSS desire to save money and also the attention paid to the one unnamed CHC Secretary but felt that, perhaps, most CHC Secretaries required as much information as they could get. If all that was required of them was to receive DHSS circulars and take no notice of them then, indeed, this would be a good idea but since most of them prefer to react to the information when necessary, we recommended that the present system should continue. A further letter from the DHSS on 9 August confirmed that it would.

Medical Ethics

There now appears to be broad support for the idea of a National Ethics Committee as proposed by the BMA and there have been preliminary discussions on the subject between the BMA and ACHCEW. It is obviously not sufficient that there are local ethical research committees. Not only will they vary as to how effective they are but it is quite easy to see how problems can arise if, for instance, a research team wants to undertake research which crosses the boundaries of the area served by a local committee into that of another or even takes it across a whole region or involves a national response.

Cardiff CHC makes the point that there should be nationally approved rules for all ethical committees as at present the guidelines differ widely. The CHC also feels that every HA should have one and that it is almost a form of negligence if they don't, that there should be informed lay representation on all medical decisions where these decisions give ethical approval to some or all trials and there should be informed lay representatives on District Ethical Committees - "cheerful but uninformed volunteers won't do". Lastly there should be an overseeing Ethical Committee to which local committees could make referrals. The need for such a national body is supported by the Vale of Glamorgan CHC.

Lancaster and Bexley CHCs would like to know more. Margaret Dempsey writes: "Is your CHC represented on your local district ethical committee? Any CHC which is concerned about the lack of lay representatives, especially from the CHC, on local ethical committees is recommended to obtain from the British Medical Association a copy of their guidelines (published in 1984) on District Ethical Committees. Lancaster CHC took up this subject earlier this year with its health authority, recommending the adoption of the BMA's guidelines, and was able to congratulate the authority a few months later when a new constitution for the district ethical committee was approved, allowing lay representation from the CHC and the DHA".

Graham Girvan asks: How many CHCs are represented on Ethical Committees; why are some not; do the committees ever meet; what criteria are used?

The General Medical Council is reviewing its guidance to the medical profession on advertising in the blue pamphlet Professional Conduct and Discipline: Fitness to Practice and has asked for ACHCEW's views.

New Fellowship

The Health Education Council, Kind's Fund and the London School of Hygiene and Tropical Medicine have joined forces in a new initiative to create a Fellowship in Health Promotion. Doctor and health writer, Bobbie Jacobson, has been appointed as the new Research Fellow and will be based at the London School's Department of Community Health for 18 months. Her task will be to produce a book which not only updates the DHSS's booklet "Prevention and Health: Everybody's Business" but also serves as a practical guide for all those interested in promoting health. To do justice to the variety of initiatives already undertaken, consultation will be as wide as possible with the emphasis on what can be, and has been, done. A steering committee will assist the project and will include, as well as physicians and other health professionals, health economists, social scientists and consumer interests. Anybody interested should contact Dr. Bobbie Jacobson now at the London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT. Tel. 01-636 8636 Ext. 228 for details of both the steering committee and information required.

Just Like Us

It is interesting that the AGM of NAHA produced a similar crop of resolutions to ours. Finance was top of the agenda and the problems of providing care in the community without appropriate resources. Adequate care for the mentally ill once the long term institutions are closed down, the need for government to fund the full cost of the nationally agreed pay awards and greater participation by the consumer were all discussed, along with worries over the rise in prescription charges and the increasing level of central involvement in the management of the NHS.

Volunteers for Private Homes

Leeds Voluntary Organisations have apparently been approached by private residential homes for volunteers. Bob Dickson of Leeds VBO writes that high payments have made such homes financially attractive to run and presumably are even more so if helped out by volunteer labour. As private nursing homes are run for profit, there is a definite risk of volunteers being exploited. In other agencies, where such a risk exists, VBO asks whoever is in charge to certify in writing that the proposed use of volunteers has been discussed with the appropriate trades union/professional association, but private nursing home staff are unlikely to be unionised. Guidelines should be issued, he suggests, pointing out that volunteers will assist individuals but not institutions - cooking, cleaning, washing up and nursing are not part of a volunteer's job in a private residential home.

What is Doesn't Say...

Dame Elizabeth Ackroyd has written to the DHSS on behalf of the Patients' Association about the new leaflet "NHS Prescriptions - How to get them free". She points out that the leaflet is remarkable not for what it says but for what it does not say. Basically it is the same as that for 1983 and 1984, except for the amounts of money. It no longer mentions post offices as a source of supply for some leaflets: "Wisely, no doubt", says Dame Elizabeth "as the availability of up-to-date DHSS leaflets in post offices is erratic to say the least". It also does not say that some categories of prescription cannot be obtained free under any circumstances and she suggests that the DHSS takes too much for granted in assuming the population at large will apply a textual scrutiny (the leaflet mentions only "NHS prescriptions") to draw the correct conclusions and that many people will fill in the relevant form for their circumstances only to be disillusioned and told they are expecting a "black listed" drug. A reply is awaited.

Who is Wendy Savage?

At the ACHCEW AGM some delegates did not appear to know about the Wendy Savage case. Ron Brewer, Tower Hamlets CHC, writes:-

Mrs Savage is a Senior Lecturer (of the London Hospital Medical College) and Honorary Consultant in Gynaecology and Obstetrics in Tower Hamlets Health District. She was suspended from duty on April 24th following allegations of 'malpractice'. The suspension was authorised by the Chairman of the Authority acting under Circular HM61 (112). It is not clear whether the Authority itself has formally endorsed this action.

Mrs Savage alleges that the so-called 'malpractices' arise from argument as to whether or not there should be a trial of natural delivery in breech birth instead of proceeding to caesarian operation. (It is our information that the profession is riven with debate as to which is the correct practice).

