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Association of Community Health Councils for England and Wales
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A Matter of Principle

The many problems arising out of the fast growing emergence of private nursing homes of all kinds have given rise to much anxiety and concern among CHCs during the last twelve months. Now Cambridge CHC finds itself involved in a new situation which has some extremely worrying implications; the setting-up of a private secure hospital for the mentally disturbed. The principle is summed up admirably by Ray Jobling, Chair of Cambridge CHC when he says: "we are considering detaining citizens under order, paying for it from public funds, possibly allowing them to be subjected to treatment that is highly controversial and all this in a setting established for commercial gain. The rules and regulations on registration and inspection were set up to deal with a few little nursing homes run on a charitable basis. Now they are having to cope with multi-million dollar, international profit-seeking businesses with prestigious public relations departments, lawyers, accountants, etc."
The case in question is that of Kneesworth House near Bassingbourn. It had been used as a community school, then as a community home. Next a planning application was made for it to become a home for the elderly mentally infirm. This application was granted and almost immediately it was bought out by AMI Hospitals Ltd., a large U.S. commercial concern, for use as a private secure nursing home.

The scheme will ultimately involve fifty-five patients, 'difficult to place adults with serious behavioural disorders'. About 95% would be detained patients, some subject to restriction orders, and the small balance would be informal patients. Significantly, patients would not normally be admitted from Cambridge's own Health Authority since there is strong professional doubt locally about the treatment regime proposed.

AMI's treatment regime first hit the headlines in May 1984 in articles about its private home for young people SPYWAY, now called Langton House. Reports in both The Times

and the Health and Social Services Journal drew attention not only to the regime of punishment and rewards imposed - rewards including such usually accepted features of a hospital as being able to have a meal - but also because of drugging policies. The DHSS admitted to the HSSJ (15 August 1985) that "the administration of drugs at Langton House (Spyway) in emergencies did seem to be a potential cause for concern." The HSSJ report mentions a case where a Spyway teenager came to court in a semi-comatose condition having been dosed with a major tranquilliser. The DHSS confirmed that one drug, Tegretol, was in use at Langton/Spyway without the approval of an outside ethical committee. All female patients have to agree to take the pill.

Cambridge CHC question the need for the private hospital anyway. A new Regional Unit established in Norwich has now been open for six months and currently only eight places out of thirty six have been taken up. All thirty-six, it feels, should be sufficient to meet the needs of the region yet already patients are confined at Kneesworth on a temporary order. The cost of keeping a patient at Kneesworth will be about £655 per week, paid for by Health Authorities. As the hospital plans to take some 55 patients this does mean that AMI will be getting out £1,873,300 per year from the health service.

But there are many other causes for concern not least the position of the handful of "informal" patients. How will they be treated? Will they be subjected to the same closed regime as those who are there on another basis? For the others will be either there under restriction order provisions or formally detained.

As to monitoring and visiting the home further problems arise. AMI has suggested a visiting committee as a public relations vehicle and Cambridge Health Authority incorporated this into their recommended conditions of registration. The CHC discovered some members of the Health Authority interpreted this to mean it would be a consultative committee, others saw it as a full independent/monitoring inspection body. In the event it would be neither. The Health Authority chairman defined "consultative" as meaning "AMI meeting local people to tell them what they were doing." The CHC does not see this as relevant to the Authority's responsibilities. The CHC believes that regulations do provide for full rights of access of a named Health Authority member on a continuing basis and regrets no consideration has been given to a vital opportunity to guarantee independent monitoring.

The time-scale given the CHC to meet the HA and discuss matters has been very short - only eight days before registration is to be decided. The CHC has, therefore, restricted itself to setting a number of conditions it feels should be met which include: AMI Hospitals Ltd. should undertake to segregate informal from other categories of patients on a basis satisfying the registering officer and Cambridge HA; to ensure they are treated with the minimum degree of security; AMI should guarantee

right of access without prior notice to a member of Cambridge Health Authority for the purposes of inspection; AMI should undertake that research would only be embarked upon on the basis that proposals and reports should be submitted to Cambridge Ethical Committee on terms identical with those obtaining in the authority's own hospitals and units; there should be a visiting committee, with full right of access, and one of its members should be a member of the CHC; the hospital should not be able to have the general classification of the type of patient to be admitted altered except after prior consultation; AMI should produce and distribute to all informal patients and their relatives and sponsoring authorities an information sheet detailing their rights and that the register of patients will include the legal status of patients on admission.

There are many more points for concern one of which at least must be mentioned. One of the "appeal courts" for mental patients is, of course, the Mental Health Commission. Yet one of the medical team who will be involved is Dr. Gavin Tennant (who ruled that at Spyway female patients had to go on the pill) and Dr. Tennant is himself a member of the Mental Health Commission.

ACHCEW has discovered that the implications of private secure mental establishments have not been discussed by the Executive Committee of the Forensic Psychiatry division of the Royal College of Psychiatrists.

CHCs might like to consider the issues raised and might possibly see Kneesworth as a toe in the door to a whole range of other privatised services. At the very least it seems to be turning the clock back to the days of private asylums for the insane.

Ray Jobling says: "We cannot, we must not, lurch forward into a scarcely regulated commercial expansion on a scale and at a rate determined only by the recognition of a lucrative market on the side of the companies and ideology on the part of some in political life. The issues are too important."

Experts & Health Care

A fascinating picture of the overall view taken by CHCs on NHS issues has emerged from a survey carried out during the summer of 1984 by Professor Henry Landsberger of the Institute for Research in the Social Sciences of the University of Carolina. (The research was aided by the King's Fund). Its immediate purpose was to ascertain the opinions of the leadership of the most important and influential organisations in the field of health policy on as wide a range as possible of currently discussed issues in the field. Concurrent projects were also undertaken in WestGermany and the USA.

It is very difficult to give the results briefly in the newsletter and a special briefing paper is being prepared for CHCs which will include much of the statistical information which was used.

But what comes over so clearly is that CHCs think deeply and carefully about the NHS and the issues arising out of it, that they are extremely flexible and that they

recognise that its bureacracy can lead to problems for which they are interested in finding solutions.

The bodies to which the questionnaire was sent were - in the medical field - the BMA, Royal College of GPs, Royal College of Nursing, Health Visitors Association, Association of Chief Administrators, NAHA, ACHCEW, COHSE and NUPE. Political groupings circulated were the Conservative Backbench Committee, Conservative Medical Society, Crossbench Peers, Labour Backbench Committee, Labour Peers, Liberal Health Panel, SDP Health and Social Insurance Policy Group. The private sector was represented by the Independent Hospital Group Ltd. and a number of private health insurance organisations.

The biggest response to the questionnaire came from the nurses, 303 were received out of 346 sent. Third in the health league came us.... 150 CHCs completed and returned questionnaires out of 193. NAHA returned 161 out of 233. The BMA returned 198 out of 277. The response from both Tory and Labour MPs was pretty poor, only 22 Tories and 25 Labour MPs bothering to reply. On the other hand the Liberal response was excellent with 22 members of the Liberal Health Panel replying out of 27. Only 12 members of the Independent Hospital Group replied out of 24.

