# CHC NEWS

**A newsletter for community health council members and staff**

## MPs deplore actions of health managers

A House of Commons committee has expressed outrage at the behaviour of North and Mid-Hampshire Health Authority over the discharge of a group of elderly patients into private nursing home care.

The Committee was considering the Health Ombudsman's inquiry into a decision taken in 1994 to discharge 24 elderly patients with dementia 21 months ahead of earlier plans. Three of the patients died within 22 days of discharge. The consultant responsible for the patients' care had judged five of the patients unfit for discharge. The committee comments that this advice was "inconvenient" to managers, who chose to take the "extraordinary" step of obtaining a second opinion while the consultant was on leave.

The meeting which made the decision was described as "informal" and was held in private. The committee comments that this suggests "some sleight of hand and an attempt to rush through a decision without the inconveniences of public scrutiny and possible controversy".While the chief executive of the NHS has said that he does not question the health authority's motives and integrity in coming to their decision, the MPs say that they do. They have called on Government ministers to consider sacking the responsible members and officers of the health authority.

*Guardian 12 March*

## Judge calls for tests on doctors

A judge conducting a fatal accident inquiry in Scotland has called for health tests on doctors. The inquiry concerned a consultant surgeon, Gerald Davies, who was found to have carried out operations while his blood alcohol level was twice the level allowed for driving. Staff and GPs had made formal complaints to the NHS trust where the surgeon worked and another consultant surgeon had raised serious concerns about Mr Davies's work in 1994. Sheriff Principal Gordon Richardson concluded that managers did not respond quickly enough and that junior doctors were afraid that speaking out would damage their careers. He said that trusts should consider compulsory two-yearly medical tests on doctors, including liver function tests and he called on the Department of Health to take action. The chairman of the BMA's Scottish Council has supported Sheriff Nicholson's recommendations.

*Times 6 March*

## No more "good news"

The NHS "good news" unit (aka the Corporate Affairs Intelligence Unit of the NHS) is to be disbanded after the general election. The unit was set up in 1993 to give government ministers early warnings of incidents that could cause adverse publicity and to find "good news stories" to enhance the image of the NHS. The unit, which has 30 staff, costs £1 million a year. Another 70 of the NHS Executive's 1000 staff are also to lose their jobs in a drive to cut bureaucracy.

*Daily Telegraph 15 March*

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## In this issue:



ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES
Earlsmead House, 30 Drayton Park, London N5 1PB. Phone: 0171 609 8405 Fax: 0171 700 1152

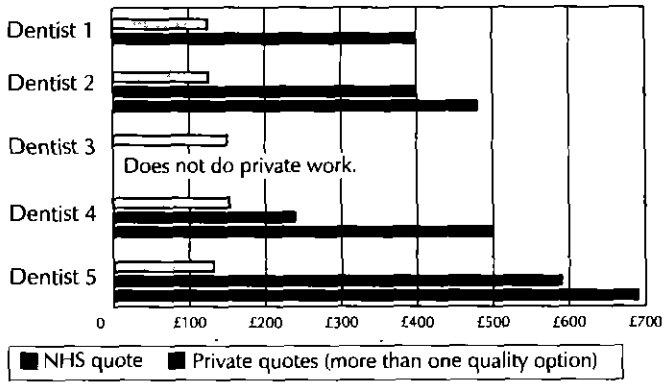
# NEWS

## The costs of private dentistry

An investigation by the *Sunday Telegraph* found wide differences in the charges quoted by London dentists for the replacement of two 10 year old crowns. Quotes for private treatment were much higher than those for NHS treatment and they varied widely. Professional representatives say that the differences are explained in part by different judgements about treatment. They also argue that they are due to variations in running costs, rents and laboratory charges. This is not particularly convincing: none of the practices were in expensive central London locations and presumably dentists could shop around to find the best value laboratories. Could it be that some dentists simply expect to earn an awful lot of money?

