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Association of Community Health Councils for England and Wales
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No.10. November 1985

A MATTER OF CONSULTATION

South West Herts CHC has become deeply involved in problems concerning consultation. The North West Thames RHA is proposing to integrate the management of three mental handicap hospitals. The plan for the 1,100 patient Leavesden Hospital at Abbotts Langley is that it should be phased out altogether and that patients should be either cared for in the community or sent to one of the other two hospitals, Harperbury and Cell Barnes. One of the first points at issue is that two DHAs and several CHCs are involved. So, irrespective of how meaningful consultation was in this case (and we will come to that shortly), the CHC has found itself in a situation for which there appears to be no provision.

Districts by statute can be asked to undertake local consultation by RHAs and there are similar obligations to consult with CHCs and other services which have a legitimate interest; but, there is no guidance on who becomes responsible for obtaining a proposal in draft for a DHA or, which is the crux of the matter in this instance, what happens and how to proceed when the respective DHAs and CHCs find themselves in total disagreement with the proposals and procedures put forward by the RHA. There is, as the Chair of the North West Thames Regional Group, Wyn Pockett, points out, a right of appeal when a CHC considers that a DHA has not consulted adequately or correctly. "We now have a situation", she says "where there is no procedure should a CHC object to an RHA's consultation proposals or procedure when the RHA is carrying out the consultation itself." A letter from the CHC to the Health Minister asking for guidance was merely passed on to the RHA itself for a reply.

The time allowed for the consultation in this case was very brief giving S.W. Herts a problem when it came to putting its case together. The CHC is by no means alone in its worries; so are other CHCs such as Hounslow and Spelthorne, and local authorities like Watford and Three Rivers. Already the only hostel in the area for the mentally handicapped will close in April unless sufficient funds

are found to keep it open. Principal among the concerns expressed by the CHC is the fact that all the CHCs need to know how districts are to be provided with the necessary bridging finance to prepare for the patients' return to the community; also the needs of those who no longer have communities to which they can return, to ensure they suffer as little disruption as possible, along with knowledge of the detailed plan of how the run down atLeavesden Hospital is to take place.

Watford and Three Rivers local authorities are opposing the closure, opposition being virtually unanimous and cross party. S.W. Herts draws attention to the many interested bodies and individuals who were simply not consulted. No consultative papers were officially sent to the District Councils, Staff organisations, JCCs or local M.P.s. The National Development Team visited Leavesden Hospital during the period of consultation and expressed formal views which were wholly contrary to the proposals of the RHA, yet RHA members were not informed of those views. Reference was made in the text of the RHA report to the reservations of the "Leavesden Monitoring Committee" which includes representatives from all user authorities. No details of the comments made appear anywhere in the report.

The RHA has now taken the decision to go ahead with its plans. It would appear to be a matter of concern that a) there is no procedure to deal with the situation which has arisen in this particular case b) that "consultation" appears, at the very least, to have been selective both in who was chosen to be consulted and whose views were considered to be representative. S.W. Herts has been described by the RHA as "disruptive" of its plans to go ahead with closing Leavesden. The view of S.W. Herts is that they are prepared to be as helpful as possible but that they must be assured that there are adequate resources available to deal with those who will be going into the community before the closure takes place. This will be an increasing problem for other CHCs.

A CHC FOR SERVICE FAMILIES

Earlier this year ACHCEW received a very interesting inquiry. It was from the wife of a serviceman stationed in Germany, who was, herself, back home in this country and in contact with her local CHC. While with her husband in BAOR, she had had an appalling series of mishaps which began with a badly handled delivery and went on from there to the need for a hysterectomy for which she was insufficiently anaesthetised and during which she woke up. This was followed by further complications. The surgeon concerned has since admitted that she did, indeed, wake up during the hysterectomy.

However, problems arose when she tried to make a complaint. It is difficult enough for a patient to bring any kind of action in mainland Britain but there are far more problems when it is a service family overseas which is involved. The wife said her husband did his best but had it spelled out to him that if he continued to complain it might well damage his promotion prospects. Our correspondent pointed out that it would be a very good idea if those serving overseas could have a CHC of their own to look into facilities and services available and, most important, to act as patient's friend in a case of this kind.

She is now canvassing opinion on the right for people in her position to have such representation. The view of the DHSS, expressed by John Patten on 2 August, is that, as service personnel and their dependents are treated in Ministry of Defence hospitals in Germany, they are not covered by the NHS. He said that patients were "made aware of complaints procedures" and that Queen's Regulations provide service personnel with the right to make formal complaints to their Commanding Officers. If the response does not satisfy them then the complainant can appeal to the Defence Council.

Our correspondent pointed out that this was just not good enough. At no time had she, and many others like her, been made aware of any complaints procedure. The problems of a serving soldier complaining to his Commanding Officer are very obvious. To begin with the soldier is in a very subordinate position with all that implies. Copies of Queen's Regulations, she says, are rare on the ground in most units and, as they cannot be taken away or photocopied, it means a soldier must somehow, in his own time, try and read the appropriate section and then memorise it.

Our correspondent conducted a small survey on her own account among service wives and found that her experience was by no means unique. In one case a request to read the relevant section of Queen Regulations governing medical complaints resulted in the complainant being given copies of the Regulations with the relevant sections missing. Some complainants were simply told there was no redress at all; others, like our original correspondent, had it made clear to them that their husbands might suffer if they persisted in their complaints.

Tony Smythe has entered into continuing correspondence both with the DHSS and the Ministry of Defence. In a letter to The Lancet of 19 October he pointed out that in both the prison service and the armed forces "low standards or allegations of low standards have been allowed to persist or have not been investigated because the principle and practice of consumer representation and feedback, which is fully recognised within the NHS though inadequately resourced, has not been conceded by the Home Office or the Ministry of Defence." Occasionally, information leaks out but rarely is redress offered.