In spite of the organisations involved being very different in makeup and political beliefs, some areas crossed all divides leading to very real agreement. These included views on the statement that the unhealthy lifestyle so many people choose was responsible for a large share of the cost of health care. Almost equal numbers of Conserative MPs and CHCs felt more attention should be given to the manner in which doctors treat patients. They felt they were not treated with sufficient dignity nor given proper chance to express themselves. Needless to say few doctors agreed with this.

Nobody agreed "very strongly" with the statement "Doctors almost invariably give patients high quality care today" although when that was qualified by the words "on the whole" then there was more enthusiasm. 20 Cross bench Peers however "Disagreed strongly".

Areas of disagreement tend to be the obvious ones - The statement "differences in income which exist today between doctors and other health professionals are about right" had support from the BMA, Independent Hospitals, Voluntary Insurance Funds and, oddly enough, Labour Peers, but received no support at all from the unions, Liberals, Health Visitors and not a great deal from CHCS. There was little agreement from either doctors, NAHA or Conservative MPs and medical people with the idea that other staff, as well as doctors, should participate in management and administrative decisions, although a substantial number of CHCs thought this would be a good idea as did the unions, Labour MPs and nurses.

Faced with the statement "The problems facing our health care system today are likely to be overcome in the next decade or two even without any major change in direction", virtually nobody agreed, 30

Conservative MPs and 46 members of their medical society disagreed very strongly, 41 Liberals disagreed very strongly as did 47 Labour MPs. 22 CHCs disagreed very strongly and 51 disagreed "on the whole" with the statement.

What came out of the survey in general terms may differ from the general overall view of CHCs. In some intances there appeared to be a fair amount of enthusiasm for more and continuing privatisation. But set against this was a very definite feeling that sufficient numbers of those questioned wanted to ensure that everyone had access to health care at the point of need and that Britain needs to retain its NHS. There was also a substantial, if smaller, percentage who felt that private hospitals should not be permitted to establish themselves where NHS hospital capacity was already fully adequate.

The survey also compared the results of the similar surveys in West Germany and the United States and notes that some themes emerge as common to all: state -v- privatisation, attitudes towards doctors, concepts of what health policy should concern itself about.

But some issues emerge strongly in Britain which are not immediately apparent in the other two countries. One concerns decision making and at what level decisions should be taken. What is described as "cost explosions" worry the respondents in the other two countries more but, the author of the report points out, this difference makes sense. The British system works on a centrally determined budget. The cost explosions to which the other two countries have been subject are due to providers being completely free in the States and fairly free in West Germany to charge what they like without any restraint. "In Britain, the concern of many persons is, if anything, that the resources flowing into the health sector are too few and have not expanded sufficiently."

Vindication of the Black Report

After the publication of the Black Report on inequalities and health, Greenwich CHC held a public meeting to discuss the implication of the Report for Greenwich and it transpired that very little was known about inequalities in health within Greenwich. It was decided that the CHC should try and set up a project in one small area to examine aspects of health and help people to improve their own health. The local council supported an application from the CHC for funding and a project worker was taken on for three months to set up the project and another project work, Graeme Betts, was employed from June 1984 to carry it out.

One specific ward was chosen for the project, Glyndon ward. Overall it appeared that deprivation, poor health and high health care needs were not spread evenly across the borough but tended to be concentrated in particular areas and, as the Black Report had demonstrated, such inequalities were not random but related to class, employment, status, age, etc. Glyndon is a poor area, 56% of people living on the Glyndon estate are in receipt of housing benefit, there are no dentists in the area and only one chemist. There are no well baby clinics, no family planning clinics and only two

single-handed doctors operating branch surgeries.

The survey is obviously worth obtaining and reading in detail as many of its findings and recommendations would apply to other inner city deprived areas. The health of respondents and their children was poorer than that of even some of the other inner city areas of London and, not surprisingly, the health of the working class respondents was worse than that of the small middle class. A significant number of people said they had mental health problems and unemployment, poverty and money troubles. Housing came high on the list of factors causing stress. Respondent's occupations had a direct impact on health - a large number of people said they had suffered illness or injury due to the type of work they did. Respondents gave lack of money as a reason for poor diet. Set against the national average there was a low ownership of cars and telephones. Housing conditions had an adverse effect on health and respondents complained of a low level of provision of facilities and services in the area, especially safe play places for children.

There was general dissatisfaction with GP services compared with average finding of surveys in England and Wales. Complaints included long waiting times, unrealistic surgery hours, poor access to surgeries, and a significant number of women found the GPs unsympathetic when it came to dealing with women's problems.

Asian respondents had both language problems and problems due to lack of information about provision of services, and their take-up of these was therefore, not surprisingly, very low. On the whole, in line with the Black Report, community services were found to be inadequate, poorly organised and relied too heavily on hospital services. While respondents in Glyndon had high health care needs, they were not receiving a high level of service. In Glyndon, concludes the report, sadly, "overall there appears to be higher than average levels of ill health and higher than average levels of material and social deprivation while the provision of community services does not match the needs that exist there."

Graeme Betts hopes that the report might be useful to other CHCs because, as he says, "it puts real flesh on the bones of the Black Report by looking at its findings in relation to one small area." Copies can be obtained from Greenwich CHC for £3.

Social Services Conference

The Association of Metropolitan Authorities, which organised this year's event, made radical changes from the usual format to allow for selected motions for debate on major topics, more workshops and some limited consumer participation. Kay Carmichael, the Scottish social worker and writer, delivered one of those rare addresses which challenges and inspires. She spoke of private pain and public policy; the ravages of humiliation, death, loss and handicap. Low standards of care, the "silent screaming in the mental hospitals", if tolerated, implied that the victims did not share the same sensitivities as the rest of the community. Being a professional meant being in

touch with one's own pain but many risked compassion fatigue. Much of social work was women doing things to women. Government was putting over a crude message to shift care from the public to the private and voluntary sectors but history suggested that both sectors grew or declined together. We all needed hope for changing society for the better. Social change often came about by protest. Pain was energy which could be turned in, destructively, or out, creatively. Social workers needed more contact with colleagues in health and education and with the consumers. Their knowledge of what happened at the margins could be fed back to the politicians in the centre. Professionals should care about freedom and justice. The greed of the privileged was an obstacle to change. Britain was the twelfth richest country in the world. It could afford better services. There were better ways of dealing with social problems. Unemployment in Norway was 2.5%.

A workshop on caring for elderly people presented by Margaret Simey, the Chair of Merseyside Police Committee, and David Hobman, Director of Age Concern "and grandfather" attacked patronising attitudes and enforced dependency, stressing the contribution of older people rather than the alleged burden of meeting their needs.

A workshop on joint planning led by Philip Hunt of NAHA was encouraging in stressing the need and the potential but disappointing in dealing with the contribution of the voluntary sector and the involvement of consumers and the community.

