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Association of Community Health Councils for England and Wales

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DEATH IN THE HOSPITAL KITCHEN

As all CHC members will be aware, the Hugill Inquiry into the Outbreak of Food Poisoning at Stanley Royd Hospital, Wakefield at the end of August 1984, has now published its Report. Before going further it should be said that at the very start the part played by Wakefield CHC is duly noted and appreciation for the work of Mr. Salisbury and "the considerable assistance" given by the CHC is put on record.

Having said that, the findings of the Committee are truly horrific. The kitchens at Stanley Royd contained open drainage channels infested with oriental cockroaches. Drains in the pan washing area gave off such an offensive smell that staff could not work there and, almost unbelievably, kitchen tables and food preparing services were washed down with old mops used for the floors with the water from the floor buckets. The result in this psychiatric hospital, built as a Paupers' Asylum when Napoleon was the biggest threat to the defence of the realm, was the worst incident of food poisoning in a hospital this century with 19 deaths and 460 patients and staff made ill.

Two key failings were identified. The first was in the practical running of the place. There was an almost complete breakdown of effective supervision in the kitchens. Catering managers did not roster themselves to work after 5.p.m. or at weekends. Uncooked meat lay next to cooked meat. The drains and washing down of surfaces was as already noted. Equipment was not properly cleaned and a blocked-up sink was found to have been stuffed full of old cutlery. All the well known rules and principles of good hygiene were, says the Report, "ignored".

The second failing was the planning system. This allowed proposals to modernise the kitchens, first drawn up in 1978, to remain just where they were - on the drawing board - six years later. Health authorities, says one commentator on the Report "became effectively mesmerised by the process of planning rather than its objective - quite simply to get Stanley Royd a new

kitchen.

Meanwhile, the Institution of Environmental Health Officers, in a response to the Report, points out that hospitals are the third highest source of food poisoning in the UK and that in the past six years 279 NHS hospital patients in the UK have died of it. The Officers have no right of access to inspect NHS kitchens and cannot prosecute hospital authorities when contraventions of the Law are found.

The conclusion of the Hugill Report - that the removal of Crown Immunity did not appear necessary - seemed 'a most curious observation', said Conservative MP Richard Shepherd at a press conference before the second reading of this Private Member's Bill to withdraw Crown Immunity from NHS hospital kitchens. "In view of the detailed catalogue of what went wrong at Stanley Royd one can only think that that paragraph was 'cooked up' between the writers and the DHSS." Asked why the Government had done nothing about Crown Immunity he said, "Unhappily it seems to be the practice of this Government to wash away and hide those things with which it disagrees."

A spokesman for the Institution of Environmental Health Officers also took issue with the Report, particularly where it said that Environmental Health Officers had told the Hugill Committee they would not have prosecuted even had they been able to. He said the Health Officers in question had stated categorically in the press that they would have taken legal action had this been possible. He could not understand the discrepancy.

The main thrust of the conference was that the issue was cross party and MPs of all shades were supporting the Bill. Richard Shepherd put lack of action over the years down to bureaucratic inertia and hospital managements which were content to let things remain as they were.

However, Norman Fowler acted decisively and announced new legislation to make hospital kitchens subject to the same food hygiene laws as all other catering establishments on 7th February. The Government Bill, not Mr. Shepherd's should be enacted by the Autumn. He gave no clue as to the Government's view on the need for money to modernise kitchens and laboratories.

ACHCEW's national Standing Committee had already responded to demands from its CHC members to step up the campaign for a clean-up. It has asked CHC members to co-operate with EHOs, inspect and, if necessary, expose deficiencies and to assess and publicise the financial implications of achieving, not only minimum standards, but provision in tune with patients' needs and expectations.

Report of the Committee of Inquiry into an Outbreak of Food Poisoning at Stanley Royd Hospital. HMSO. Command No. 9716. Price £8.80.