On 25 October ACHCEW received a reply from the Ministry of Defence stating that our correspondent could give details of her case history to Lord Trefgane. The letter states that the welfare of service personnel and their families is taken very seriously indeed. It repeats once again the information that complainants can complain to their Commanding Officers through channels laid down in the Queen's Regulations but that formal complaints are investigated by general staff officers not medical staff. Complainants can also make complaints during the "frequent rounds of the Commanding Officers or Matrons" while in hospital! At discharge from RAF and army hospitals, patients are requested to complete a discharge form and again could complain at this stage. But there is no provision for sueing for negligent treatment. "It is not of course", says the M o D, "a device to hush up our responsibility but a reflection of the very special circumstances of service life." Parliament considered it would not be acceptable for a serviceman or his dependants to be able to bring an action

against the Crown on the grounds that injury or death had been caused by another member of the armed forces. Servicemen, obviously, are called upon to risk injury and sometimes death in the course of their duties. The M o D admits there has been concern expressed about the position of servicemen or their dependants who might be injured but who were prevented from bringing an action against the alleged wrongdoer under Section 10 of the Crown Proceedings Act. However, although no civil action can be taken, there are provisions for claims under the Order in Council which is administered by the DHSS.

ACHCEW has welcomed the information from the M o D but points out that what is lacking is, of course, any independent element in judging a complaint and that servicemen find it far more difficult to know if they have grounds for complaint than the M o D seems to believe. Nor is it possible for them to uncover sufficient information to assist them with any complaint. ACHCEW would like to work with the Ministries concerned to see if some kind of procedure could be established. In the meantime the M o D are making arrangements to publicise what the current procedures are and explanatory booklets, similar to those already issued by some RAF hospitals in Germany, are being issued to Royal Naval Hospitals and some Army hospitals. This practice will shortly be extended to all service hospitals.

But some kind of a CHC for service personnel and their families would surely be a good idea. In June, a spokesman for the Home Office and M o D said in Parliament that complaints procedures for both Prison and service hospitals would be reviewed in the light of the provisions of the new NHS Complaints Procedure Bill and one might have assumed from that that there would be some kind of consultation. However, the letter of 25 October previously mentioned appears to be saying that the "review" has already been undertaken, without any consultation, and that it is not felt that there is any need for a change.

NUCLEAR ACCIDENT

On 25 October there was a serious accident at the nuclear power station at Hinkley B in Somerset. News of this was not released by the Central Electricity Generating Board for five days although, under legislation brought in in 1976, this should have been done immediately. A pipe broke resulting in a large amount of water flooding the reactor core. This water has been pumped out and is being stored prior to being released into the Bristol Channel. The CEGB has said there is no health risk. Further publicity handouts said this was the first accident at a nuclear power station of this kind. This is not true in general nor of Hinkley in particular where there have been at least two other mishaps, one very similar to this. Sir Kelvin Spencer, ex-government adviser on nuclear power, told us that it is not possible to knowwhether or not there is a health risk since any possible ill-effects would be in the long term. He also said he thought the long delay in reporting the accident was because the CEGB just did not knowhow much radioactivity was either released in the atmosphere or was in the water. It is costing £250,000 a day while it is out of action. At the end of three weeks the cost was £5,250,000 and this does not include the clean-up and repairs. Meanwhile secret talks are going on with the local authority about building a Three Mile Island type pressurised water reactor at

Hinkley B once the go-ahead is given for Sizewell. Many people, including some medical experts, are not happy with the reassurances that all is well and are very concerned that the highly contaminated water will be released into our coastal waters.

CLOSURES

The record of "success" of CHCs who have opposed closures is modest indeed. In answer to a PQ on 30 October on the number of closures opposed by CHCs which the Minister had then approved, the new Health Minister, Mr. Barney Hayhoe, said that between May 1979 and 30 June this year there had been 50 closures opposed by CHCs. Only five had been saved from closure, the Minister having approved the other forty-five. (Hansard Vol. 84. No. 172. Pt 11 cols 575/6). Meanwhile closures continue and East Herts CHC has drawn our attention to a most strange letter from John Patten. The Secretary, Pauline Phillips wrote to the local M.P., Mrs Marion Roe, pointing out that the CHC had had no official notification of the Secretary of State's decision to close Cheshunt Cottage Hospital. While the CHC appreciated that the MP, who had been involved, would be informed once a decision had been taken, it seemed "unfortunate", to say the least, that the CHC had only found out what was going to happen by reading the local press. CHC members had put in a good deal of work preparing their submission. Mrs. Roe passed this message on to John Patten who says: "We do not directly notify interested parties such as CHCs about our decision on a particular proposal for closure or change of use. We only notify the RHA which submitted the proposal and at the same time all MPs with local interest. We give them a very detailed explanation as to why we reached the decision we did.

"Where a CHC or other interested party have met us to put forward their views on a proposal, it is normal practice for the deputation to be lead by a local MP. We therefore leave it to that MP to pass on to the deputation news of our decision together with whatever details he considers necessary."

This cannot surely be the case?

John Patten then goes on to say that of course the local press is notified immediately so that the public can be told what is going to happen. It is almost as if the CHC did not exist or that he considers it to be not a statutory body but just another local pressure group.

Other CHCs currently coping with closures include Central Manchester and Richmond and Twickenham. Central Manchester is fighting the closures of surgical and gynaecological wards and of the NHS part of the Foot Hospital which will mean that about 14,000 people from outside the district will have to try and find chiropody treatment elsewhere.