Civic hospitality in Oldham was warm and lavish not least because local musicians of every kind turned out to entertain delegates.

Resolutions called for a national bridging fund for the development of community care, the establishment of family courts and childrens' hearings, better services for under-fives and the transfer back of public funds being poured into private residential care to the Local Authorities.

The health community was under represented but perhaps this can be remedied next year.

Quality assurance, complaints and CHCs

Managers responsible for quality assurance are being appointed or designated in many health districts around the country. Inevitably, the "tools of the trade" will involve looking more closely at complaints and the way in which they are handled by various agencies, including CHCs, within and outside the NHS. CHCs have often said that attention to complaints is vital in the identification and resolution of problems. We would like the views of CHCs as to whether or not their complaints data has relevance to quality assurance and utility for the managers responsible. Some CHCs will have been approached for routine complaints information. Its provision could raise technical and ethical problems. While there should be no problem in supplying complaints statistics or abstracts of individual or groups of cases, with personal identification, the more detail that is given, the greater the chance that confidentiality might be

breached. We would like to hear from CHCs which have encountered these dilemmas and have adopted procedures for resolving them.

"Whose Health is it anyway?"

Central Manchester CHC and War on Want have published a report on a remarkable conference, attended by a wide variety of community and health organisations in the North West and representatives from overseas development groups. For CHCs, looking at health and health services in the national context doesn't comes easily so that the inclusion of health issues in the Third World was brave and unusual. The impact of western medicine and the enormity of health problems in third world countries sharpened a critical appreciation of the problems and opportunities in our more privileged situation under the NHS. Various ideas and proposals which highlighted the responsibilities of CHCs and other agencies and which covered virtually every aspect of health care from lofty theory to community practice were included in the report. The comprehensive list of organisations which were approached should also be a valuable tool in improving network co-operation in the North West.

AROUND THE CHCs

Airedale has written to Norman Fowler expressing concern over what will happen to incontinent people nursed at home if the "laundry weekly addition" allowance is abolished as appears to be the case from the Green Paper. It points out that the new system of targetting groups rather than individuals and the payment of premium payments only will leave a gap which will include the special needs of the incontinent. Some parts of the Airedale district have a domiciliary laundry system to cater for those who nurse the incontinent. Should this allowance cease, says the CHC, this scheme and other vital aspects of care will disappear and might well result in more old people having to be admitted to hospital thus meaning that the abolition of the payments would cost more, in the long run, than it would save. Also, of course, this would mean the reversal of the policy of care in the community.

West Birmingham is pursuing its right to know. Birmingham FPC is refusing to provide information requested by the CHC and West Birmingham is appealing under paragraph 20 (4) of the NHS (Community Health Councils) Regulations, 1985. The appeal is on the grounds that it is proper and reasonable for the CHC to decide to consider the topic under consideration (deputising services), that statistical information alone is insufficient, that the information does not fall within the terms of par. 20 (2) of the Regulations and that it should, therefore, be provided. The CHC feels two points of principle are at stake - one that proper monitoring by an FPC is essential but is not a substitute for CHC activity, and that as the FPC services are provided by independent contractors, a CHC cannot monitor these without having regard to the services provided by individual GPs.

Leeds East CHC has written at length to local MPs, Norman Fowler, Michael Meacher MP and senior members of its DHA

asking where all the extra nurses are which the government tells us have been employed in recent years. The situation in Leeds East is, it says, a grave one. In the winter of 1984 the Director of Nursing at St. James's Hospital had to warn consultants she could no longer guarantee adequate round-the-clock staffing; 2000 operations were cancelled on the day of admission at that hospital alone which meant people who believed they were actually going into hospital that day for waiting list surgery were told on telephoning the hospital that no bed was available; that the workload in this and other hospitals in the area continues to rise; that during August the operating theatres at St. James closed one day in turn and this would probably go right through to the end of October. There is much more in this hard-hitting letter which points out there are also bed closures in the paediatric wards. All this, says, Leeds East, adds up to more waiting list surgery. The list will "get bigger and bigger and the delays longer and longer". The CHC says it is merely reflecting the anxieties of those who contact it and "the most worrying type of correspondence... from the public at the moment is the sort that suggests basic care is suffering at the expense of meeting the demands of High Technology." Replies are awaited with interest.

Chorley and South Ribble CHC found that its method of representing patients by visiting wards and other NHS premises was not effective and decided to adopt more useful visiting strategies. Future visits will now be made without prior arrangement with the Authority. A paper on the new procedure to be followed has been sent to all Council members and the new unannounced visiting has been agreed with the District Administrator.

Hull CHC Secretary Irene Watson says she had an interesting response to her request for information (through CHN No. 6) on CHC staffing. It was encouraging to learn, she says, that some Health Authorities, both DHAs and RHAs, do realise how much work CHCs do. West Midlands RHA accepts a number of schemes using part-timers, Northampton and District agreed to the appointment of a third member of staff who is prepared to fit in with pressure periods and whose working hours are controlled to fit into the CHC's budget. Lancaster CHC can make overtime payments to its Special Project Assistant when necessary and Mid Downs CHC also uses temporary help for special projects or extra work. The three Manchester CHCs with their shared premises and shared part-time staff come somewhere near an ideal setup it seems. Their staffing also includes three information officers funded by MSC for one year and two YTS trainees undertaking basic office tasks. The conclusions are that benefits become possible by breaking up the standard working week, that an application for staffing in a precise area of work (special survey, project, etc.) is more likely to be treated sympathetically than a general application and that there might be benefits in the joint use of additional staff by neighbouring CHCs.

GLACHC are happy to announce the appointments of their new Development and Liaison workers. They are Fedelma

Winkler, currently Secretary of City and Hackney CHC, and Helen Rosenthal, a former worker at the London Community Health Resource Project. They will be job sharing.

East Berkshire CHC seems to have found itself in a labyrinthine situation when trying to get a ruling on the application of closure procedures. After some initial inquiries, East Berks were told by the Regional Liaison Section that they were asking the DGM to sort out a ruling locally and if the CHC remained dissatisfied then they should go to Oxford Regional Health Authority. The District then sent a letter reiterating the view that the DHA had got the go-ahead from the CHC to carry on with the closure concerned but stating that the Authority "would no doubt be interested in the CHC's views." So the CHC set about determining a view for consideration by the DHA at its next meeting but, as the principle had still not been resolved, the Secretary, Juliet Mattinson, wrote to the Region asking for a ruling. The first reply said it had no powers to give a ruling but that it favoured the DHA. This was followed by a letter from the Regional General Manager confirming that they could not rule between the CHC and the DHA but again he supported the DHA. While all this was going on the CHC heard that the closure was planned for October 4 although the DHA could not consider East Berks' view until September 18. So Juliet Mattinson wrote to the new Health Minister, Barney Hayhoe, asking him to intervene and ask the DHA to defer action. His reply was that they should go back to the Region if they were dissatisfied....