The National press - 'The Times', 'The Guardian', 'The Sunday Times', 'New Society' and 'New Statesman' have all carried articles favourable to Mrs Savage, recognising the issues involved, including the right of the mother to deliver her baby naturally. Eighty per cent of local doctors petitioned the DHA on Mrs Savage's behalf, and she is supported both nationally and locally by the National Childbirth Trust, and AIMS - and of course, by this CHC. 1,200 women and babies marched on one meeting of the Authority. BBC, ITV and Channel 4 have given coverage, which overall, has not been unsympathetic.

One very important aspect is that Mrs Savage is the only woman consultant obstetrician in a district with at least 30,000 Muslims where there is a cultural preference for medical women to serve women. And she is the one consultant who has worked in developing antenatal care in community clinics and G.P. surgeries away from the cattle-market atmosphere provided by local hospitals. Another, important aspect is that Tower Hamlets has one of the largest birth rates in the country, and is still rising.

All this has apparently left Mr F M Cumberlege, who is Chairman of the Authority, unmoved. In a district which has been cut, cut, cut and cut again since 1974 (£1.8m lost on the pay awards this year alone) it looks as though £100,000 will be spent on an Inquiry and perhaps even more with High Court costs.

Ironically, the CHC's call for an independent local Inquiry into the Department of Obstetrics and Gynaecology has been brushed aside by the Authority.

AIDS - A new epidemic, but can the National Health Service respond?

AIDS (Acquired Immune Deficiency Syndrome) now affects 180 people in this country. There is no cure. The number of reported cases doubles every 6 months and yet we are not sure of all the possible means of transmission. Portrayed in the Press as a 'gay' disease, AIDS is increasingly being seen in heterosexual people, possibly transmitted via prostitutes and bisexual partners; haemophiliacs via infected blood transfusions; drug abusers via infected needles and in people from certain African countries where it is a heterosexual disease.

What should be the response of the NHS to another new epidemic? Obviously, research is needed and is being carried out to try and find a cure, and also to learn more about the disease. Blood testing is shortly to be introduced for HTLVIII - the antibody which indicates a higher degree of risk of the likelihood of developing AIDS. Hospitals and clinics, especially sexually transmitted diseases clinics and laboratories are having to learn to deal with the disease. Circulars have been issued by the DHSS. But is the response enough?

The answer must be no.

The NHS has been faced with new epidemics recently, such as Hepatitis B or Legionnaires Disease, and has also had to start responding to diseases such as Sickle Cell Anaemia, which required a new community based response. By its response to AIDS so far the NHS may again be showing itself to be failing to realise some of the major issues facing the Service, whether or not an antidote to AIDS can be found.

Answers to a few basic questions are needed:

Is the Blood Transfusion Service ready to provide a screening and trained counselling service?

Is the NHS geared to providing a proper research, diagnostic, education and support service?

Is the NHS ready to work on an education programme with the gay community and with other 'at risk' groups?

Are funds going to be available for proper independent Regional or Sub Regional information, advice, education and counselling services for both AIDS sufferers and the general public?

Should the NHS be routinely screening people who are well for HTLVIII antibodies?

Should people automatically be told the results of any screening for antibodies?

Is the co-ordination within the NHS adequate and flexible enough to meet anticipated demand?

The answer to many of these questions is likely to be 'No', at least in the short term. What can CHCs do to help alleviate these problems?

We can build up contacts with the at risk groups, such as the gay community and haemophiliacs, as well as relevant medical personnel at District level. We can then bring these contacts together to analyse local need and help to draw up proposals for appropriate action.

Central Manchester CHC has made the setting up of an AIDS counselling project a priority. Already the CHC has sponsored a public meeting with the gay community, which took place some 18 months ago; sponsored the drawing up of proposals for a North West counselling service, drawn up by the local Gay Men's Health Group; and helped the Group to organise a meeting to set up a steering committee to oversee the development of the project. The Steering Committee has been successful in attracting senior medical personnel from the 3 Manchester Health Districts and the Blood Transfusion Service, together with CHC representatives and others. As a result of their experience, the CHC believes that much more needs to be done about AIDS. It cannot be acceptable that 400 haemophiliacs in the North West can receive infected American blood and learn, via the Media, that statistically 2 of them might die of AIDS.

Copies of the AIDS report and notes of the first meeting are available from Central Manchester CHC.

The response of the DHSS has been to ask health authorities to draw up a nationwide AIDS counselling service but is providing no additional resources apart from £50,000 to enable St. Mary's Hospital, London to set up a pilot scheme to train AIDS counsellors over the next two years.

AROUND THE CHCS

Swindon and District CHC is very concerned about the intention of Kenneth Clarke to overrule health authorities when it comes to the selection of the new managers. In the autumn of 1984 the local health authority advertised for the post of General Manager for Swindon and after rigorous selection process, the Authority, assisted by Assessors from the NHS, the CBI and a management consultant, unanimously decided on the appointment of a Mr T. Goodman. The appointment had to be formally submitted through the RHA to the Minister for his approval. The health authority was surprised to be told by Kenneth Clarke that it had not undertaken a fair and open competition and the post should be re-advertised, that there should be "real competition" for the strongest possible field of candidates and asking for the Regional Chairman and General Manager to become fully involved in the shortlisting of candidates and the interview.

Not surprisingly, the health authority was not prepared to accept the Minister's request and it was unanimously decided to ask him to re-consider.

Neither their formal response nor, indeed, a meeting with him changed the Minister's mind. On 22 July, the CHC unanimously supported and welcomed the decision of the DHA to appoint Mr Goodman and the Secretary wrote to Kenneth Clarke to that effect. The CHC was particularly concerned that "you have repeatedly refused to give any reason or explanation as to why you are not prepared to accept the recommendation of the DHA, which has been endorsed by the Chairman of the RHA, and the NHS Management Board, and fully welcomed and supported by the Consultants and Staff of the DHA". The CHC supported the contention of the RHA that this was "an arbitrary ministerial decision, bearing in mind the concepts of devolution of authority which have underlaid Ministerial policy in the last two years or so". Mr Goodman had the full support and confidence of the CHC which had been impressed with his ability and success in improving health services in the Swindon Health District. Re-advertising would cause a further lengthy delay with serious effects on staff morale and possibly detrimental effects on patient care. The CHC did not think that such a course would produce a better candidate and called upon the Minister to re-consider his decision immediately.