As well as fighting bed and hospital closures, Richmond & Twickenham are very concerned about the cutbacks proposed for pathology Clinicians and GPs are currently being "exhorted" to cut back on their current use of these services. The District Treasurer's Report says: "Subsequent service demand will be monitored closely and, if the projected reductions are not achieved, access to tests for both Hospital clinicians and GPs will be severely curtailed." The CHC points out that pathology services (blood tests, cervical smears, etc.) both detect and eliminate disease and has asked who would be the arbiter to

decide which tests are allowed and which are not permissible should the "exhortation" fail to reduce the use of the service. The DHA has said it hopes "persuasion" will suffice...

EXTENSION OF ADVERSE REACTION REPORTING

The "yellow card system" is to be extended to over 5000 opticians for an experimental period of one year. They are being asked to report problems arising from the use of products they supply, for example contact lenses and lens fluids. All practising members of the British College of Opthalmic Opticians are being asked to take part and a decision on the scheme's continuation will be taken at the end of the trial period when an assessment based on the information provided will be made.

UNEMPLOYMENT IS BAD FOR YOUR HEALTH - OFFICIAL

Both the Royal College of GPs in their Journal (November 1985) and the British Medical Journal (9 November 1985) have published articles drawing attention to increasing physical and mental ill-health among the long term unemployed. The Royal College has published the report of a study on the effects of compulsory job loss on health which reveals a significant increase in illness in 129 workers both before and after redundancy, on the closure of a local factory at Calne in Wiltshire. The decline in health actually began before closure during the period when employees were fearful about losing their jobs. Following closure, referrals to and attendance at hospital out-patients departments increased by 20 per cent and 60 per cent respectively. Projection of these figures on a national basis implies that unemployment is leading to dramatic increases in workload and cost to the NHS, says the Royal College, and the results also suggest that the threat of redundancy in itself is a stress similar to that of actual redundancy. The British Medical Journal concentrates more on mental health and details a number of studies, about at least one of which the author of the articles has reservations. However, he does feel that "the case has been made that unemployment leads to a deterioration in mental health."

ACHCEW AND THE UNIONS

Following the AGM, the Secretary wrote to the Transport and General Workers Union drawing attention to a number of Resolutions especially those dealing with care in the community and primary care. He received a reply from the General Secretary, Ron Todd, saying that the policy of the TGWU was in accord with these resolutions. However regarding the closure of all large longstay mental hospitals and the transfer of the patients to the community, the view of TGWU is that, while it supports community care, it feels the need to maintain some of the existing hospital provision and to develop smaller, specialist units for those who just cannot be looked after in their own homes. "We both agreed there should be a balance" says Ron Todd "but we differ on the degree of emphasis." He encloses the TGWU's own publication on care in the community and the plans for the Epsom group of mental hospitals. We feel it should be of interest that we have entered into a dialogue with the unions over matters of common concern.

CHCS TAKE TO SELF DEFENCE

No, not against Norman Fowler and Barney Hayhoe.... North West Thames Region CHCs attended a course recently run by Charing Cross security officer John Nicholls and a colleague on how to cope with an aggrieved client who might become aggressive. They heard how to manage aggression and how to handle the situation and to try and deflate any possible violent situation by using the pitch of the voice to soothe or by injecting some humour. But if all else fails, then the CHC workers were taught self-defence techniques to enable them to get out of the hold they may be in. June Warburton, head of administration in the region who organised the course said: "CHC Secretaries are in day to day contact with the public and sometimes do get aggressive customers who can be anything from plain reasonable to downright violent. They felt it would be a good idea to gain advice and experience from Mr. Nicholls and his colleague. They found the afternoon session on self defence techniques "entertaining", she said. Perhaps General Managers will follow suit to protect themselves from enraged CHC Secretaries...

FUNDING SHOCK

Professor Ian Stanley, Professor of General Practice at Liverpool University and a member of Liverpool DHA said he was "shocked to discover the low level of funding for the CHCs." He was speaking at a recent seminar on community medicine for FPCs held in Wolverhampton.

CHCs and patient participation groups could work together to improve the quality of care by voicing complaints in an effort to make the voice of the consumer equal that of the government. A case in point was cervical cytology. CHC surveys were an important part of this to put pressure on FPCs, DHAs and through the liaison committees, but he stressed they must be "professional and not just made for adversarial gain." It was vital that CHCs should have adequate funding to enable them to carry out such surveys.

WELSH SECRETARY AT SYMPOSIUM

The keynote word is "consultation" was the message of the Under Secretary of State for Wales, Mark Robinson MP speaking at the Welsh Office Symposium on The Elderly in Cardiff on 8 November. He drew attention to the consultation document "A Good Old Age" pointing out it was designed to encourage a wider debate prior to the working out of firm proposals upon which action could be taken. The requirements of the elderly are varied and he hoped it would be possible to identify areas where innovative ideas applied. "Anything you can do after this seminar to advertise that fact as you go about your normal work will be appreciated." It was important to hear a selection of experiences whose potential contribution goes beyond government proposals and he looked forward to a constructive and vigorous debate.

PROGRESS is a new umbrella organisation formed to protect controlled research into human reproduction. It was launched on 12 November and ACHCEW sent an observer to the launch. It is cross party and is backed by individuals and organisations concerned with handicap, infertility, maternity, reproduction and women's health. It aims to increase knowledge about research into the earliest stages of human conception through a wider exchange of discussion between the public and scientists.

PROGRESS estimates that infertility affects at least one couple in ten, that more than one in five pregnancies ends in a recognised miscarriage and that genetic defects and congenital malformations occur in 2.5% of all live births and are the cause of 40-50% of deaths in childhood. Research into these distressing conditions could bring relief to thousands of people.

If you want to know more about PROGRESS and possibly join, write to them at: Progress, 8 College Cross, London N.1. Annual subscription for organisations is £25, individuals £10, for the unwaged £1.