Says Juliet Mattinson: "And I thought Gerald Hoffnung was no longer with us."

However after some further informal discussions some kind of local agreement was finally arrived at although the DHA, to the astonishment of East Berks, turned away several suggestions for savings. But the point at issue, the question of principle on how to get a ruling on procedure, remains unresolved and it would seem the question needs to be looked into again and again and .....

Calderdale CHC has produced a pamphlet which deserves to be read and the idea possibly copied by other CHCs. It covers one of those rarely mentioned subjects which more and more CHCs have become concerned with over the past couple of years, namely the loss of a baby. As Calderdale says, the parents of a baby who is born dead or dies very soon after birth need all the comfort and help they can get in order to help them to cope. The CHC got together with members of the Stillbirth and Neonatal Death Society (SANDS) and the local maternity unit which sets out the administrative arrangements which have to be made and all bereaved parents will be given it at the maternity hospital. It explains what certificates are needed and how to get them and discusses funeral arrangements and reminds women they are still entitled to benefits such as free prescriptions and dental treatments for twelve months. The last part advises parents to write down the questions they want to ask once they have got over their first shock so that when they go back to their doctor they can ask him - and he can try and

explain - what went wrong. "We hope the notes will help with the necessary formalities. If people want comfort and support, local members of SANDS who have shared the same experience, together with a person's doctor, health visitor or minister, are available to listen and help," says Barbara Stott, Calderdale CHC Secretary.
Copies from Calderdale CHC.

DHSS response to AGM resolutions

The responses to resolutions passed at the AGM in Nottingham are beginning to trickle in. Not unpredictably, they are pretty negative.

Resolution 16 regarding aspects of dependence on private nursing homes to supplement inadequate NHS places for geriatric and psychogeriatric patients, anxiety over the financial implications for those not wholly supported by the DHSS, the inability of Health Authorities to maintain adequate surveillance and the lack of rights of CHCs to visit private nursing homes produced a reply stating that the NHS has always made use of private facilities. Cases drawn to the attention of the Department by local DHSS offices have been taken up with Health Authorities concerned and the Department has pointed out that supplementary benefit is a benefit of "last resort" and the DHSS can only assist with fees for nursing home patients if no other financial source is available. It is not available to fill in or top up if another statutory body should be meeting the financial needs. If a Health Authority chooses to provide services under a contractual arrangement with the private sector then it is up to them to make the financial commitment involved and the Health Authority cannot get out of its financial obligations to such a contract in the expectation that supplementary benefit will be paid. If a patient has been discharged from an NHS hospital and seeks admission to a private home then the financial responsibility falls on that patient and supplementary benefit may or may not be paid depending on individual circumstances. Regarding surveillance of such private homes, a study on the subject is now nearing completion and Ministers will be considering what changes will be necessary to the size and structure of fees to enable Health Authorities to recoup the costs of registration and inspection of homes. Finally, on this resolution, the DHSS reiterates that CHCs are only empowered to enter and inspect NHS premises, not private homes, and again repeats that there is no evidence "that private patients want the powers to CHCs extended to cover private nursing homes." However, it has long been agreed that CHCs have access to private premises which have contractual arrangements to care for NHS patients.

The same reply dealt with resolution 33 urging that resources and facilities for private patients should no longer be available in NHS hospitals. Ministers do not share our view.

Replies to resolutions 20 and 23 on Contraceptive advice to Under 16s and information about "the Pill".

Regarding the "Gillick ruling" the DHSS is still awaiting the decision of the Law Lords who have reserved judgement. The Department will then review all guidelines once the final outcome of the case is known. All the representations will be taken into account and the Department is grateful to ACHCEW for making its views known.

The Department has noted the Association's views on information sheets provided by the manufacturers of the contraceptive pill. Oral contraceptives are often dispensed with a leaflet anyway although there is no obligation to do so. If such a leaflet is supplied it has to conform to the provisions of Leaflet Regulations which include details about contra-indications, warnings and precautions. However, as different medicines react on different people in different ways, decisions on any warnings are best left to the prescribing doctor to take necessary factors into account.

Reply to resolution 26 on temporary closure of health service buildings.

While it is up to individual Health Authorities to determine the duration of temporary closures in the light of particular circumstances, the DHSS expects Health Authorities to follow full consultation procedures if such a temporary closure is likely to be made permanent. In view of the importance Ministers place on proper consultation, the Department sent letters to all Regional General Managers in December 1984 drawing specific attention to some aspects of the procedures to be followed on both urgent and temporary closures and RGMs were asked to ensure that the DHAs in their region were aware of these points and were acting accordingly and that DHAs should inform CHCs that they had been written to on these lines.

Reply to resolution 31.1 on DHAs being left free to manage the NHS with the minumum interference from central authority, whether at region or in central government departments.

Ministers have already devolved considerable functions to Health Authorities at Regional and District level and there are no plans to change this arrangement. However, while devolving such functions, Ministers must be satisfied and must satisfy Parliament that there are adequate arrangements for ensuring that the public monies allocated for the NHS are efficiently spent and the service provided is in line with what Ministers and Parliament want. For this reason Ministers have found, and will continue to find, it necessary to intervene from time to time to ensure accountability.

Reply to resolution 34 on waiting lists and the scope for a national register of available beds.

The Department shares ACHCEW's concern that patient's should not "wait unduly" for treatment and guidance since 1975 has been that, where appropriate, selected waiting list information should be exchanged between hospitals

and made available to GPs so that patients may be given the opportunity to be referred to hospitals with shorter waiting lists. However, there are many reasons militating against such a national register including the attitudes of many GPs, consultants, hospital administrators, etc. "A consultant who had worked hard to get his own waiting list down to a reasonable level may well feel that he should not be penalised by having patients referred from the waiting lists of colleagues who have not achieved the same success." A pilot scheme is being funded in the West Midlands to assess the effect upon the referral practice of GPs provided with further information on waiting list in other areas. "There will not be, of course, either a reduction in waiting lists or an overall reduction in the regional average for waiting time. The successful outcome would be greater equalisation of waiting times between districts."

Reply to resolution 35 on arrangements for designating and funding multi-district specialities and the need for special resources for disciplines such as cardio-thoracic surgery and renal services.

Arrangements for designating and funding multi-district specialities are the responsibility of RHAs, not the DHSS. Ministers have asked RHAs to develop both specialities mentioned as a priority within the acute sector and RHAs have been asked to meet specific targets in the development of renal services and to accept new renal patients for treatment at an annual rate of 40 per million of the population by 1978. "This will ensure that the momentum of expansion is maintained..." Cardiac surgery for babies under one and services for children under sixteen who suffer end-stage renal failure are now designated as supra-regional services under provision made in 1983 when provisions for supra-regional funding were introduced. £7.1M has been protected within Health Authority allocations for the provision of neonatal and infant cardiac surgery during 1985/1986 and £3.5M for paediactric renal services, £0.5M of it additional centrally pre-empted funds to enable provision to be expanded. (Actually the reply said £0.5.....)