Salford CHC Following the item earlier on Salford's concern over out-patient prescribing, the Secretary has now contacted the Health Authority. It appears that Salford does carry out a very stringent policy. Preston HA, for example, prescribes for a maximum ten days as a general rule but will dispense for longer periods if necessary. In Blackpool the limit is two weeks but exceptions, initiated by a consultant and prescriptions for courses of treatment may be prescribed for longer. After pointing out to the HA the various problems which have arisen, Salford CHC recommends that there should be more flexibility to allow for hospitals to prescribe for longer than seven days when it is clear that the seven day limit would lead to a double charge on the patient and that nationally there needs to be a firmer policy and a corresponding transfer of resources to health authorities if it is shown that their spending will increase due to the new policy.

Redbridge CHC has raised an important issue regarding information needs. To pay for the nurses pay award Redbridge HA is proposing to close Family Planning Clinics saying that these services can be obtained from GPs. To this end Redbridge CHC has been consulted. However, in order to provide a proper response Redbridge CHC Secretary contacted the local FPC to find out how many GPs in the area did have a Certificate in Family Planning. On the instruction of the local Medical Committee this information has been refused. The CHC rightly says this information is essential if any kind of proper consultation can be carried out and the DHSS has now been contacted asking that the Secretary of State should arbitrate in the matter.

Dewsbury CHC Secretary Joy Gunter found an unusual enclosure in her pay packet recently. A letter from the Health Authority telling HA employees not to talk to the CHC! If staff have any grievances, says the letter, then they must take them to the HA not discuss them anywhere else. Joy Gunter, who publicised the letter in the local paper, says she regretted the need for such a letter "because everyone must feel free to talk to us and we always maintain confidentiality". She did not expect the letter would deter staff from going to the CHC.

Rochdale CHC raises an important point concerning information. Recent publicity, says Secretary David Dawson, concerning an FPC Medical Service Committee hearing in the town has made him conscious of the less than total value which the public and medical profession gets from such an event. Unless, as in this particular case, there is media interest, members of the FPCs, their medical service committees, FPC Administrators, GPs and - of course - the public, remain ignorant of even an outline of the details of any case heard outside their locality, and more importantly, rarely hear details of those cases which do occur locally. For example, if a GP inadvertently transgressed his/her terms of service in one locality, GPs in other areas who might be similarly ignorant have no way of having their attention drawn to the wrongness of their own practices unless another patient lays a complaint against them. FPCs, similarly ignorant, have no chance to use their powers to circulate GPs in their districts with reminders which might prevent bad practice. Since all findings should go to the Secretary of State, this information must be collected centrally and it would be advantageous if, without naming names, a brief summary of all cases so received was regularly distributed to a small mailing list. This would ensure appropriate publicity and perhaps prevent many more unnecessary Service Committee hearings.

Calderdale CHC has written to Kenneth Clarke welcoming recent government guidance and statements on improving cervical cancer screening services. Calderdale is lucky and has a computerised system but the CHC is concerned that good practices should be widely implemented and asks that new money be made available immediately so that all FPCs and HAS can develop and implement computerised call and recall schemes as soon as possible. The imposition of manpower targets has severely affected administrative and clerical staff and last year Calderdale FPC thought this would jeopardise the computerisation of its own local cytology recall scheme. There was considerable delay with the work because of the many other demands on staff time and resources. Calderdale CHC points out that it has a dynamic Health Education service to promote uptake of services but this is by no means universally the case. The wishes of Mr Clarke will not be implemented, it says, unless there are more resources. Unnecessary deaths from cervical cancer are "unacceptable".

Haringey CHC had trouble establishing its right to a written reply to its Annual Report from the DHA appointed in 1982. There was no response the first year, the second year the DHA said they did not have to produce a written reply or indeed discuss their response to it. The CHC decided to press for a written response and, after some research, laid out the statutory position to the District Administrator. The DHA had a draft written response to the Annual Report by the next meeting! A trawl by Haringey through this newsletter on the experience of other CHCs has produced some response. The S.W. Regional group of CHCs wrote giving results of enquiries among its own members. Time in producing answers to Annual reports varied from three weeks to seven months and three of these were never published. Plymouth published its reply in printed form and submitted it to all who had received the CHC report.

A similar survey was undertaken in Haringey's N.E. Thames region. Out of fourteen CHCs, four had little or no response, although Waltham Forest did say it never expected one and did not consider its Annual Report as a vehicle for DHA response. Eight CHCs had a response in a reasonable length of time (one to three months). Two had to wait considerably longer, Haringey 5 months and Enfield 7 months. Most responses had been drafted by the DMT or, in the case of North East and Mid Essex, by the DGM. There was little involvement of the DHA in the drafting response. Eight CHCs had responses published as DHA Agenda papers and seven had their annual report discussed in open session. Bloomsbury's, although on the Agenda, received no discussion. The discussion at Enfield and Redbridge took place at the DHA/CHC meeting and the Enfield response was not published while, at Redbridge, the Annual Report, published after the DHA/CHC meeting, contained a set of formal questions and answers from the meeting.

The publication of the CHC regulations has clarified the position, says Haringey, by stating that Authorities and Committees must prepare a written reply to a CHC Annual Report and that they must hold quorate meetings annually. There might still be difficulty over delay or differences of opinion between CHC and DHA over how to publicise the response or how to make sure DHA members are involved in responding to a CHC's suggestions. In resolving this, CHCs may find this experience useful to them.