Patients' Rights. Patients in high security mental hospitals are not being told of their rights to complain about treatment under the Mental Health Act, the Mental Health Commissioners say in their first report, published in October. The Commission was set up in 1983 to look into the conditions of patients detained under the Mental Health Act in 515 hospitals and 24 homes and in the four high security hospitals, Rampton, Broadmoor, Moss Side and Park Lane. With the exception of Rampton, the Commissioners found that special hospital managers did not appear to have considered how the complaints procedures might be applied in the special hospitals and did not regard them as a positive right of the patient. The Commission points out that some complaints were not found to be justified but others have been well founded and, on occasions, hospitals have recognised their failure. "But it is rare in these cases for an apology to be offered. It is also unusual for the staff involved to be told of the outcome." Staff too had problems in communicating complaints and possibly the new NAHA booket reviewed in this newsletter might be of help there. The report accuses many hospitals of abusing their power to discharge patients conditionally while keeping them on compulsory treatment. The Secretary of State has power to direct the Commission to keep under review any aspects of the care and treatment of informal patients and the Commission hopes that some of the work it has done will, at least, indirectly have helped informal patients and that it should, in due course, help them more through the Code of Practice. "Clearly a direction in relation to the total care and treatment of all informal patients would have considerable implications for resources, involving not only questions of cost but also the availability of qualified personnel sufficient for such a task." Finally, the Commission concludes that the basic standards of social services for the mentally ill were simply not being met. Fewer than 1000 social workers were trained for the job and some counties had no one on their staff who could cater for the mentally ill.
The First Biennial Report of the Mental Health Commission 1983-1985 HMSO £5.20.

AROUND THE CHCs

Cornwall CHC recently moved from Truro to St. Austell, leaving a Cathedral Close and a high rent for a converted building just off the High Street. Secretary Bruce Tidy convinced the RHA that it was in their interest to buy the freehold site. The CHC covers an enormous area about 90 miles long by 50 at the widest point, with a population of just under half a million. As this is scattered mainly in small towns and villages with, thanks to cutbacks in both buses and railways, poor poor public transport, there is a very real problem in trying to bring the CHC to public

public notice.
So now at least four monthly meetings of the CHC are "open meetings" held in different parts of the county. Invitations are sent out to all local organisations, advertisements put in local papers, Radio Cornwall usually gives details and, for the first hour of the CHC meeting, all are welcome. Although some CHC members had initial reservations, the direct input from consumers has become extremely popular and very useful to the CHC. At first, it was feared that nobody would come but this is far from the case. 70 people turned up in the small town of Liskeard, the average is 50 to 60 and thesmallest number about 35. The kind of issues raised are lack of domiciliary follow-up for those discharged from hospital, problems over care in the community, concern over the main psychiatric hospital, lack of liaison between the different statutory services, lack of transport, chemist shops which close between 1.p.m. and 2.p.m. (theonly time workers can get to them) andlack of G.P surgery and dispensing facilities in some small towns. The CHC will also hold meetings on specific subjects such as hospital closures. Cornwall CHC feels this is about the only way to try and cope with such a huge area and another idea, now under consideration, is to equip a small bus as a travelling CHC office to visit the main centres of population on set days. If any other CHC has tried this, Cornwall would be interested to know how it worked.

TORBAY CHC undertook a somewhat unusual hospital visit - 24 hours in the accident and emergency department of its local hospital, the Torbay Hospital. The "visit" lasted from noon on a Saturday until noon on the Sunday and members attended in groups of two for a three hour session. The visit was a follow-up to one in October 1984. Members found that the points raised in the earlier visit had still not been resolved andwould have to be raised again with the H.A. This applied particularly to sign-posting both inside and outside the hospital, difficulties of transport home, parking problems, and admission of children to the Accident and Emergency department. Staff shortages were an obvious and real problem; often there was only one doctor on duty even during the busy holiday season, nursing staff had to man the reception desk as a request for comprehensive night staff had been refused and staff were also further stretched if one had to accompany a patient at short notice to another hospital. Security was poor with the male porter leaving at 2.a.m., leaving female staff with no direct line to the police station. Patients who either died in the night or were admitted already dead were putin a small room near to the theatre which upset both staff and patients. There were no facilities for distressed relatives to grieve in private. There was a problem over the supply of the most basic articles at weekends - sutures, dressings and linen. At one stage during the visit a serious accident occupied the whole department for some time causing delays and members queried what would happen if there was more than one. In spite of obvious difficulties the CHC was impressed with the efficient and careful treatment given by staff however busy they were. This seems to have been a most useful and informative exercise.

WESTON CHC, in the first of the annual statutory meetings with its FPC, brought up a number of issues including the need to publicise the complaints

procedure more widely and the need to do something to ease the eight week rule. Weston, like Cornwall, has problems where some areas just do not have a G.P. at all but the FPC re-iterated its view that there was nothing that could be done if no doctor was willing to run a surgery in a certain town. The CHC's Care of the Elderly Committee met with two local MPs, Sir Paul Dean and David Heathcote Amery, to discuss current policies for the care of the elderly in its area. The CHC expressed concern over a closure and its total opposition to the refusal to replace closed geriatric beds in another hospital. A DHSS representative gave examples of the peculiar way the benefit system can work and certain important points arising from the experiences outlined were taken on board. The CHC asked for the suspension of discharges of mentally ill and handicapped people into the community until a proper system of community care had been worked out. It is worth noting that the MPs queried why there should be any such difficulties when it was government policy to transfer funding from hospital based services to the community! The CHC had to point out that Avon Social Services Department was itself suffering reductions which meant it might well not be able to fulfil all that was required of it due to a severe cash shortage.

LEWISHAM & NORTH SOUTHWARK CHC is also worried about community care, so much so that it has voted overwhelmingly to oppose the Draft Strategy Plan as there will not be adequate guaranteed funding to fully implement its proposals over the next ten years. "The health of the people of Lewisham and North Southwark is at risk", said Chairman Alan Turkie. "Cuts in funding are forcing the Authority to cut services. Closure of beds on the scale carried out at Guy's Hospital and New Cross earlier this month, without any attempt at consultation by the Authority, are unacceptable."