Replies to resolutions from the Welsh Office

For whatever reason, even if the response from the Welsh Office is the same in content as that of the DHSS, the letters always seem to be couched in more friendly terms. However when you find the same wording on the same subject turning up in half a dozen letters to CHCs you do realise that the presentation (that inword) might be different but the policies remain the same.

Following the passing of the emergency resolution at our AGM on the serious financial situation facing DHAs in Wales and calling on the Government to review its policy on funding the cost of pay awards and price increases outside the control of the Health Authorities, the Welsh Office responded by saying the Secretary of State had taken careful note of the resolution and that on 26 July he met the chairmen of the nine DHAs in Cardiff "for a full and useful discussion on the effect of

recent pay increases." The Chairmen, alleged the writer, "welcomed the considerable growth and development which the Secretary of State has funded since 1979..." However he did acknowledge that pay awards "might lead to a temporary check in the growth and development of health services in Wales in 1985/86" and though he was keen to see the progress made continue, resources available were limited, etc, etc. After receiving copies of his reply the Association of Welsh CHCs also asked for a meeting with the Secretary of State and received, in reply, a letter almost identical about the previous meeting with the chairmen of the DHAs saying "in these circumstances Mr. Edwards sees no useful purpose in receiving a deputation from your Association to discuss the same issue."

Other replies to resolutions

We have received a response from the Association of County Councils on resolution 14 on the funding of community care. Mr. A.V. du Sautoy of the Association says there is no doubt that joint finance has proved of value in the past but its current scale does not match the aspirations of Local Authorities to develop services to implement community care policies. Under a different grant system it might well be possible to develop the idea further but under the present one of rate capping and penalties this is not possible nor is it likely to be when that is replaced by a grant system also likely to be a disincentive to any community care developments. "Direct resource transfer is a useful mechanism, but again we understand the difficulties of RAWP losing regions in providing community care development funds at sufficient scales to bridge the gap. The Association would very strongly support the bridging fund advanced by the House of Commons Select Committee in its recent report and is developing a strategy along those lines." The Association would be happy to take part in any further discussions with ACHCEW.

In response to the emergency resolution on the suspension of Dr. Wendy Savage by Tower Hamlets Health Authority, Dr. J.M. Richards, the DMO writes that as there is a high court action pending she is unable to comment on the matter except to say the Authority has noted the high regard in which Dr. Savage is held and the attitude of the chairman is that "it is with much greater sorrow and concern that he feels he must now proceed to an inquiry."

Good Practice

The Isle of Wight CHC has sent a small example of good practice discovered during a vist to the Wessex Renal Unit, St. Mary's Hospital, Portsmouth. A note posted in the out-patients waiting room says: "If you have waited longer than thirty minutes after your appointment time and have received no explanation for the delay, please enquire from a member of staff."

A resolution from West Lambeth CHC on medical teaching was remitted for consideration by the Standing Committee. After further discussion West Lambeth have agreed the following statement on the national position:

"There should be a consumer voice on the number of doctors to be trained, which should be

expressed through ACHCEW. Further research is needed on the policies to be pursued, but these should include:-

1) Opposition to a reduction in the overall number of doctors trained and support for the provision of sufficient jobs to utilise the skills of those trained;

2) Support for an increase in the number of consultants relative to those of junior doctors;

3) Support for a review of which functions it is actually necessary for doctors to perform."

Health Care for the Homeless

The Greater London Association of CHCs took action on resolution 39 passed by this year's AGM by convening a meeting which was addressed by SHELTER, health visitors and others involved in health care projects for homeless people. The information offered concerning the health problems of homeless families in bed and breakfast accommodation was shattering. Various projects in which CHCs are involved were also described. GLACHC has asked its London CHC members to send questionnaires to their Local Authorities, District Health Authorities and Family Practitioner Committees which are designed not so much to provide statistics for an academic study but to gather in basic information and to find out what information is not readily available. The health needs of homeless people, including the single homeless, are critically important. It is hoped that GLACHC's initiative will be followed up by CHCs and regional associations around the country. Copies of the questionnaires are available from Islington CHC.

INFORMATION WANTED

Well Women Clinics

North Gwent CHC would like to appeal to all CHCs to "bombard them" with as much information as they can about successfully operating DHA-funded Well Women Clinics. The CHC has now been campaigning for seven years to persuade Gwent Health Authority to introduce a pilot scheme, all to no avail. Secretary Brian Bates says they appear to have totally closed minds. (Even Rachel's father gave in after seven years...)

Teenage Pregnancies

Chorley and South Ribble CHC would like details of effective schemes in other districts which have produced improvements in services, a greater uptake in those services and/or better access to them where they exist.

Health Rights are carrying out a survey on District Health Authority accountability. They have already approached the Manchester CHCs and GLACHC and have had a useful and interesting response. They would like other CHCs to take part. Details and questionnaire from Health Rights, 157 Waterloo Road, London SE1 8XF. (01) 633 9377.

East Herts CHC asks if any CHCs sent a representative to the "Agewell" seminar on Meeting the Changing Dental Needs of Older People? If so can they send them a copy of their report please.

Manchester North CHC would like to know if any CHCs have:

a) examples of surveys/questionnaire forms on noise in hospitals,

b) any practical suggestions from member CHCs on how to reduce noise in hospitals.

Crewe Health Authority is carrying out a Rayner Scrutiny on Marketing of Private Practice and Amenity Beds in NHS Hospitals. One avenue of thought being considered is the possible segregation of private hospitals with staff recruited specifically for the care of private patients. Along with this would go the creation of a separate budget on a commercial basis with a requirement to "balance the books." The District Administrator has asked ACHCEW for a response and we would like to hear from CHCs. The District Administrator has asked that there should be no publicity given to his scrutiny until his report has been published.

FPA Survey

The Family Planning Association are writing a report on family planning services for ethnic minorities and have asked us for any surveys, reports or publicity material that CHCs have produced on this topic. Could you please send any relevant material here to ACHCEW.

ACHCEW Information Services

As you will know, ACHCEW now has an Information Officer and an important part of his work is to service the information needs of CHCs. In order to do this, we must have some idea of what their needs are and to what extent they are already being met. What important gaps are there in the information that CHCs receive that we could readily fill? Is there a need, for instance, for regular "health briefings" on topics of current interest? More information on parliamentary proceedings? If CHC Secretaries do have any suggestions, could they please write to Ken Howse at ACHCEW. Remember also always to send us copies of any surveys or reports that you produce and your minutes and Annual Reports.

COMING-EVENTS

Food Glorious Food? is the title of a seminar organised by GLACHC on 29 October at the Kings Fund. Details from GLACHC c/o Waltham Forest CHC 608 High Road, Leytonstone, London E11.

East Yorkshire Health Authority and the CHC are holding a conference on Caring for the Carers on 19 November at Castle Hill Hospital, Cottingham. Speakers will include Alison Norman of the Centre for Policy on Ageing. Conference fee is £3, details from the CHC.