Test Case

A very worrying case has come to the attention of ACHCEW. A Mrs. X, as we shall call her, was charged for sight testing in spite of the fact that this is supposed to be charged against the NHS. The case went to the Ophthalmic Service Committee and the Committee found for Mrs. X. However, the ophthalmic optician, Mr. Y, is appealing against the decision and there is likely to be a hearing in April. Mr. Y. has decided that the wording of the regulations permit him to charge for aspects of the testing process and his very individual interpretation is demonstrated by the fact that his case has, so far, been rejected by the professional body concerned.

So he has appealed and engaged the services of a Q.C. If Mrs. X wishes to pursue her case she will be undertaking considerable financial risks in spite of the fact that she could eventually be reimbursed from public funds. If Mr. Y wins his case, however, it will drive a coach and horses through the commitment of the NHS to offer free sight testing. If he loses, the case will no doubt go to judicial review. In the first instance the nature of the NHS provision will be fundamentally changed. In the second, vast amounts of public money will be expended for no reasonable purpose.

The local FPC is aware of the issues concerned but, on DHSS advice, is not prepared to fund the appeal by a consumer who is not only fighting her own battle but is obviously trying to defend a facility which has, up until now, been considered to be available to anyone in this situation. ACHCEW wonders why the DHSS has not intervened to resolve the matter before it reaches the point at which either public policy is destroyed or the public purse is subjected to totally unnecessary pressure. We feel the issue is fundamental yet the complainant has been left to her own devices apart from the help given to her out of principle by sympathetic lawyers. Should not the local CHC be given the money to take over the burden of financing the case as it has such far reaching consequences?

Legal Action

On the 17th October last year there was an occupation of Neasden Hospital by NUPE and COHSE workers, and members of Brent Health Emergency helped organise a community picket. There was no official Brent CHC involvement but the DHA claimed that three CHC members were involved either as members of those particular unions or as members of Brent Health Emergency. The occupation meant that management were denied access to the hospital which was otherwise operating normally.

At the beginning of December last the DGM issued a consultation document proposing closure giving Brent CHC until February to reply. On the 6th December the Health Authority had court injunctions served on the three CHC members. Injunctions had been served on all those taking part in the occupation. This was done both to give management the right of access into the hospital and to prevent a rally planned for 7th December which was to take place inside the hospital.

On 10th December the Health Authority had an injunction served on Brent Community Health Council which implicated the CHC with the running and organisation of the workers occupation of the Hospital. Having taken legal advice, the CHC was defended in the magistrates court on Wednesday 11th December and the Secretary then swore an affidavit and attended the High Court. The injunction was not upheld, the Judge saying there was insufficient grounds. The Judge inferred that the CHC appeared to have acted only in accordance with the duties and the function of CHCs as set down by Parliament and described in the Statutory Instruments. However, he gave the Health Authority until 14th January to find evidence to uphold their request for an injunction.

On 13th January Brent CHC was told that the Health Authority was dropping any further proceedings and would not be seeking an injunction. Brent CHC points out that, all in all, the legal proceedings have cost the DHA in excess of £10,000 of taxpayers' money.

As to the fate of Neasden Hospital, although the CHC had until the end of January to make its recommendations, it was decided at a DHA meeting on 16th December 1985 to allocate £150,000 for unspecified upgrading of a ward at Wembley Hospital and a ward at the Central Middlesex Hospital in preparation for the transfer of geriatric patients from Neasden Hospital. This action has been described by Brent CHC member, the Rev. David Haslam, as "an obvious attempt to pre-empt the result of the consultation process and circumvent what is, incidentally, a legal requirement of the DHA's statutory duties."

Hit list

In a Mail on Sunday "exclusive" on 26th January a number of hospitals were listed as being under threat because of NHS cutbacks. These included: The Hospital for Tropical Diseases, the Royal National Orthopaedic Hospital, the Royal London Homeopathic Hospital, the Hospital for Women in Soho (which houses Britain's biggest family planning centre), the Middlesex and University College Hospitals. Riverside Health Authority is having to choose between closing St. Stephen's or the Westminster... If this is anything like true then you begin to wonder just at what point the DHSS feels it can stop pressuring health authorities to save money in such a way. As the plan is to sell off the buildings and the sites, what happens when people start at worst dying for lack of treatment or at best waiting indefensible periods of time for it. Or are we all supposed to go private?