CENTRAL MANCHESTER CHC has been wrestling with its health authority since January on the subjects of consultation and the proposal to allow a private in-vitro fertilisation unit on the Manchester Royal Infirmary site. It took until August for a reply to arrive from the regional legal adviser and this was a long ramble through Regulations 18, 19 and 20, and included a massive paragraph on the meaning of the word "consultation" complete with quote from the Concise Oxford Dictionary "to have deliberations, seek information or advice from, take into consideration." We then have legal definitions of "to consult".

There is much more in the same vein. With regard to the effect of private facilities on those of the NHS, then the onus of proof appears to be on the CHC. All in all, the letter is a splendid example of how to say nothing new in two A4 sheets. Manchester Central Secretary Nick Harris has replied that the interpretation, that it should be the District which consults on a private development, can hardly work if the District itself is unable to obtain the necessary information and that this applies to the IVF scheme. Watch this space for a further reply - presumably in about two years.

CENTRAL MANCHESTER CHC is also keeping the AGM resolution on health care for the homeless going by pressing for improvements in access to it, for the setting up of health care teams in deprived inner cities and offering salaried GP appointments and reduced list sizes in specific catchment areas to attract doctors to work in

them. The CHC calls on FPCs to take action to secure registration of the homeless particularly in areas where there is a high concentration of hostels and lodging houses and to ensure that the workload is spread evenly among GPs.

Meanwhile, BLOOMSBURY CHC is taking on a homeless campaign worker to investigate the problem.

RIVERSIDE CHC - the newly constituted CHC, speaks, no doubt, for many when it expresses concern over the unacceptable standards of hygiene in the kitchens of its own large hospital, Charing Cross. The CHC has written to Norman Fowler saying that Crown Immunity must be lifted from NHS premises as the local Environmental Health Officer had stated that, if the premises had not been immune, he would have prosecuted. Previous warnings and publicity appear to have made little or no difference.

BARKING, HAVERING & BRENTWOOD CHC has been considering a report, drawn up by a team of management consultants for N.E. Thames RHA, to centralise cancer services in the region. As a result the CHC held a public meeting to publicise the proposals. The new plan would mean the closure of some departments and transfer to facilities at others and, if implemented, there would be no radiotherapy services between London and Broomfield (35 miles away). Among the many points raised by the CHC is that there could be new problems if services are withdrawn and Stansted airport is built as there would be an increase - not a decrease - in population. The proposal to offer hostel accommodation at some hospitals would appear to be more expensive than keeping the service where it is and allowing patients to attend on an outpatients' basis and, one point of great concern, that of the time and cost involved in travelling for treatment. Some journeys would require at least two buses, some are on infrequent services, others would require one or two buses and then a train. The CHC looked into two examples - one journey to a proposed centre would cost £3.25 by bus or £3.80 by train. Even travelling by car could be a lengthy business at peak periods. The CHC feels that far more thought should be given to the implications of centralising specialist departments.

NORTH DERBYSHIRE CHC has expressed concern over the report commissioned by Trent Regional Health Authority from a firm of management consultants and the decision of North Derbyshire H.A. to undertake a feasibility study to assess the potential and desirability of a number of schemes in it. They are particularly worried about suggestions that efforts should be made to increase revenue within the NHS as the implication seems to be that such a view would be in conflict with the philosophy of funding health care from the public purse. The CHC issued a statement saying the NHS should be funded out of public funds and that the object of a Health Authority was to provide and manage health services, not to generate income.

SWINDON CHC has written to the DHSS asking why individual CHCs were not circulated with a copy of the consultation paper sent to ACHCEW on child abuse as this is a subject that Swindon and possibly other CHCs have been actively considering.

DURHAM CHC is opposing the change of use of the local Thorpe

Hospital. It has also asked for the detailed and comprehensive record of avoidable medical mishaps and near misses at this hospital it knows is in the possession of the Regional Medical Officer. The response was that the matter was "being followed up." Yet in replies to enquiries from Hartlepool and Sunderland CHCs, the RMO says he does not have any such information. Yet another example of secrecy, it appears.

NORTH TYNESIDE CHC has been publicising a caravan from the Women's National Cancer Control Campaign which has been touring in its area. It is part of a Tyneside-wide campaign funded by Tyne and Wear County Council and organised by Tyneside CHCs and Women's Health groups to increase women's awareness of the need to have regular smear tests. The theme is "five minutes can save your life". The caravan is a mobile clinic running two sessions a day with a reception area where women can get advice and information on other aspects of women's health and health services in the area. It seems a very good idea for rural areas where, apart from anything else, public transport is a very real problem.

CHC PUBLICATIONS & SURVEYS

Leeds Western and Leeds Eastern CHCs have combined to produce an excellent booklet Ideas in Practice listing the range of services and facilities offered by GPs in Leeds and explaining what they are. They include interesting examples of good practice outside the run-of-the-mill GP surgery such as anti-obesity clinics, hypnosis (particularly for those wishing to stop smoking), a Well Persons Clinic, where screening is offered to any registered patient, and a practice library where patients are free to browse and borrow books on health. The booklet is available from both CHCs.

Drugs & Solvents Abuse. A guide for Carers is published by S.W. Herts as a contribution towards the growing demand for information by carers of solvent and drug abusers. It is available on request from the CHC.