*Sunday Telegraph 30 March*

**Charges quoted by five dentists for replacing two crowns**




## Informed consent

The procedures for obtaining consent of patients to surgery changed from the beginning of April. A doctor capable of undertaking the procedure concerned is now required personally to explain the operation to the patient before the consent form is signed. They will no longer be allowed to send a more junior doctor or a nurse to obtain a patient's signature. The change is part of the Clinical Negligence Scheme through which trust hospitals now pay medical negligence insurance premiums.

*Sunday Telegraph 30 March*

## Rights to refuse treatment

Three Appeal Court judges have upheld the right of competent women to refuse Caesarean sections and other obstetric interventions. Obstetricians have increasingly been seeking court orders to force treatment on women in cases where they believe that the health of the woman or the foetus is at risk. The court ruled that in the future doctors should not bring cases to court unless the women's mental capacity to consent to treatment is in doubt. If a competent woman refuses an intervention, "the doctors may not lawfully do more than attempt to persuade her".

*Guardian 27 March*

# CARE FOR ELDERLY PEOPLE

## Proposals for partnership

In March the Government published a policy statement on the financing of care in old age. It announced its intention of:

- regulating the long-term care insurance market,
- establishing a "partnership scheme" to help some people protect their assets if they have to take up long-term residential care (the proposals exclude domiciliary care),
- allowing people to use any of their own money which has been disregarded by the means test as a "top up" to pay for more expensive care than the local authority would otherwise arrange.

Current policy is that people in long-term means-tested residential care do not contribute to the cost of the care if they have assets under £10,000. Under the proposed partnership scheme a person buying insurance to cover long-term residential care would have a further £1.50 worth of assets disregarded for every £1 of insurance cover they had bought.

One example given in the policy document describes the position of a 70 year old woman on an income of £11,500 with an average likelihood of needing long-term care. To protect assets of £40,000 she would need to pay £440 a year under the proposed partnership scheme. To get the same amount of cover by buying insurance with no partnership scheme she would need to pay about £530 a year.

The examples given for people on lower incomes are difficult to understand. They assume that such people pay a single insurance premium out of their capital – and since the document seems to suggest that this premium might be £18,000 for a 70 year old woman, it is hardly likely that many would be able to afford it.

**A new partnership for care in old age**
£8.65, The Stationery Office.

## Charging policy thrown into chaos

Any plans to protect the assets of older people have been put in doubt by a legal ruling on the funding of long-term residential care. In the High Court, Mr Justice Jowitt ruled that a local council could take into account its own resources in determining whether to contribute to the care costs of some residents.

The case concerned Sefton Council which has refused to apply the official thresholds for help with residential care costs. Help the Aged says that some elderly people have received no help until their assets have fallen to £1500 – enough to pay for a funeral.

The judge ruled that the council could refuse to contribute to the care costs of a woman whose assets fell below £16,000 after she entered a nursing home. However he ruled that the council was wrong to refuse a financial contribution to a man who had once had help from the local authority, lost it when his assets rose above £16,000 and then re-applied for help when his assets fell below the threshold again.

*Guardian 27 March*

## Social Services White Paper

In March the Government issued a White Paper on social services in which it confirmed its plans to transform local authorities into purchasers rather than providers of care. They would be able to provide care themselves only if they could prove that the private and voluntary sectors could not meet particular needs. A returning Conservative Government would legislate to ensure that local authorities could introduce voucher schemes for older people needing care.

One of the aims behind the policy is to drive down care costs. A survey commissioned by the Department of Health recently found that in 1994/95 the average weekly cost of residential care in a council home was £283 compared to £246 in the voluntary and private sectors.