There will be a King's Fund Conference on the Re-use of Sterile, Single use and Disposal Equipment on December 2 and 3 at the Royal Institute of British Architects, 66 Portland Place, London W.1. The cost is £80 and details are obtainable from Barbara Stocking, King's Fund College, 2 Palace Court Road, London W2 4HS. A limited number of bursaries are available for those who have no other form of financial support and so would be unable to attend.

The Health Rights Group is organising a series of meetings on drug use and safety. They include: Women and Medicines - Drugs Use in Pregnancy and Birth on 4 November 1985; The Pharmaceutical Industry (in particular Roche -v- Adams) 20 January 1986; Government Regulation of Medicines 24 February 1986 and Elderly People and Medicines 14 April 1986. Details of meetings and venues from Health Rights, Room 318A, 157 Waterloo Road, London SE1 8XF. (01) 633 9377.

Patient's Money in Psychiatric Hospitals and the Community is the title of a one-day conference to be held at the Kings Fund Centre on 20 November 1985. This is the third major national conference on the subject which has been organised to provide an overview of current initiatives in this field and offer guidance to authorities who want to review their own policies and practice. The number of places is limited. The cost is £13. Details and application forms from Tom McAusland, Kings Fund Centre, 126 Albert Street, London NW1 7NF, closure date 1 November 1985.

Community Mental Health Centres and Community Mental Health Teams is the title of a one-day delegate conference organised jointly by the King's Fund, the Interdisciplinary Association of Mental Health Workers and the Good Practices in Mental Health Project. This also costs £13 and the details are as above. Closure date for applications 15 November 1985.

CHC Surveys & Publications

Walsall CHC has carried out a survey on Children in Hospital. It looked at the quality and quantity of services available to children (and their parents) who were in-patients in Walsall hospitals. In its comments the CHC points out it is now twenty-five years since the DHSS laid down guidelines for the care of children in hospital including unrestricted visiting by parents, letting a parent stay overnight if desired and providing catering facilities for them, nursing children in special wards away from adults, having specially trained staff, offering play facilities for children and keeping parents in the picture by giving details of treatment, etc. There is still, says the CHC, a long way to go before these guidelines are implemented in Walsall and the main improvements needed are better communication between the patients and the hospital and between various hospital disciplines and departments. Walsall CHC made a number of sensible recommendations and copies of the report are available to interested CHCs.

Gloucester District CHC held a seminar on the Warnock Report and have now published a booklet recording this "most popular and interesting occasion." Copies of The Warnock Seminar can be obtained from the CHC.

Two CHCs have been looking at out-patient clinics. Warrington CHC visited out-patients' departments in its area and found there are still delays in patients actually being seen, the average being about 65 minutes waiting time, although waits of up to two hours and more are not uncommon, according to the completed questionnaires. Some patients are so

disillusioned they arrive late, feeling it is a waste of time to turn up promptly as they are never seen when they are supposed to be. Complaints included overbooking of appointment times, one patient who had been attending hospital for four years and always had to wait between two and three hours to be seen, and the fact that patients with children were faced with both a long wait and inadequate facilities for the children. One interesting point emerged - would you believe that while CHC members were monitoring out-patients' clinics, waiting times improved? We expect you would...

Macclesfield CHC found considerable variations in waiting times too in different clinics and among many sensible suggestions asks why on earth appointments are booked for 9.a.m. and 2.p.m., when it is known the doctor will not even start his clinic for another half an hour. Average waiting times worked out at 58.3 minutes, although the worst example was 3 hours and 25 minutes. "Why do we get booked in for 8.30.a.m. when not even the receptionist is here until 8.40.a.m.?" would appear to be a legitimate query. Complaints also included the attitude of some, certainly not all, receptionists, lack of facilities, such matters as lavatory paper running out in toilets and not being replaced and difficulties in actually getting to clinics by public transport.

Copies of both reports from the CHCs concerned.

Lancaster CHC carried out a postal survey into the accessibility of health services to those living in rural parts of its area and amongst its finding was a feeling of great anxiety over the lack of adequate public transport and concern expressed over the proposed deregulation of bus services. There was also a need for more and better branch surgeries and better dispensing services, along with more community care of the visiting practitioner nature, e.g. a mobile chiropodist, to avoid lengthy journeys. Copies of the survey are available and Lancaster would welcome comments and suggestions from other CHCs arising from its findings.

Central Manchester CHC has produced an interesting paper, Cervical Cytology - A Diary of Events showing exactly what happened when and how much is being done. It also gives the national picture on the position as of now. i.e. Christie Hospital Manchester 25,000 test backlog 5 weeks delay, Stoke Mandeville 1000 smears coming in every week since April, 6 weeks backlog, routine smears now stopped. Welwyn Garden City, where an attempt to clear backlog by sending some smears to a private laboratory failed because some were lost.... It makes depressing reading but would be excellent ammunition for CHCs.

East Cumbria CHC reviewed attendance at parenthood classes when the Maternity Liaison Committee became concerned over the low attendance rates. Details of the survey can be obtained from the CHC.

Exeter CHC has produced a survey on the physiotherapy services in its area which is interesting and informative and contains the kind of special case histories this

CHC writes up so well. All in all Exeter CHC was not very happy with the service and one of the major problems to be tackled, says the survey, is the lack of leadership, the service urgently requiring a good manager. The service is currently coping with essential needs only and also lacks a clearly defined policy for using its skills effectively. "We felt on consideration of the question as to whether physiotherapy is effectively reaching the population as a whole, the answer must be "No".

Bloomsbury CHC undertook an interesting survey of the health care needs of the Chinese population within its area. There is a relatively high proportion of Chinese people living there mostly engaged in the restaurant or supermarket trades. GP services gave rise to a good deal of dissatisfaction although most people were registered with a GP. However 69 per cent had a GP who did not speak a Chinese dialect and most of the respondents were unable to communicate adequately in English and were thus reduced to using sign language or relying on children or relatives to interpret for them. There were also complaints about surgery hours, especially the lack of weekend and evening surgeries which meant firstly that it was difficult to get interpreters during the day and secondly that the surgeries therefore clashed with the long working hours worked in the catering trade. The result appears to be that Chinese respondents used private Chinese speaking doctors rather than the NHS provision. The survey concluded that Chinese people in Bloomsbury used the NHS only when they absolutely had to and when they did, they usually did not understand what was going on. Because of massive language difficulties they often did not understand how to aid their recovery by carrying out the treatment prescribed nor did they understand how to prevent such a condition arising again. Bloomsbury ask urgently for the recruitment of at least one Chinese speaking health visitor or community nurse to work with these families and positive policy to recruit bilingual health professionals both in the community and in hospitals. Also there needs to be a policy on interpreting arrangements for Chinese-speaking patients in both hospitals and the community. There should be a training programme for appropriate community and hospital staff in all disciplines to include training across a language barrier and also the local FPCs should urgently consider the needs of the Chinese community when GPs are appointed.