Caring for the Carers is the title of the report of a special conference held at Eastern House Hospital, Weston-super-Mare on 2 March 1984. This seems to have beenan excellent conference, packed full of real life examples and practical advice. Many aspects of care were considered, from the lucky elderly who can manage on their own with assistance from the social services quite literally until they die, to those who have to be continuously cared for by overstretched families desperate but not wanting to "put granny in a home". So many physical and emotional problems are involved, let alone the financial and practical. The Conference has been written up very well and the subsequent publication might well be of interst to a number of CHCs. Copies obtainable from Weston CHC.

Two publications from Barnet CHC. Who Cares About Mental Health? is a well designed directory of services, organisations, contacts and practical hints, covering a very wide range of aspects of this problem from different types of mental illness to emotional stress caused by stillbirth. It might give other CHCs an incentive to provide a similar guide. Barnet has also published Survey on Chiropody Services and finds them desperately overstretched with 56 full-time chiropodists needed to bring Barnet up to the aim of one chiropodist to every 1000 elderly

patients.

PLYMOUTH CHC has published a survey on Primary Care. While it contains some useful information it would be helpful if the conclusions in particular had been written up in a more detailed way and hardened against the data collected. The results were reported back to local communities and the FPC Chair congratulated the CHC This was what she hoped all CHCs would do. The FPC would take action in the light of its conclusions.

GENERAL PUBLICATIONS

An important new publication from NAHA is "Protecting Patients -Guidelines for Handling Staff Complaints About Patients Care". The guidelines have been formulated in the light of a number of instances where NHS staff did nottake appropriate action to protect patients from ill-treatment. Sometimes this was because they did not know how, or to whom, to complain or because they were afraid of intimidation if they did so. NAHA commissioned a full survey of health authority complaints and carried out interviews with managers of authorities which use written procedures for staff complaints. Based on these, the new guidelines were drawn up. The chairman of the working party said: "They were written to underline the need for management to encourage staff to act as advocates for their patients". In addition the booklet emphasises that hospital and community services should be open and self-critical. It would seem to be a "must" for CHCs.

Price £4.25 for non-members, £3.25 for members.

Further publications from NAHA include the Autumn Survey on Health Authorities Financial Position which warns that health authorities will be in considerable difficulties ifthe government allows for the full year costs of the doctors and nurses pay awards. This has been overtaken by the announcement that, bowing to pressure from the health lobby, part at least of this award will now befunded from extra cash, although the move will be presented as helping the NHS to provide more services rather than preventing another round of cuts.

An Index of Consumer Relations has been published in the light of Griffiths and it points out that in the past "the NHS has suffered from the reputation of being Provider Orientated" rather than "Consumer Orientated". All entries in the index have been submitted by health authorities to enable an exchange of information on useful consumer initiatives which have been, or are taking, place. Each entry indicates the name of the person who can be contacted and also whether a report is available.

All three publications are available from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

The Welsh Office has published its Priorities for Health Service in Wales in both Welsh and English. The most interesting innovation would appear to be the setting up of a new Health Policy Board and it will be instructive to see how it works. Copies from: Crown Building, Cathays Park, Cardiff.

With reforms in social security in the air, Age Concern has issued two leaflets, Protect Tomorrow's Pensioners and Protect Today's Pensioners to explain, among other things, what the abolition of SERPS will mean to everyone. It points out that our

pensioners are among the poorest in Europe and that women, the long-term unemployed and the disabled will be especially hard hit, which is why Age Concern is campaigning to keep SERPS. Leaflets available from Age Concern, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL. Free for small quantities, £5 per hundred for larger orders.

Two from the Royal College of G.P.s,
Quality in General Practice is a policy statement setting out plans for ensuring that the quality of patient care is of a uniformly high standard. It reflects, says the College, a growing awareness within the profession of variations in the quality of care provided. The means of implementing the policy will have to be discussed with patients and other groups within the medical profession. Good quality care requires GPs who are trained to an appropriate standard and can maintain knowledge and skills throughout their careers. The need for an entry standard on completion of vocation training has been clearly identified as a key along with the development of a system for voluntary higher training. Continuous assessments and performance reviews should become part of everyday clinical practice. The College has also republished its Evidence to the Royal Commission on the NHS
Both available from the Royal College of G.Ps., Publications Office, 8 Queen Street, Edinburgh.

Annual Report of the NHS Training Authority, gives a summary of the work undertaken during 1984/1985 and developments arising out of it. Copies are obtainable from the Authority at St. Bartholomews Court, 18 Christmas Street, Bristol BS1 5Bt.

Abilities and Disabilities is the title of a booklet on disability and rehabilitation aimed at schoolchildren to help them understand the problems of disablement. RADA, who have publishedthe book, often get requests from schools for such information. It is available from them at 25 Mortimer Street, London W.1.

INFORMATION WANTED

South Manchester CHC would like to know if any CHCs know of campaigns going on within their own districts to reduce thetime limit between smears for women so that they can get a general idea of what is going on nationwide.

Barnsley CHC is concernedthat DHA members can also be members of FPCs while CHC members cannot join Health Authorities. They suggest that in many cases membership of both authorities is confined to a small circle of the same people which is not in the best interests of the Health Service. Is this a problem encountered by other CHCs?

NHS TRAINING AUTHORITY

CHCs have been invited to put forward suggestions for membership for the new Staff Training Committees by the 16th of December.

COMING EVENTS

Weston CHC, in association with the Alcohol Advisory Centre and S.W. Regional Drugs Training Unit,is holding one-day courses on alcohol and drugs abuse. They will be held on 18 November, 10 December and 19 December at the Cove Hotel, Weston-super-Mare. Each one costs £3 and details can be obtained from Robin Bunton, Alcohol Advisory Centre, 14 Park Row, Bristol BS1 5LH.

Management Forum is holding a seminar on Patients' Information on Medicines at the Cafe Royal, Regent Street, London W.1. on 22 November. Attendance will be limited, says the invitation, to twenty-five participants. That should not be difficult. The fee for the one-day seminar is £80 plus VAT! Perhaps they throw in a couple of Cafe Royal meals.