Bexley CHC announces a victory! Bexley Health Authority has started to look at the need for a Well Women Clinic and two pilot schemes have been set up for a six months trial. Services offered by health visitors will include: cervical smears, breast examination, blood pressure, urine testing, specific counselling on individual problems, health education, necessitous referral to other

agencies. Sue King, Chair of the CHC said: "I am overjoyed that the Health Authority has established these pilot schemes. The CHC has been asking for Well Women's Clinics for many years and the schemes show that the Authority listens to the voice of the community".

Central Manchester has circulated its paper on Health Care for the Homeless to the Regional Association. Services, says Manchester, should be changed to cater for the needs of homeless people including those living in temporary accommodation. The DHSS and health authorities should ensure that systematic improvements to arrangements for primary care in Inner City Areas are planned so that homeless people benefit along with other deprived groups and extra resources are needed for this. There should be special health centres with primary care teams in deprived Inner City locations and GPs should be offered salaried appointments and reduced list sizes in specific catchment areas to attract doctors to work in them. FPCs should take sustained action to secure the registration of homeless people and action must be concentrated in areas in which hostels and lodging houses are located. Details of the policy document and its recommendations can be obtained from Central Manchester CHC.

NEWS FROM THE DHSS

What do you do if your nuclear power station blows up?

The DHSS has issued a far more realistic set of Guidelines for dealing with the aftermath of a major nuclear accident than hitherto, including specific advice to GPs. It is interesting to note that the Guidelines suggest there will be problems from up to 40 to 60 kilometres from the centre of such a nuclear mishap and that plans must be made accordingly. It transpired at the Public Inquiry into the proposed Sizewell B nuclear power station that the only evacuation plan in hand for getting those living near Sizewell away to safety consisted of taking them to Leiston, only a couple of miles down the road! Whoever writes the Guidelines must know it is not true to say there has been no serious explosion from stored nuclear waste when they must have details of the accident at Chelyabinsk in the USSR in 1957 when nuclear waste blew up - hundreds of acres of land are still irradiated. It is also suggested that it is almost impossible for a nuclear accident to take place as the plant, equipment, etc. is so carefully checked and the personnel so highly qualified. They said that about Three Mile Island too. After it nearly blew up which would have removed the whole of Pennsylvania, the subsequent Inquiry established faults in design and components, cost cutting in the operation, badly serviced equipment, untrained personnel and sheer blind panic when it all went wrong. In view of the record of Windscale/Sellafield for leaks and accidents, the DHSS appears optimistic. Still, this is a real improvement.

Health Circular No. HC (85) 24. Supplement to HC (77) 1. Copies from: DHSS Store, Health Publications Unit, No. 2 Site, Manchester Rd, Heywood, Lancs, quoting code and serial number as above.

Norman Fowler has announced the establishment of a new committee to advise on the content of the NHS selected drugs list. It has been set up following consultation with the main professional bodies concerned and with the pharmaceutical industry and it contains many of the people who advised on the first list but has been extended to include others from Scotland, Wales and Northern Ireland and from other branches of the professions suggested to the DHSS. It

is still quite small however and is made up of seven hospital consultants, four GPs, two pharmacists and a dentist. It is chaired by the Deputy Chief Medical Officer of the DHSS, Dr Edmund Harris.

The Government is making £1.75m available to support local self help groups dealing with specific health or social problems. The money will be used to explore ways of helping and supporting self help groups by, for example, providing advice, information and help with places to meet. It will do this by funding for three years about 20 local projects under the wing of existing local voluntary organisations. The scheme has been designed in co-operation with, and will be run by, a group of national voluntary organisations who are coming together for this purpose under the title the Self Help Alliance.

Circular 85/99

There is to be a committee on the medical aspects of radiation in the environment as recommended by the Independent Advisory Group chaired by Sir Douglas Black. It will offer the government medical and scientific advice on the health effects of ionising and non-ionising radiation in the environment both natural and man-made. One of its main tasks will be to advise on the results of the work which was recommended in Sir Douglas Black's Report and to consider the health implications of any research results or other information which becomes available.

Circular No. 85/200

The Welsh Office has announced that the Perinatal Mortality Initiative Survey Group has reported on progress achieved in its first year with the publication of a newsletter. Figures just available show a reduction in the perinatal mortality rate in Wales from 11.3 to 10.5 deaths per 1,000 births between 1983 and 1984.

Copies can be obtained from Health Policy Division, Welsh Office, Cathays Park, Cardiff CF1 3NQ. Free.

INFORMATION WANTED

Later this year Bolton CHC's working group for the elderly proposes to undertake a survey of elderly people living in their own homes. The aim is to identify numbers of elderly people who are not "in the system", ie. those who have no contact with either statutory or voluntary agencies, and those who are in need of services they are not receiving. Bolton CHC would be glad of any information on similar projects which have been completed, or for sample questionnaires. Replies to: Martin S. King, Research Assistant, Bolton CHC, Andomac Chambers, Arndale Centre, Hotel Street, Bolton BL1 1DA.

Mid-Essex CHC would like copies of questionnaires and reports on surveys on Ante Natal Clinics and Paediatric Wards. Information to: Norma O'Hara, Secretary, Mid-Essex CHC, The Isolation Hospital, Baddow Road, Chelmsford CM2 9QU.

Paddington and North Kensington CHC has been considering the problems of privatisation and two of its members produced a checklist of questions to be considered when assessing contracted-out services which could be used by CHCs. However their research showed that no such easy-to-use checklist existed at present, so that although a good deal of impressionistic evidence exists, there is little if anything, based on concrete performance indicators. The CHC would like to know, therefore, how other CHCs work on this issue and to offer them the checklist so that it can be used and tested by other CHCs.