*Independent 13 March*

## Letting elderly people down

The ruling on the costs of residential care came soon after the Law Lords had ruled that a local authority can take its own resources into account when it decides what domiciliary services to provide. The two rulings can only make a bleak outlook for many vulnerable older people even bleaker. The already grim situation concerning care at home is graphically illustrated in a report from the National Association of Citizens Advice Bureaux, which was prepared before the two recent legal rulings. The report draws on evidence submitted by 260 CABx since April 1995. It piles example on example of delays, failures to make assessments, inadequate assessments, failures to inform people of their rights, restrictions to service provision and burdensome charges.

> The social services department accepted referrals only for people who were so disabled that they could not get out of bed or manage any personal care.

Official figures show that the volume of home care services has been increasing, but that the services are going to fewer people. People judged to have relatively low levels of need are having services curtailed or denied. Yet these people have very considerable needs by any normal standards of judgement. For example, one elderly woman was discharged from hospital to live alone after two strokes. She has been left with physical and speech disabilities, but was denied help with bathing, housework and meals on wheels on the grounds that her needs were not great enough. The social services department concerned accepted referrals only for people who were so disabled that they could not get out of bed or manage any personal care. NACAB suggests that such policies may be in breach of the requirements of the Chronically Sick and Disabled Persons Act 1970.

The report makes numerous recommendations. Of course, many of them have funding implications, at least in the short term. But, as NACAB points out, unless adequate support services are provided in the community, vulnerable people will be driven into high cost residential care.

The report also criticises the Conservative Government's proposals on a partnership scheme (see above). The proposed scheme would not address the needs of people on low incomes having to pay for domiciliary care. NACAB suggests that the poverty exacerbated by domiciliary care charges is far more acute and a greater risk to people's health than that caused by residential care charges on an individual's former home.

**Rationing community care**, £7.00
National Association of Citizens Advice Bureaux
115-123 Pentonville Road, London N1 9LZ

**From Compliance to Concordance**
Royal Pharmaceutical College of Great Britain
1 Lambeth High Street, London SE1 7JN

In this report a working party set up by the RPS and Merck Sharp & Dohme Ltd seeks to unravel some of the reasons why patients do not take medicines as prescribed by their doctors. It quotes some alarming statistics. For example in one study, 18% of patients who had had kidney transplants did not take their medicines as prescribed. Of these patients, 91% experienced organ rejection or died, while among the group who took their medicines as prescribed, only 18% experienced organ rejection or died. Some studies suggest that about 50% of people with chronic conditions do not take their medicines as prescribed .

The working party sets out to examine the reasons for "non-compliance" in a non-judgemental way. Indeed, it notes the unhelpful connotations of the word "compliance" and tries to get away from the "doctor knows best" attitude. It would like to move towards an idea of "concordance" in which the prescriber and patient negotiate as equals, thereby achieving a "therapeutic alliance". The tone is respectful to patients and continually mentions the need to understand the beliefs they hold about medicines.

Nevertheless, whatever its intentions, the working party does not question whether medicines always have the benefits claimed for them or whether they are always prescribed rationally. Although it talks about the process of communication, the report does not discuss the social context of prescribing – for example, the situation in which a patient feels that a doctor has chosen to write a prescription in order to wind up a consultation during a busy surgery. The report is based largely on a review of existing research and as a result reflects the questions asked by health and pharmaceutical professionals. When it talks about the importance of understanding patients' beliefs, it is with an eye to getting them to change their behaviour. For example, it is briefly mentioned that patients may disagree with a doctor's diagnosis, but this does not lead on to a consideration of whether sometimes the patient could be right.

By concentrating on people at risk of serious disease, such as coronary heart disease, the report implies that non-compliance is always "a bad thing". No doubt it often is. But by ignoring the humdrum prescription of drugs for minor ailments and controversies over the efficacy of particular medicines, it ignores half the picture. That picture could be filled out by asking patients, not only about their beliefs about medicines, but also about their perceptions of their medical treatment as a whole.