FURTHER REPLIES TO RESOLUTIONS

In response to Resolution 17 on mobility allowance for handicapped people, the DHSS admit there has been considerable difficulty over the interpretation of the qualifying conditions for the allowance not least where mental handicap can affect physical disability. There have been a number of decisions of the Social Security Commissioners dealing with cases of this nature and recently one was taken, on appeal, to the House of Lords. There is, as yet, no authoritative guidance from the adjudicating authorities on how the House of Lords judgement applies to individual claims for mentally handicapped people whose mobility is limited, and a Tribunal of Commissioners has, therefore, been appointed to consider some cases involving mentally handicapped children in the light of the Lords' judgement. When the outcome is known, the need for further clarification of the qualifications will be considered. The DHSS stresses however that the problem of resources is no less difficult than when the scheme was introduced. The Secretary has replied saying he looks forward to hearing the Tribunal's findings and emphasising that people who care for such children need all the help they can get.

Regarding Resolution 20 and 23 on contraception, the DHSS has officially confirmed the results of the DHSS Appeal on the Gillick ruling but points out that the position will now be reviewed in the light of the Lords' ruling. On labelling there is no legal requirement to provide a leaflet but if one is provided it must fulfil certain regulations. The Secretary replied saying that ACHCEW's proposals were modest and that the DHSS could use its good offices to improve clarity, design and the content of information supplied.

In reply to Resolution 26 on temporary closures, the DHSS emphasises it expects authorities to follow full consultation procedures and in view of the importance Ministers attach to this, the DHSS sent a letter to all Regional General Managers last December drawing specific attention to some aspects of the procedures to be followed. They were asked to ensure DHAs were aware of the points made. The Secretary has replied saying a number of CHCs were not aware of the content of the letter or that it has been sent out, also that we are beginning to receive evidencethat some General Managers adopt a rather "cavalier approach" to consultation with CHCs "no doubt in the interests of efficiency". To avoid the wrangles that go on over temporary closures, informal consultation would avoid some difficulties and misunderstandings.

Regarding Resolution 31.1 on devolving decision making to the health authorities with minimum central interference, the DHSS says this has already happened to some extent within broad Ministerial priorities and policies. However, Ministers must be satisfied there are adequate arrangements for ensuring public money allocated for health services is efficiently spent and services

are in line with what Ministers, Parliament and public want. The Secretary points out that these points are understood by CHCs but that "this does not seem to have been the most important factor in blocking appointments, meddling with short lists and intervening in competitive tendering. Where Ministers feel compelled to intervene they could, perhaps, usefully seek out consumer views through the CHCs."

Resolution 34 covered waiting list and a computerised national register. The DHSS has sympathy with the concern of CHCs, and, where appropriate, selected waiting list information should be exchanged between hospitals and made available to GPs. However, there are difficulties including problems with the medical profession but the DHSS has accepted that the general approach of distant referral merits exploration. The Secretary replied saying that the likelihood of professional objections noted by the DHSS was 'intriguing' and that the pilot project they mentioned was on so small a scale that this would influence its result. Quite a number of CHCs, he wrote, collect information on waiting lists which are causing problems and had ACHCEW the resources we would like to centralise this data because it might persuade Ministers to take action including the rapid introduction of available technology.

The response of the DHSS to Resolution 19 on increasing dental and optical charges and the need to exempt pensioners was that eligibility for free treatment or help with charges has always depended on the ability to pay. The Secretary has said that old policies may be of great historical interest but this was not the thrust of the resolution and that the ability of a minority to pay hardly seems to warrant the risk to the majority who may be put off from getting help thus creating the possibility of more complications which will prove even more expensive to the NHS.

In answer to Resolution 4 (a) & (b) the DHSS replied saying the Medical Practices Committee is an independent statutory body which fulfils its responsibility through its control over the admissions to the medical lists kept by the FPCs and over the disposal of practice vacancies but the way in which it carries out its duties is for it to decide. The Secretary replied saying ACHCEW was fully aware of the roles of both bodies. "The resolution only implied that both should collaborate in getting their acts together. Surely, it is reasonable to require one statutory body to give details of its reasoning to another when the topic concerns both. Assuming that both were incapable of reaching a common understanding and given that the matters at stake are of public interest, some form of review by a higher authority or appeal would seem to be the only protection for the public if there is a prima facie case for suggesting that the public interest would not best be served by an MPC's refusal to accept the recommendations of a FPC."

The Secretary replied to the DHSS response to resolutions 16 and 33 dealing with aspects of private care of the elderly and use of NHS facilities for private patients. He pointed out the dangers of placing too much reliance on the private sector, which has to consider not only a changing market but sustained profitability, and that sensible planning cannot be conducted on such a basis. Assurances that a careful watch was being maintained on transfers from NHS to private sector, which were in breach of statutory duties was welcome. However, even though we

are short of resources to monitor what is happening around the country, information from CHCs suggests that we are not facing just "a few isolated incidents" of problems arising in this field but that such problems are widespread. Last year the DHSS told ACHCEW there was no evidence of private owners wanting to extend the powers of CHCs to cover private nursing homes. Now the DHSS is saying that there is no evidence patients want CHCs to look after their interests. "Both propositions are faintly absurd" writes the Secretary "and I am bound to regard them as debating points rather than significant answers to the concerns which we have expressed." CHCs feel responsible for those they are supposed to represent. Regarding resolution 33, that NHS facilities should not be available to private patients, the Secretary merely notes that the DHSS simply puts an alternative case to that of the resolution and evidently CHCs and Ministers differ on the basic proposition. "I can only add that the views of CHCs are not and could not be based on political ideology because the full spectrum of political opinion is represented on them. There are evident dangers in sustaining private practice in the NHS and I find it regrettable that the Department is not prepared to recognise them." This elicited a further reply from the DHSS saying that they did not think they could add anything useful to their previous letter.