South Manchester CHC would like to know if any other CHCs have ever considered the possibility of patients receiving NHS dental treatment having a copy of the form they sign for the treatment. The question has arisen following enquiries from elderly patients who are confused as to whether their dentures were made to NHS order or not and has come to the fore due to the recent price increases. Also, if any CHCs have considered the possibility of patients having individual dental records of their own, something similar to the co-operation card used in ante natal clinics. South Manchester feel this would promote health education and awareness of the dental treatment being received.

The Working Party for Mental Health of Plymouth CHC is currently undertaking a survey of community services for the mentally ill in their district, especially those suffering from schizophrenia. Any surveys, reports and information from other CHCs would be welcome.

Hastings CHC would like to know if any CHC Secretaries are members of the Royal Society of Health. If so, could you contact the Hastings Secretary, Antony Wade.

PUBLICATIONS, SURVEYS AND REPORTS

The Manchester CHCs have three new publications, A Caesarian Birth, You and the NHS and Patient's Rights. The first tells clearly and at first hand the account of a mother who had a caesarian birth with an epidural anaesthetic thus being wide awake when the new baby was "handed over the screen" to her. There is then a day by day diary for the first week, then a three-monthly journal. A very interesting and informative booklet. You and the NHS is a guide to primary care services and the third booklet is self-explanatory. All are available from 1 St. Ann's Churchyard, Manchester M2 7LN.

Following its survey on facilities for brain damaged patients, Exeter CHC has produced an upbeat survey on Good Practices in Community Care following a request by the International Hospital Federation that Exeter CHC should sponsor a project on good practices in mental health. This project expanded into all aspects of community care from the elderly to the disabled, taking in, among others, associations for the unwaged and pre-school age children. It is an interesting and stimulating document and Professor S.W. Brimblecombe of Exeter University says: "Mr Tony Day, his information gatherers, the Core

Team and Exeter CHC are to be congratulated on their initiative and upon their obvious motivation to improve the quality of life for people with medical needs". Copies are available from Exeter CHC.

Liverpool, Central and Southern CHC has produced a survey of practice premises which makes interesting reading. While the CHCs found that the quality of practice premises in a majority of surgeries is good, there are a substantial number that do not offer patients even basic amenities such as a seat while waiting, a toilet with hand washing facilities, a safe place for a pram or even a general level of cleanliness. One of the most common complaints is doctors who always start their surgeries late whatever the day or session. A typical patient's view: "The toilet is outside at the back of the house, it has no toilet paper, no proper lock, no light, is not clean and is full of cobwebs and spiders. The doctor is usually an hour late and most people have to wait at least two hours before they see him". Copies available from Liverpool C. and S. CHC.

Wessex Feet - a study of regional foot health by the District Chiropody Manager of Bath Community Health Department, Clive Rees, is available to those interested from the Chiropody Department, 5th Floor, Grosvenor House, 18/20 Cumberland Place, Southampton. Price £4.50 for two volumes inc. postage.

The Domestos Hygiene Advisory Service has issued a booklet containing a synopsis of previous years outstanding entries in the Domestos Health Awards. Copies free from Domestos, 55 Upper Brook St, London W1.

The BMA has published a health education booklet on smoking When Smoke Gets in Your Eyes, in conjunction with the Health Education Council. It focuses particularly on how advertising is used to sell cigarettes as being glamorous and the part now played by women's magazines. Copies are £1 each for 1 - 49 copies inc. carriage, 80p each for 50 - 100 copies or 70p each for 1000 plus.

In 1980 the Royal College of GPs set up a working party to devise "a method of assessing the performance of established GPs in the setting of their own practice". Now they have published their report which gives a somewhat rosier picture than that provided by Liverpool's survey mentioned previously! It is published by the Exeter Publications Office, 9 Marlborough Road, Exeter.

In the light of Nicholas Ridley's Transport Bill, a recent publication by East Cumbria CHC might prove very useful. In a recent study into difficulties of transport to and from hospitals and clinics, the CHC uncovered a wide range of misunderstanding by the public on what help is available. The CHC has therefore published 10,000 leaflets explaining when patients can use ambulances or a voluntary car scheme and when they can get help from the DHSS. East Cumbria will send interested CHCs a copy.

Sickle Cell Anaemia - Who Cares? by Usha Prashar, Elizabeth Anionwu and Milica Brocovic argues that other genetically carried blood disorders are properly catered for by the NHS and that sickle cell sufferers, who are mainly black, need equal treatment. A number of CHCs have been particularly interested in this subject and would no doubt find this report, by the Runnymede Trust, helpful. It is available from the Runnymede Trust, 37a Grays Inn Road, London WC1X 8PP Price £2 plus 50p p & p. It can also be ordered through bookshops.

Know Your Rights the fourth edition of the Disability Rights Handbook is now available giving a comprehensive guide to rights, benefits and services for all people with disabilities and their families. It is available from The Disability Alliance, 28 Denmark Street, London WC2 Price £2.20p post free.

The Greater London Association for Disabled people has now updated its series of information sheets on benefits for handicapped people - Benefits for families with a handicapped child; Benefits for handicapped people of working age; and Benefits for handicapped people of pension age. The sheets have been re-written in greater detail, giving stage-by-stage explanations of different benefits and how to claim them. They cost 75p each or £2.00 for the set of three. For details of bulk orders and discounts contact: Anne Ketley, Information Officer, GLAD, 336 Brixton Road, London SW9 7AA.

The OPREN Action Committee has produced a briefing paper on benoxaprofen (OPREN), packed full of useful information. It points out, among other things, that while it seems now to be accepted that this drug can cause photosensitivity and related skin reactions, no report of this condition related to benoxaprofen has ever appeared in the medical press. For this reason alone, it seems highly likely that many other people who took OPREN are continuing to suffer very badly in sunlight but are quite unaware of the cause. The paper can be obtained from OPREN Action Committee, 13 Carlton Close, Dereham, Norfolk NR19 1BS.