## Are over-the-counter medicines safe?

A long article in *The Times Magazine* investigates the trade in over-the-counter medicines which is booming as more and more prescription-only medicines are reclassified as pharmacy drugs. The trend is welcomed by the BMA (it reduces the burden on GPs), the Royal Pharmaceutical Society (it boosts the role of pharmacists) and the Patients' Association (it gives people "power over their own bodies"). The Consumers' Association is much more doubtful, largely because many pharmacies fail miserably to apply protocols designed to protect the public against inappropriate and dangerous drug use.

In a Consumers' Association investigation, researchers pretended to be customers asking for a range of pharmacy only drugs:

- Seven out of ten pharmacies wrongly sold Nurofen to a patient taking an incompatible drug.
- Nine out of ten pharmacies did not ask the appropriate questions when the researcher asked for Canesten (to treat vaginal thrush). The correct questions would have revealed symptoms showing that the customer should see a GP.
- One researcher asking for Tagamet for indigestion was to report symptoms consistent with gastric cancer, say that he had not seen a GP and say that he was taking a drug which is incompatible with Tagamet. Two out of ten pharmacies sold him Tagamet, seven sold better alternatives, but only one refused to sell him any drugs and told him to see his GP.

It may be possible to reduce such problems with better adherence to protocols. But this would require that all sales assistants are specially trained and that pharmacies have areas where questions can be put discreetly. It is certainly not realistic to rely on inspection: the Royal Pharmaceutical Society has just 20 inspectors covering 12,000 pharmacies.

*Times 22 March*

## Lamictal warning

A warning has been issued about the drug Lamictal (lamotrigine) which can cause severe, and potentially fatal, skin rashes in children. The drug is used alongside other drugs in the treatment of epilepsy.

It has been known for some years that the drug can cause skin reactions, but these had been estimated to affect only one in 1000 people. However recent trials in the USA have shown that children are at much higher risk than adults, with between one in 100 and one in 300 having a severe skin reaction. ... *continued*

*Lamictal continued...*

Lamictal was launched in the UK in 1991 and approved for use in children in 1995. Last year 29,000 prescriptions were written for children. The manufacturers, Glaxo Wellcome, have said that they consider that Lamictal should still be prescribed for children, but that patients should be warned of the possible side effects and told to go and see their doctor if they get a rash.

*DailyTelegraph, Independent, Guardian 4 April*

## An Easter message

The nation's patients received an Easter message from the BMA: "Remember you should only call your doctor over Easter for urgent problems". Patients were advised to check their regular prescriptions and stock up on over-the-counter remedies. That might be fair enough, but doctors seem to have a blind spot when it comes to understanding how their messages are received. They are so aware of "problem" patients that they don't notice how many people avoid calling the doctor. The message also implies that if you have medicines, you probably don't need to see a doctor. But sick people who call a doctor may, as it turns out, only need a doctor's judgement, advice and reassurance. That does not make a doctor's call any less valuable.

The now familiar list of "silly calls" for doctors' visits was wheeled out to back up the BMA's case. But they are quite beside the point. Anyone capable of ringing a doctor at two in the morning to ask about bus times to the surgery is hardly going to be put off by a few posters. Inconsiderate people will still be inconsiderate, but other patients who are worrying about their symptoms may well be deterred from calling a doctor when one is needed.

## "Too expensive"

There has been a batch of reports of medicines which are not provided on the NHS, or are provided only in some areas, because of their cost.