GENERAL PUBLICATIONS

The West Midlands RHA has published the second edition of its booklet, Sexual Infections which was extremely well received and which has been revised in the light of comments from many people. It carried information on all sexually transmitted diseases along with others such as cervical cancer and gives information on how and where to find help. Available from the RHA at Hagley Road, Birmingham B16 9PA.

The NHS Health Advisory Service Annual Report is now available giving details of its work during the last twelve months. Copies from the NHS Advisory Service

29-37 Brighton Road, Sutton, Surrey.

Of Benefit to Whom? is the title of the paper produced by the National Consumer Council on the social security system in response to Norman Fowler's Green Paper. Its main conclusion is that if the paper is fully implemented we will find ourselves back in the days of the Poor Law of the last century. Copies are available free from the NCC, 18 Queen Anne's Gate, London SE1H 9AA.

Housing and the Care of Elderly People by John Hunt is the record of a study in the Borough of Torfaen in South Wales where the authorities have already developed comprehensive housing services for the disabled. John Hunt is Social Development Officer for the Cwmbran Development Corporation. The report can be obtained from the Corporation at Gwent House, Town Centre, Cwmbran, Gwent NP44 1XZ. Price £5.

The Annual Report of the Institution of Environmental Health Officers makes interesting reading covering as it does all kinds of topics from housing to pollution control (lead, acid rain, straw burning, pesticides, etc.). One of the most common complaints now - not surprisingly - concerns noise pollution. People are getting fed up with continual loud noise both from traffic and industry and other people's overloud radios.

NAHA and the Kings Fund have published a report proposing changes in the way pay bargaining takes place in the NHS. Dismantling the present national system and replacing it totally with a system of local bargaining would be unworkable, they say, but individual Health Authorities should have freedom to negotiate pay both for groups of staff and for individuals within a nationally determined framework. It therefore recommends a system of pay bands and also changes in the machinery for pay determination believing that the present Whitley Councils would not be appropriate for such a system. The basis for the new pay policy would be a committee comprising representatives of the government and management in the NHS.
NHS-A Time for Change is available from NAHA, price £6. (£4.50 for members).

The Wessex Area Health Authority has undertaken a survey into the use of forms for the DHSS and comes up with the staggering information that approximately 1200 different ones are in use at any one time within a DHA and there therefore exists considerable evidence of duplication and waste. In some Authorities up to 60 different appointment cards are in use along with five different ambulance requisition forms and 15 types of consent forms are in use simultaneously. It is obvious that the system could be made more economic by rationalisation. Details of this interesting study from the DHSS Leaflets Unit, PO Box 21, Stanmore, Middx. Price 75p.

Medical Aspects of Fitness to Drive is a publication from the Medical Commission on Accident Prevention. It is a re-written and updated version of an earlier publication taking into account new legislation and advances in medical science. The book has been sent to every GP by the

Department of Transport and it is available from the Press Information Centre, Medical Commission on Accident Prevention, 35-43 Lincoln's Inn Fields, London WC2A 3PN. The Commission's Annual Report has also been published.

Food Irradiation in Britain by Tony Webb is highly topical as the Government has now given the go-ahead for a practice which is still highly controversial. Basically the idea is that irradiation will make food keep longer. Among the many criticisms of the notion is that there will be no way of checking if a food has been irradiated and if so how may times and with what doses. We are not told what controls, if any, are being brought in to cover this. There is no undertaking at present to label food to say if it has been irradiated or not and indeed bills are currently being introduced into Congress in the United States, following heavy pressure from the commercial food industry, to actually BAN such labelling! Since there is increasing argument over how low is a "safe" dose of radioactivity with many international scientists saying present low dosage levels are too high by a factor of ten, there is rightly concern over any extra addition to the amount humans receive although if the food is properly irradiated it should not actually remain radioactive. One other point - irradiation has a disastrous effect on vitamins, A,C,D,E,K and some B vitamins will be particularly prone to severe damage.
The Report is available from The London Food Commission, PO Box 291, London N5 LDU.
Price £2.50p. The Commission has also produced a useful broadsheet on additives in food obtainable from the same address.

Drugs and Solvents Abuse - A Guide for Carers has been produced by South West Herts CHC and was launched, along with a special poster, at the Bushey Show on August Bank Holiday Monday. Any CHC who would like a copy should send 50p in stamps to the CHC - which is now publishing a second edition, the first having sold out.....

NAHA has published a response to criticisms that the NHS spends too much on management and employs too many administrators. Its report Too Much Bureacracy in the NHS? NAHA's response to the Critics argues among other things that in the present climate of scarce resources, strong management cannot be regarded as an extravagance. Copies from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

Home Births - An Assessment of Family Practitioner Committees Provision of G.P. Cover is the title of a report published by Health Rights. On the whole it makes dismal reading for those who want a home confinement, many FPCs going along with Sefton FPC which responded "as a matter of policy, in the interests of mother and baby, the Local Medical Committee in this area (and most others) is opposed to home confinement." It costs £1 from Health Rights at 157 Waterloo Road, London SE1 8XF.

Commercial Medicine in London is a 65-page report warning that American corporations are poised to snatch British hospitals from their current charity owners. It provides a comprehensive analysis of private companies

operating in the health industry and details the effect of a growing commercial sector on the NHS. It claims that consultants are increasingly involved in the ownership and management of hospitals in which they practice and that in spite of all that is said about private medicine the reality is empty beds, falling insurance subscriptions and cut throat competition.
The Report, by Ben Griffith and Geoff Rayner is available from GLC Press Department, County Hall, London SE1 7PB.

NAHA has published two interesting reports, one A Survey of Academic Medical Staffing Changes in the Clinical Medical Schools 1981-1984, and the second Joint Survey of the effects of reduced funding of Universities on Dental Schools and the NHS in England and Wales for the years 1981-1984. The first survey shows that while it has been possible to maintain patients' services to some extent, with financial support from Health Authorities, there have been adverse effects on teaching and particularly on research. The Dental report shows that between 1981 and 1984 there has been an overall reduction in posts of 57.84%.
The reports are available from NAHA at a price of £8 (non-members), £6 (members).

Targets for Health for All is a book published by the World Health Organisation as a blueprint for the fundamental requirements for all people to be healthy, to define the improvements in health that can be achieved by the year 2000 by the peoples of Europe and to propose action to secure such improvements. Copies can be obtained from HMSO but as it is published in Denmark the price is subject to fluctuations in currency.

AIDS by Victor G. Daniels tell you just about everything you need to know about the disease in an unsensational and jargon-free way, giving factual information in plenty and guidance on the many issues involved. Price £9.95 from booksellers, it is published by MTP Press Ltd.

LATE ENTRY

Patient views on General Practice

Members of patient oriented organisations recently told GPs that the areas of most concern to them were the inadequate standards of medical care provided to some patients, and poor liaison between GPs and other statutory and voluntary organisations.