The King's Fund has now published its Report on the Conference held at the King's Fund Centre on 19 February this year on CHCs and FPCs: Towards a Closer Co-operation. Speakers included Sue Jenkins, Secretary of Leeds Western CHC on "The Watchdogs Honest Bark", and Dame Elizabeth Ackroyd. Copies of the report No. KFC 85/154 are obtainable from the King's Fund Centre.

The NHS Economic Review published by the National Association of Health Authorities outlines the achievements of the NHS over the last six years and identifies the principal challenges facing it. It also assesses the resources needed to meet them. Much emphasis is put on the need for additional government funding. The NHS Economic Review is available from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS. Price £6.00

The British Library of Tape Recording for Hospital Patients would like to draw attention to its service. It is aimed at patients who, for whatever reason, have problems in actually reading a book. The library was started in the 1960s by money provided by the King's Fund and it is now a registered charity. The books are recorded by professional actors who give their time free at the

Library's own studios or are copied by permission of the BBC from its own readings. A system has been adopted developed by the U.S. Library of Congress specifically for the use of the blind and physically disabled. Hospitals wishing to join the scheme have two financial outlays - buying the special playback equipment which is supplied at cost price and an affiliation fee of £40 which the DHSS has authorised as a fair charge to hospital monies. Tapes are sent free of charge. Further details from the British Library of Tape Recordings, 12 Lane Street, London SE1 1QR.

Growing Older - Mentally Handicapped People and Their Families is the title of a new report from NAHA. It is the result of a working party which looked into the anxieties and problems of many parents about the future of their mentally handicapped children when they can no longer be looked after at home. It revealed that a considerable number of mentally handicapped people live at home with elderly and often single parents. Copies in limited number available free from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

The report of the Patients Liaison Group Conference held last May has now been published. ACHCEW was represented at this Conference along with thirty-three other bodies. A full report is likely to be published in the Journal of the Royal College of GPs in the near future but in the meantime a brief resume of the Conference can be obtained from Susan Clayton, Chairperson, Patients Liaison Group, Royal College of GPs, 14 Princes Gate, Hyde Park, London SW7.

Exeter CHC's survey on facilities for brain damaged patients has been widely publicised and very well received. Secretary Tony Day attended the third scientific meeting of the Medical Disability Society which was held at Nottingham University during our own AGM on July 10. He has written a brief report of the proceedings which can be obtained from him at Exeter CHC for those who might be interested. The scientific meeting certainly confirmed that the experiences of Exeter in the S.W. Region were to be found all over the British Isles. One point made by a speaker was that "caring kills carers" so there is an urgent need to look at their needs too.

Whose Health Is It Anyway? is the report of the recent conference organised jointly between Central Manchester CHC and War on Want. The idea of the conference was to bring together both those involved in developing a more democratic form of health care and those working in the Third World. Copies available on request from Central Manchester CHC.

"Care or Chaos" is the title of a survey undertaken by Eastbourne CHC on the community care policy for handicapped people in the area. The conclusions sum up very well what community care should mean "an exciting and imaginative policy with far-reaching implications for patients, carers, the general public and statutory authorities but it is not a cheap option for a financially embarrassed NHS nor a policy to be entered into lightly and run to a rigid timetable". It should be planned for the client, not vice versa. Properly organised it could offer a rewarding life to the mentally handicapped, integrated into a community to which they rightly belong. Copies from Eastbourne CHC.

Cervical Cytology Screening. The joint NHS/Welsh Office working party report on the administration of this service in Wales is now available and the Welsh Secretary, Nicholas Edwards has accepted its recommendations. These will shortly be circularised. The most urgent was that the recall procedure should be tightened up. Women who do not respond to an invitation to be tested should be followed up; there should be choice of where tests are carried out; the woman and her G.P. should both be notified direct of the result; a designated doctor should be responsible for notifying test results; there should be safeguards to ensure follow up action if the test is abnormal and steps must be taken to transfer the records of women who move from one area to another. Copies from the Welsh Office, Crown Buildings, Cathays Park, Cardiff.

Guide to a Healthy Sex Life is a simple and frank booklet aimed at the 16 to 24 age group on the problems of sexually transmitted diseases. It is available free from the Council PO Box 777, London SE99 6YE or from DHAs.

A Guide to Cancer Services for Health Care Professionals is a useful booklet published by the Yorkshire Regional Cancer Organisation. It is available from the Secretariat, Yorkshire Regional Cancer Organisation, Cookridge Hospital, Leeds LS16 6QB. Price £1 for NHS personnel outside Yorkshire and to non-NHS bodies. A discount of 20% is available on orders of 20 and upwards.

Asian Mother and Baby Campaign A video commercial publicising the "book early for pregnancy" message has been prepared by the campaign and stresses the need for early and proper ante natal care. It is available from Anne Montague, Save the Children Fund, 17 Grove Lane, Camberwell, London SE5 8RD.

Good Practices in Mental Health is a look at some of the schemes being carried out in the Worcester area surveyed by Worcester and District CHC. It is always a pleasure to have the good news too. Copies available from Worcester CHC.

The Assistant CHC Secretaries have begun publishing their own newsletter aimed at sharing information and making a link between Assistants. Details from Linda Doyle, Manchester North CHC, St. Anne's Churchyard, Ann St. Manchester M2 7LN.

COMING EVENTS

National Association for the Welfare of Children in Hospital is holding its Annual Conference: Where are all the Children? In 1985 children are still scattered through different departments in hospitals. The conference will consider the implications of this. Speakers will include Professor Cyril Chandler, Dr. Joanna Walworth-Bell, Mrs Gillian Davies. Special guest: Mr Victor Paige. At Kensington Town Hall, London W8. 11th November 1985. 10.00-16.00 Conference fee £24.50 (without lunch) £32.00 (with lunch) Details from: NAWCH Conference Secretary, Argyle House, 29-31 Euston Road, London NW1 2SD. Before Friday 18 October.