**Taxol:** A tale of two women

One woman has breast cancer and has been prescribed a drug called Taxol (docetaxal) by a consultant oncologist. It is hoped that the drug will prolong her life. Somerset Health Authority is paying the £10,000 needed for a course of treatment. Another woman also has breast cancer and has been prescribed Taxol by the same consultant. She is having to raise the £10,000 to pay for the treatment herself by remortgaging the hotel she owns. The difference between the two is that the first woman lives in Somerset, while the second lives just 40 miles away in Avon Health Authority's area. Avon Health Authority considers Taxol to be a "new experimental drug" which, therefore, has lower priority than extra breast care nurses and other improvements at the Bristol Oncology Centre. The former director of the Centre said that a trial of Taxol in ovarian cancer had been discontinued in 1995 because of a shortage of funds. *Times 11 March*

**Rilutek:** A GP in Buckinghamshire has paid £300 of his own money to ensure that one of his patients with motor neurone disease (MND) receives the drug Rilutek (riluzole). Buckinghamshire Health Authority is refusing to pay for the drug which costs £3,800 for a year's treatment. Rilutek was launched in the UK last year (see *CHC News*, October 1996). It cannot cure MND, but it can prolong the lives of patients. In the Buckinghamshire case, three specialist neurologists had thought that the patient would benefit from the drug, but they were not allowed to prescribe it. The GP paid for one month's supply and his practice partners have agreed to pay for continued treatment, although they will have to make savings elsewhere to do so. *Daily Telegraph 17 March*

**Aricept:** Another drug which is likely to prove too expensive was launched in April. Aricept is used to treat Alzheimer's disease and has been described representing a "sea change" in the management of dementia. It has been shown to delay the onset of symptoms such as forgetfulness and anti-social behaviour. The drug costs about £1000 per year per patient. Since there are over 500,000 people suffering from Alzheimer's disease in the UK, the costs of widespread use would be enormous. The NHS Confederation has called on the Government to make extra money available. *Daily Telegraph 5 April*

# PUBLICATIONS ON MATERNITY CARE

**First class delivery**
£15, Audit Commission Publications, Bookpoint Ltd
39 Milton Park, Abingdon, Oxford OS14 4TD

In a review of maternity services in England and Wales, the Audit Commission found high levels of overall satisfaction among women, but also many areas for improvement. It found considerable variations in services and was not convinced that these variations reflected either differing needs or the preferences of the local population. The report calls for health commissioners to be more active in involving local service users in setting priorities (only one of the 12 health authorities surveyed had "achieved good guidance" from the local population) and comments that most could make better use of the expertise of maternity services liaison committees. The report cites the example of Southern Derbyshire where the health authority and local provider consulted with local women and have drawn up 11 key targets (with sub-targets) on clinical matters, service delivery and organisational matters. The targets have been used as a basis for service specifications.

Since many health authorities have failed to take a lead, some trusts – and often individual clinicians – have taken responsibility for key decisions about services. North Staffordshire Hospital Trust involved service users in identifying topics for local guidelines. Groups of staff have since produced 20 evidence-based guidelines with clear targets. Although the trust has some way to go in achieving its own targets, it has made considerable progress over the first 15 months.

Although there are examples of good practice in bringing about change, the Audit Commission concludes that many changes are taking place only at the margins. It calls for strong leadership in bringing about the changes required in mainstream maternity care.

**Breastfeeding: you and your baby.**
Free of charge from "Free fast food for babies",
Department of Health, PO Box 410, Wetherby LS23 7LN

As part of National Breastfeeding Awareness Week (18-24 May) the Department of Health has issued an 8-page booklet giving guidance on breastfeeding. It encourages women to breastfeed their babies, describing the advantages of doing so both for the mother and the baby. Otherwise it is a bit thin on facts, encouraging women to ask health professionals and support groups for any help and advice they may need.

**Changing Childbirth and the Baby**
Changing Childbirth Team
Health Care & Public Health Directorate,
NHS Executive Anglia & Oxford, 6-13 Capital Drive,
Linford Wood, Milton Keynes, MK14 6QP.

This booklet aims to help health professionals and managers develop those areas of the official Changing Childbirth agenda which relate particularly to the baby. It covers care during pregnancy, at birth and after birth; feeding; babies needing extra care; providing extra support; training; and evaluation and audit.