The information came out of a conference organised by the Patients Liaison Group of the Royal College of General Practitioners. Thirty three patient-oriented organisations covering a very broad range of interests were invited to the conference, and asked to specify the six topics of most concern to their members. Attempts were then made to understand why these problems arise and how best they can be overcome.

198 written comments were received, the largest critical of either the standard of GPs' knowledge, practices in relation to certain areas of health care, or the way in which care was provided.

Many of these responses criticized GPs' knowledge about specific areas of health care; for example, migraine, eczema, sickle cell anaemia. Some suggested how preventive

and health promotional activities could be enhanced.

The largest specific topic where improved knowledge and support was requested was in the area of assisting patients and families to cope with the social, psychological and practical consequences of their illnesses or handicaps. It was felt GPs might be more knowledgeable about these issues, and be more empathetic to the patients' and carers' experiences.

A large number of responses referred to inadequacies in liaison between GPs and other organisations providing aspects of health care. Dissatisfaction was expressed with current levels of liaison between GPs and voluntary organisations. Other comments suggested GPs might make better use of voluntary organisations as sources of information for themselves, and that additional information about the special contributions of voluntary organisations be incorporated into medical training. Some participating organisations suggested that greater direct use be made of them in the training of doctors.

Very many of the comments received related to the quality of communication between patients and GPs. While some of these suggested GPs might give further information to patients, the majority suggested a more active and positive dialogue or relationship should occur between the two parties involved.

Comments about the style in which patients and GPs communicate included requests that patients should be able to participate much more in decisions about treatment, and that more efforts should be made by some doctors not to appear unwilling to answer queries, deal with anxieties or receive constructive criticism.

A smaller number of responses related to improvements in practice management. Issues raised by several organisations included problems obtaining access to GPs or information about the administration of their practices, the length of time available for consultations, a desire for patients to be able to inspect their own medical records, and encouragement to GPs to set up patient participation groups.

A number of beneficial outcomes of the conference can already be identified. The data collected on areas of greatest concern to participating organisations has been published in the Royal College of General Practitioners'Journal and was used by the Patients Liaison Group to help define its priorities for action during the coming year. Written records of points raised in discussion during the conference have been passed to the relevant working parties of the Group, and some suggestions have already been incorporated into formal reports to the College. More patient oriented organisations are now familiar with the work of the Patients Liaison Group, and a number have written in with specific comments about improving the quality of general practice.

It is clear that the College's Patients Liaison Group should continue to play an active role in encouraging liaison and communication between patients and patients' representatives, and general

practitioners.

Comments from CHCs on aspects of general practice are always welcomed by the Patients Liaison Group. They should be sent to Susan Clayton, Chairperson, Patients Liaison Group, c/o Royal College of General Practitioners, 14 Princes Gate, London, SW7 1PU.

The Maternity Alliance Black and Ethnic Minorities Working Group (BEMWG) has asked ACHCEW to nominate a representative. Coming issues are sickle cell screening, health policies for travellers and the effect of the Green Paper on Social Security. Any suitably qualified volunteers ?

Oxfordshire CHC has just published the 2nd Edition of "A Guide to Old People's Homes and Nursing Homes in Oxfordshire". £3.50 p & p.

Stockport and South Manchester CHCs have organised a one-day conference on Good Practices in Ultrasonography in Pregnancy at the Regional Conference Centre, Prestwick Hospital on 1st November.

The Access Committee for England is holding four regional conferences on "Working Together for Access". Leeds, 8th November; Newcastle-on-Tyne, 12th November; Birmingham, 29th November; Bristol - to be announced.
(126 Albert Street, London, NW1 7NF).

CHC DIRECTORY: CHANGES

Page 4: North Tyneside CHC.
New Address: No 15, Albion House, Sidney Street, North Shields, Tyne & Wear, NE29 ODW. Tel. No. remains the same.

Page 7: East Suffolk CHC.
New Address: Ivry Lodge, Ivry Street, Ipswich, Suffolk.
As yet no telephone number has been obtained.

Page 9: Barking, Havering & Brentwood CHC.
New Address: 42 Main Road, Romford, Essex RM1 3BS.
TelNo. 0708 664412.

Page 12: Swindon & District CHC.
New Address, from 17 Oct.'85.
Suite F, Ground Floor, Beaver House, Victoria Road, Swindon, Wilts. SN1 3BU. Tel. No. remains unchanged.

16 October 1985

Dear Mr. Smythe,

Thank you for your letter of 20 June 1985 about an appeals procedure for the selected list of NHS drugs scheme. I am sorry for the delay in replying.

Clearly the rejection by the medical profession of our proposal for an appeal procedure suggests that most general practitioners have accepted our assurance that the selected list of NHS drugs is comprehensive and meets the real clinical needs of their patients. In these circumstances we have no further plans to discuss an appeals arrangement.

However, we have now established the Advisory Committee on NHS Drugs. This Committee of independent medical, pharmaceutical and dental experts will keep the selected list under review to ensure that it continues to meet all real clinical needs at the lowest possible cost to the NHS. This Committee will be free to reconsider the need for any drug at any time, either on its own initiative or in response to representations from doctors or the pharmaceutical industry.

Please assure community health councils that the selected list was the result of a thorough process of consultation and consideration. Not only did we seek views from all interested organisations but the Chief Medical Officer wrote to every doctor in the country asking for comments. We received comments from over 2000 doctors. In addition the Chief Medical Officer brought together a group of eminent doctors to help him in detailed examination of all the medicines covered by the list. That group represented the best available medical and pharmaceutical expertise and we accepted their advice in full and their assurance that the final content of the selected list meets all the clinical needs of the health service patients.

There is, therefore, no medical reason why any patient should have to purchase their medicines. All essential medicines remain available on the NHS and the standard prescription charge or, if the patient is exempt from charges, absolutely free.

I realise that some patients may find it difficult to change from a medicine they have been taking for some time. But such changes can occur at any time and doctors are used to explaining them and helping their patients to adapt to the new medicine. That is part of their professional expertise and responsibility.

The very best advice, therefore, that can be given to any patient who may be unhappy with the medication they are receiving is to seek further advice on their treatment from their doctor.

You may be interested to note that in a recent article in the British Medical Journal it was said of the selected list scheme that 'fewer patient problems were encountered than expected, and overall the disruption to general practice and pharmacy work load was minimal'. Whilst it is right that we should look at how sensible savings might be made in the drugs bill to release funds for other vital areas of the health service, our first priority has been, and always will be, the interests of patients.

I am copying this letter, together with yours, to Nicholas Edwards at the Welsh Office.

Yours sincerely,

Trumpington

THE BARONESS TRUMPINGTON

WHOOPING COUGH IMMUNISATION

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

The campaign features 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). Support material will also be provided, including a 12 page booklet on whooping cough and a poster. These will be sent onto GP's via the FPC network and offered to nurses, health visitors and pharmacists via advertisements in professional publications.

A Welsh version of the booklet has also been prepared by the Welsh Office.

HEALTH EDUCATION COUNCIL

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