National Children's Bureau. One day Seminar, in association with the Health Visitors Association, on Developing a Partnership with Parents in the Child Health Service. Speakers: Dr. Angus Nicoll, Dr. Janet Chaplais, Rosalynde Lowe, Nita Brown. At National Children's Bureau, 8 Wakley Street, London EC1. 8 November 1985. From 10.00-16.00. Members Price £17.83. Non members Price £23.00. Details from: Conference Officer, 8 Wakley Street, London EC1.

A National Conference on Schizophrenia will be held on 25 and 26 October 1985 at Friends Meeting House, Euston Road, London NW1. Tickets are £5 for members £10 for non members. There is a buffet lunch which costs £3.75p. Details and tickets from: Pam Jenkins, National Schizophrenia Fellowship, 78/79 Victoria Road, Surbiton, Surrey KT6 4NS.

The International Federation for Hydrocephalus and Spina Bifida is holding a Conference from 25 - 28 September at the University of Manchester. This is an expensive conference (full fee £150) but it is possible to attend on a daily basis at £20 per day. Details from: Moyna P. Gilbertson, c/o ASBAH, 22 Upper Woburn Place, London WC1H 0EP.

The University of Sheffield is holding a special two-day course on Loss - Understanding and helping those who are in grievous circumstances. It is aimed both at professionals and volunteers whose work may bring them into this field. It takes place from September 11 to 13 and the fee is £95 including meals. Accommodation is £20. Details from: Frances Wells, Division of Continuing Education, 85 Wilkinson Street, Sheffield S10 2GJ.

Age Concern must be ready for the Guinness Book of Records on numbers of conferences held. Health and Fitness in Old Age is from 29-31 October 1985 at Seeborn House Birmingham. Cost is £60 fully residential. Information and applications from: Training Dept., Age Concern, 60 Pitcairn Road, Mitcham, Surrey.

The Yorkshire Regional Council of CHCs has organised a seminar on the same subject as that held at the King's Fund Centre last February - CHCs and FPCs: Towards a Closer Co-operation. It will be held on 18 October at the NHS Training Centre, The White Hart, Harrogate. It is chaired by ACHCEW's Vice Chair, Eva Mullineaux and speakers include Drs. J.B. Macfarlane and R.J. Givens, Mr. J. Williams (Administrator of Nottinghamshire FPC), Mrs M. E. Marum (DHSS Liaison Officer), and Mrs. Joy Gunter, Secretary of Dewsbury CHC. This is primarily for Yorkshire CHCs and FPCs but further details can be obtained from Eva Mullineaux (c/o North East Yorkshire CHC)..

The Child Accident Prevention Trust is holding a symposium on accidents in childhood at the King's Fund Centre on 3 October 1985. Details from H.R.M. Hayes, Child Accident Prevention Trust, 75 Portland Place, London W1N 3AL.

Help the Hospices the national charity dedicated to hospice care is launching several new courses.

1. Hospice Management will be held at St. Joseph's Hospice, East London from 11-13 November 1985. Applications by 1 October.

2. Courses in Counselling. Two five day courses in counselling will be held from 26 January to 31 January 1986 at Manchester University and there will be a second, later, in London. Applications by 1 October 1985.

Details of all courses and the charity from: Paul Rossi, Help the Hospices, BMA House, Tavistock Square, London WC1H 9JP.

The Mental Health Film Council is holding training seminars on: Dying and Bereavement - 11th September; Women and Mental Health - 10th October, both in London, fee £17.25. For details and news of other events contact MHFC, 380-384 Harrow Road, London W9 2HU. Tel: (01) 286 2346.

Joint Care - IHSM/MIND Day Conference - London - 8 October 1985. The concept and application of the principles of care in the community pose new challenges for both statutory and voluntary bodies. One innovative way of tackling the issues is through joint care schemes, and the Institute and MIND have arranged this conference to examine examples of joint care, and to look critically at the practical considerations involved.

Measure for Measure in the NHS - IHSM Day Conference - London - 15 November 1985. The measurement of performance and performance indicators are central to the general management process and to the annual review system. This conference is designed to stimulate debate on a subject on which there are many opposing views.

Details from: The Institute of Health Services Management, 75 Portland Place, London W1N 4AN. Tel: (01)-580-5041.

Miscarriage: Your Questions Answered is the title of a meeting organised by the Miscarriage Association to be held on 19 September at 7.30 pm at the McSwiney Lecture Theatre, St. Thomas's Hospital Medical School (Block 9), Lambeth Palace Road, London SE1. It will be addressed by Mr. L. McMillan, Consultant Obstetrician and there will be a question and answer session as well as a chance to meet informally. For details contact the Association, c/o 15 Matcham Road, London E11 3LE enclosing a s.a.e. or phone (01)-555-5428.

Crossroads Care Attendant Schemes - "Their Extension of Care to People with a Mental Handicap" is a conference organised jointly by the King's Fund and the Association of Crossroads Care Attendant Schemes. It will take place on 15 October at the King's Fund Centre and Costs £14.25 which includes a copy of "Target B" written by Anna Bristow and Judi Brenig-Jones. This is a study of four Crossroads schemes. The fee also includes coffee, lunch and tea. Details from Joan Rush at the King's Fund Centre. Applications by 13 September.

Cancerlink is a national organisation which provides information and support for people with cancer, their relatives and friends. There is an Information Service which answers telephone and written enquiries about forms of cancer, treatment, and sources of practical and emotional support both nationally and locally. Its Support Groups' Service trains volunteers with personal experience of cancer to set up cancer support groups and provides training and back up to these groups. Presently there are groups in London, Oxford and West Kent and Cancerlink wish to see groups form in areas of London not covered by the existing groups.

Cancerlink is running two training courses, one at the Mount Vernon Hospital, Northwood, Middx, the other in central London. Each course consists of 12 weekly sessions. For further details contact Sheila Ritchie at Cancerlink, 46 Pentonville Road, London N1 9HF. Tel: (01)-833-2451. For queries for Information Service please contact Amanda Kelsey or Nest Howells on that number. The courses start in October.