# MISCELLANEOUS

## The NHS Confederation

The National Association of Health Authorities and Trusts and the NHS Trust Federation have merged to form the NHS Confederation. The Confederation aims to provide a strong management voice within the NHS. In an "action agenda" set out on the day of its launch, the Confederation speaks of the need for: increased spending on the NHS; greater clarity about the roles of central Government and the NHS locally, with further decentralisation of decision making; increased support for and recognition of the efforts of non-executive members of boards; and greater public appreciation of the role of NHS managers.

## Mind against discrimination

Mind is to launch a campaign to fight discrimination on the grounds of mental health. On its 50th birthday last November, Mind published a survey on discrimination. *Not Just Sticks and Stones* reported on widespread harassment, at home, at work, in the health services and in public – in fact in almost every aspect of the lives of people with mental health problems.

The campaign, which will be launched on 3 June, is to call for a fair deal:

- in the public eye
- in working life
- in rights to a decent life.

For those who can make it at short notice, there is to be a meeting to discuss how Mind can work with allied organisations over the next two years. It will be held on the afternoon of 6 May at the London Voluntary Sector Resource Centre, 356 Holloway Road, London N7.

For further information contact Angela Henda on 0181 519 2122 x238.

## Authorities report back

Oxfordshire CHC has been involved in a consultation exercise about a new Physical Disability Strategy drawn up by Oxfordshire County Council and Oxfordshire Health Authority. Various methods were used to collect public views, which the CHC collated. It produced a detailed report with recommendations from the public and from the CHC. Since the report was published in January, the county council and health authority have produced a newsletter, giving an initial reaction to the recommendations. They take each recommendation in turn saying what action is now intended.

Specific responses to specific recommendations are welcome, especially since both authorities have promised to continue reporting back to the public on proposals and developments.

One area of dissatisfaction with the exercise has been that the original consultation document did not give enough detail. The response was that more detail will be provided as the service specification is drawn up for the first Community Physical Disability Service. An implementation project board, including the CHC Executive Officer and two representatives from the Oxfordshire Council of Disabled People, has been set up to advise and support the group who will be implementing service changes.

**Response to "the future shape of services for people with disabilities"**
Oxfordshire CHC

## Visiting guides

Both the South Thames Association of CHCs and Somerset CHC have recently produced guides to making CHC visits. The main bodies of the guides are similar, with both giving advice on deciding why visits should be made, preparations, the visit itself and writing reports. The South Thames guide is intended to be used in conjunction with guidance produced by individual CHCs and so gives a basic framework for visiting. The Somerset guide provides a series of detailed checklists to be used on individual visits. It also provides information on local procedures, for example on writing and distribution of reports.

**Guidelines for Visiting**
South Thames Association of CHCs
**Visiting Handbook for Members**
Somerset CHC

## NHS dentists hard to find

Plymouth & District CHC has carried out a very large survey of local dental services. Over 16,000 questionnaire cards were distributed and, although the response rate was only 24.5%, 3,953 cards were returned. These gave responses relating to a total of 8,634 people.

The survey compared two local areas, Plymouth and Tavistock, and found considerable differences between the two. For example people in Plymouth were more likely to be registered with an NHS dentist and to have had a choice of dentists when they registered. Of those people who had registered in the last 12 months, 78% reported difficulty in finding an NHS dentist. Fewer than half the respondents knew that they could be de-registered from a dentist if they did not visit the dentist for two years (and this lack of knowledge is likely to hit people even harder now that the time limit is 15 months).

Although the questionnaire cards did not leave spaces for comments by respondents, over 750 comments were received – indicating how sensitive people feel about dentistry.

**Bridge the Gap**
Plymouth & District CHC

## The Coroner's Court

Southwark CHC has produced a useful 23-page guide on a topic that is not often covered. *A User's Guide to the Coroner's Court* describes in simple terms what a coroner does, what procedures are followed and the rights of people involved.