The response of the DHSS to Resolution 39 on health care for the homeless was that the Department's responsibility in this area is 'only peripheral'. The Secretary has responded by saying he could not imagine what this means. "You must know that this issue has reached crisis proportions in many local areas and all the Authorities concerned have, as yet, failed to deal with it." He went on to say that, without detracting from the importance of all the other resolutions, this one identified "one of the most tragic areas of un-met need which I have encountered through the work of CHCs and voluntary agencies and I am, frankly, surprised that you were unable to provide a more thoughtful response." Other bodies, such as CHAR, would confirm this opinion and offer sufficient evidence to persuade Ministers that urgent action was required and he enclosed the report of the meeting held by GLACHC on the health needs of the homeless. While appreciating the help of the civil servant who replied, the Secretary adds that he would "respectfully suggest that this issue is one which deserves a direct reply from Ministers. To put it bluntly, the FPCs, DHAs, the local authorities and the independent contractors are simply not dealing with the issues and, incidentally, by their failure are placing extra, unnecessary and expensive pressures on accident and emergency units. The state of health of many single homeless people and families in bed and breakfast accommodation is nothing short of appalling. Those who are meant to deliver the services need a shake-up and it is upto Ministers to provide it and the incentive and encouragement to do much better in future."

In reply to Resolution 5 on the retirement age for GPs, and Resolution 30 on a suggestion that CHCs should have rights of access to GP's premises to monitor services provided, as they do in hospitals, the DHSS said that the age of retirement for GPs was currently being considered in the context of the Review of Primary Health Care the government is conducting, and on access to GP's premises paragraph 24 of the Terms of Service for

doctors requires them to allow inspection of premises at a reasonable time by a member or officer of the FPC or Local Medical Committee. "There are no plans to extend the right of access to other bodies."

DHSS

Health Minister Barney Hayhoe has confirmed his proposal to transfer the Dreadnought Seamen's Hospital to a self-contained 60-bed unit at St. Thomas's Hospital. Regarding the concern of CHCs that there would be a loss of identity in the transfer, the Minister said that the revenue of the seafarers' service was protected by S.E. Thames RHA and, secondly, that while historic associations with Greenwich will be lost and it may be difficult to preserve the intimate atmosphere of a small hospital, there will be significant benefits from a wide range of diagnostic and medical facilities available at a major international teaching hospital. Policy will ensure that seafarers will continue to enjoy priority access to clinic treatment.
Ref. 85/313.

Regulations introducing changes to the Selected List of NHS drugs have been laid before Parliament. The Advisory Committee on NHS Drugs have recommended that nine drugs, in specified strengths and formats, should be reinstated. These now include mucolytics. It is interesting to note that two drugs, Loprazolam and Lormetazepam, have been reinstated "following price reductions by their manufacturers."
Ref. 85/312.

CHC DIRECTORY: CHANGES

Page 5: Scunthorpe CHC, new address: 22 Frances Street, Scunthorpe, South Humberside, DN15 6NS. Tel. No. unchanged.

Page 6: Nottingham CHC, new address: 319 Mansfield Road, Nottingham, N65 2DA. Tel. No. 0602 602206.

Page 9: Southend District CHC. Secretary: Mrs. B. Furr from 25.11.1985.

Page 11: Croydon CHC. Secretary: Joan McGlennon.

Page 12: Swindon & District CHC. Secretary: Mr. Andrew Stevens from 9.12.1985.

Page 17: Salford CHC. Temporary address: Trinity Clinic, Rosamund Street, Salford, M3 6LB. Tel. No. 061 834 6119.

CHCs IN ACTION BROCHURE

Copies of the brochure CHCs In Action are now available from ACHCEW. £10 for 100 copies plus postage.

FURTHER-NATIONAL-PUBLICATIONS

ACHCEW is able to produce more public information leaflets for CHC members (with space for local CHC addresses) but urgently needs tried and tested drafts which could easily be adapted for general use. Languages in addition to English will be considered. We need to share experience and cost.

NEWSLETTER-FORMAT

We continue to experiment with the word processer. Like some CHC members we are not happy with the results so far. But please bear with us for the next couple of issues. Content is the thing but, we agree, presentation helps.

NATIONAL RUBELLA CAMPAIGN.

More than 120 babies were born into a lifetime of handicap during the rubella epidemic of 1978-79, because their mothers had caught the disease at a crucial stage in their pregnancy.

Althought the worst of the epidemic is over, rubella-damaged babies continue to be born at the rate of at least 30 a year. This figure may seem low, but none of these tragedies, or the life-long burden they carry with them, need ever have happened.

Rubella, or german measles, is usually mild and harmless, but a woman who catches the disease during the first 12 weeks of pregnancy has a 69 per cent chance of giving birth to a baby with congenital defects affecting its sight, hearing, heart or brain. In 1981, 200 women who had been infected during this crucial period, made the heart-breaking decision to terminate their pregnancies.

Government figures show that although most schoolgirls in the UK will have been vaccinated against rubella by the age of 15, a disturbing number still slip through the net.

The Health Education Council recommends that all women of childbearing age, who do not remember being vaccinated, see their doctor and arrange for a blood test for rubella immunity. The injection itself is free and easy to arrange, and side effects are rare and usually mild.

HEALTH EDUCATION COUNCIL

A comprehensive pamphlet, a birthday card and three posters have been produced, explaining the dangers of rubella.

Single copies of this material can be obtained free of charge from: National Rubella Campaign, 13-39 Standard Road, London, NW10 6HD.

Requests for bulk supplies should be made to Local Health Education Units, or in the case of difficulties the HEC.

RUBELLA. VACCINATE BEFORE IT'S TOO LATE.