MORE INFORMATION WANTED

On Private Homes

Philip Topham of Canterbury and Thanet CHC writes "We would like to hear from other CHCs who have done any work on evaluating standards in private nursing and/or residential homes for elderly, mentally ill and mentally handicapped people. In particular we would be glad to see copies of any reports or local guides or handbooks which any CHC has produced or otherwise has been involved in or is aware of.

The CHC is concerned that standards in the private sector appear to be variable and whilst some are good others are little short of scandalous. With the move towards community care the use of private homes by the NHS to discharge patients from its facilities is increasing and indeed changes in the rules regarding discretionary DHSS allowances deliberately encourage this trend.

Statutory control of private establishments has little impact and only tends to ensure the fulfilment of very basic requirements and regular inspection on the Social Services side is minimal if not non-existent because of the very large number of homes in a coastal district such as ours. Since CHCs have no direct responsibility in the private sector and can, therefore, do little to affect its development or operation, we have decided to investigate the feasibility of a local guide being produced for the public in our district, which would contain comprehensive details about each establishment. We hope that such a guide might also encourage some homes to improve their standards (and some perhaps lower their fees) since people being better informed will be able to 'vote with their feet' by opting for better facilities".

New Consumer Leaflets on Eyes

The Association of Optical Practitioners has issued a range of 13 excellent leaflets to promote more public awareness on eye care. They are available from optometrists or direct from the Eye Care Information Bureau, 4 Ching Court, Shelton Street, London WC2H 9DG. Please enclose 17p stamp for each leaflet.

CHC DIRECTORY: CHANGES

Page 9: Basildon and Thurrock CHC. Secretary: Jonathan Crowe.

Page 11: East Surrey CHC. Secretary: Sally Smith.

This appeared in the BMJ on 3rd August 1985:

GMSC's recommendations on FPCs

In September 1984 the General Medical Services Committee set up a working party to consider all matters relating to the establishment of family practitioner committees as autonomous authorities. The group was chaired by Dr Lionel Kopelowitz and at the meeting of the GMSC on 18 July the following recommendations were adopted.

"(1) That, after the GMSC's approval, a brief guidance document be sent to local medical committees regarding appointments to family practitioner committees.

"(2) That, after the GMSC's approval, local medical committees be approached about family practitioner committee budget allocations.

"(3) That medical members of family practitioner committees should be encouraged to become familiar with the effects of health circulars HC(FP)85/10, HC(FP)85/12, and HC 85/11." These are important documents affecting the management and policy direction of family practitioner committees since independence.

"(4) That the attention of local medical committees be drawn to the fact that, under HC(FP)85/12, comments on the composition of the appointment panels for administrators, and those in a direct line of accountability to the administrator, had already been made to the Department. All the contractor professions should be represented on appointment panels.

"(5) That, in respect of consultation with community health councils by family practitioner committees about the dispersal of vacant medical practices, the GMSC should look at the effect of delays in decisions being reached on such issues, and seek guidance from the DHSS on what is 'sufficient time' for consultation and how long an appeal by a community health council to the Secretary of State might take."

The committee decided, as a matter of urgency, to look at the whole question of family practitioner committee consultation with community health councils.

References

- 1 Department of Health and Social Security. *Management arrangements for family practitioner committees*. London: DHSS, 1985. (HC(FP)85/10.)
- 2 Department of Health and Social Security. *A personnel memorandum for family practitioner committees*. London: DHSS, 1985. (HC(FP)85/12.)
- 3 Department of Health and Social Security. *Health Service development. Community health councils*. London: DHSS, 1985. (HC85/11.)

ACHCEW wrote to the GMSC on the 8th August asking for information on the reasoning behind the recommendations relating to CHCs. It was not clear to us how it could be assumed that there would be unnecessary or unreasonable delay if CHCs were properly consulted about the dispersal of vacant medical practices.

As the GMSC was to look into consultation "as a matter of urgency" we asked that the views and experiences of CHCs and their staff should be sought through ACHCEW.

WOMEN VOLUNTEERS NEEDED

The Pre-Menstrual Tension Advisory Service is to conduct clinical trials on vitamin and mineral supplements used in the treatment of pre-menstrual tension. New products are not involved.

700 women volunteers are needed if the trials are to start in September.

The study should provide:

- 1) help for women with these problems
- 2) a report of the effects on the health and social circumstances of women sufferers
- 3) recommendations on the best and least expensive supplement.

Contact: Pre-Menstrual Tension Advisory Service, PO Box 268, Hove, East Sussex BN13 1RW. Tel: 0273 771366

Please note: Enclosed with this mailing reports on 4 AGM workshops only. The fifth, on Self-Help Groups, is not yet available.

HEALTH EDUCATION COUNCIL LAUNCHES NEW CAMPAIGN.

A NEW CAMPAIGN IS BEING LAUNCHED BY THE HEALTH EDUCATION COUNCIL AND THE DHSS TO PROMOTE THE UPTAKE OF IMMUNISATION AGAINST WHOOPING COUGH.

The campaign which will begin on 23 September will feature a 20 second television commercial, showing a young child with whooping cough.

Planned in anticipation of an expected epidemic at the end of the year, it is hoped that the commercial will encourage the parents of children under six to speak to their doctor or health visitor about immunisation.

It is due to run in all independent television areas (except Scotland) for four weeks. This may be followed by a further showing around the end of January 1986.

Support material will also be provided, including a 12 page booklet on whooping cough and a poster. This will be passed onto GPs via professional publications. A Welsh version of the booklet is also being prepared by the Welsh office.



HEALTH EDUCATION COUNCIL

Single copies of the booklet can be obtained from the Health Education Council, P O Box No 764, LONDON, SE99 6YE.