## A request to CHCs

ACHCEW has received a letter from a woman whose father's last hours were ruined by loud and intrusive television noise while he was on a hospital ward. She had experienced the problem herself on another occasion, as had another friend of hers. As she comments, many frail, ill and confused people find that such noise can break down their morale. She suggests that televisions or radios should be allowed only where earphones are used and asks if CHCs can help.

The problem of intrusive noise should be covered by the Patient's Charter expectation that the privacy and dignity of patients should be respected. This may be a matter which CHC members want to consider on their hospital visits.

# NEWS FROM ACHCEW

ACHCEW has recently distributed three *Health Perspectives:*

**CHCs and the Future: Insight or Blind Spot?**
**Health: The General Election Debate**
**NHS Charges: Do They Matter?**

Another *Health Perspective* on **Mixed-Sex Care** will be published shortly.

## CHC Members' Liability

CHC members will be aware that the agreement on Legal Services between ACHCEW and the NHS Executive does not cover the costs to a CHC in bringing or defending legal actions or any award of damages made against a CHC or individual member. Such costs can be high and, as CHCs are not corporate bodies, CHC members are legally personally liable for these and for any costs order made against a CHC.

ACHCEW has been pursuing this matter for some time. Treasury-approved guidance has now been sent to NHS Executive Regional Officers confirming that:

> "an individual CHC member who has acted honestly, reasonably, in good faith and without negligence will not have to meet out of his or her own personal resources any personal civil liability which is incurred in the execution or purported execution of his or her CHC functions."

A more detailed letter on this subject has been sent to CHC Offices. ACHCEW would like to hear any concerns CHC members have about this development, for consideration by Standing Committee.

## AGM NEWS

It is coming round to that time of year when I start begging people to help me with *AGM News* at the ACHCEW conference.

A little help goes a very long way in what is always a frantic few days. So if any conference delegates would be willing to write articles about conference events, to take photos or to help in any way, I'd be very grateful.

If you can help, please contact the ACHCEW office or phone me on 01407 730 442. Thank you.
*Nicola Bennett-Jones*

## Proposed Extension of Trust Powers

In February, *CHC News* reported on a proposed extension to the powers of NHS trusts. The powers would have allowed trusts to provide new services from new sites. ACHCEW challenged the nation-wide form of "consultation" which did not provide CHCs with enough information to enable them to comment meaningfully on the proposals.

The Department of Health has now backed away from carrying out this nation-wide consultation exercise, in favour of consulting individual CHCs. The NHS Executive has already asked several CHCs (see box) for their views on whether trusts in their areas should be granted extended powers. All the trusts involved have PFI projects at an advanced stage. Most of the CHCs were asked to respond within two weeks.

CHCs which have been asked for views on proposals to extend trusts' powers:

| | | |
|---|---|---|
| Bromley | Caerphilly | Calderdale |
| Chichester | East Cumbria | Leeds |
| North Gwent | Sandwell | South Gwent |
| Worcester | | |

The letters sent to these CHCs did not contain sufficient information to allow CHCs to consider the full implications for local health services. ACHCEW has advised the CHCs of what other information they need to obtain. While the NHS Executive insists that delaying the extension of trusts' powers could delay PFI agreements, this is questionable. It seems from press reports that in at least one case a partner in one of the potential PFI deals has been advised not to enter into an agreement until NHS trusts have been granted new contractual powers – a change which will require legislation. In view of this it would seem reasonable to allow CHCs more time and give them fuller information so that they can make considered responses to the proposals.

ACHCEW is currently questioning the need to grant to trusts such wide powers as are being proposed. It appears that the effect of the changed powers will be to remove the existing limits on trusts carrying out private activities. A solicitor at the Public Law Project has confirmed that this could be a danger. ACHCEW has written to the Secretaries of State for Health and Wales asking them to consider specifically limiting the new powers. A DoH solicitor has responded. Doubts persist and, in order to ensure that CHCs are fully briefed, the opinion of a QC specialising in administrative law will now be sought.