Mothers at Risk

The lives of mothers and babies are being put at risk by severe shortages of staff and facilities throughout Britain according to a confidential report to be published in the summer. Maternity units are giving women anaesthetics without an experienced anaesthetist present says the National Birthday Trust. Its research team was headed by Professor Geoffrey Chambers of St. George's Hospital, London, vice president of the R.C.O.G. There is no paediatrician to resuscitate babies in one birth in five and Britain has fewer intensive care cots than it needs and a quarter

of those we do have are not fully staffed. The preliminary results were based on research at 524 maternity units nationwide. Results included: Anaesthesia is the sole cause of nearly a quarter of deaths occurring during caesarians and the second most common reason for maternal death. DHSS recommendations that experienced anaesthetists should always be on hand for emergencies are being ignored. Epidurals are performed in units where specialists are available only from time to time and where there is no resuscitation and ventilation equipment in the delivery room. Large numbers of units are staffed with anaesthetists below the grade of registrar. There are only 473 intensive care cots for newborn babies compared with the 1,000 recommended as the minimum by the DHSS and only 74 per cent of these are fully staffed.

Ombudsman's Findings

It is now the custom of the Health Service Commissioner to preface his six monthly periodic reports of selected cases with "epitomes" of the reports included, i.e. what we would call edited or precisised reports. The DHSS is currently distributing these free on a trial basis. The DHSS believe this to be of value - and it would certainly seem to be the case - not least for use as appropriate in training courses and seminars. There is no objection, the DHSS says, to photocopying the "epitomes" if additional copies are required.

They are obtainable from the Office of the Health Service Commissioner, Church House, Great Smith Street, London SW1P 3EW. Ref: 177.HSO.16/5.

Drug Safety

In the light of information that another arthritis drug is suspected of causing deaths and serious side effects, drug firms are to be asked to set up large scale studies involving at least 10,000 patients to monitor the side effects of new drugs reports the Committee on Safety of Medicines. It has been decided that the Yellow Card system for doctors to report side effects to the Committee is not an adequate means of monitoring new drugs (something many bodies including some CHCs have been saying for years...). To improve the situation the Committee is seeking voluntary agreements with companies to conduct post-marketing studies on most new products. The Committee will select the drugs and the form the study shall take. Initial moves suggest the firms will co-operate. The Committee does not think legal powers are necessary to enforce such tests. Compared with the U.S.A., and many other European countries, our system for regulating and monitoring drugs is far from adequate and, again, in many other countries there are legal obligations on drug companies which do not operate here.

Observer 26.1.1986. Guardian 30.1.1986.

CHC/RHA Relations

We have now heard from another RHA, this time Trent. On membership of ACHCEW the RHA says that obviously it is a matter for each CHC to decide whether or not it joins ACHCEW but if it

does then the RHA regards such membership as entirely appropriate and will consider any submission for expenditure on membership of the Association as a legitimate cost for inclusion in the annual financial estimates. As to general funding, all CHCs are cash limited under the normal rules. Annual estimates are prepared jointly by District Treasurers and CHC Secretaries and are forwarded to the Regional Treasurer for approval. Meetings are held on a quarterly basis between all CHC Secretaries and forwarded to the Regional Treasurer for approval. Meetings are held on a quarterly basis between all CHC Secretaries and the Regional General Manager which provides a useful forum for exchange of information, discussion and direct contact between CHC and RHA members in order to discuss matters of mutual concern. On salaries, Trent's reply is slightly different to the others in that it says the grading structure has been recently reviewed and appropriate changes made to reflect alterations in responsibilities and workload. Any individual Secretary is at liberty to seek a grading review although negotiations on salary scales are a matter for Whitley. CHC Secretaries and members are free to apply for training opportunities and are strongly encouraged to do so. The RHA meets the full cost of sending new Secretaries to the annual residential course and makes payments towards any other training. Full sets of Agendas and papers are routinely sent in advance to all CHC Secretaries in the region before meetings and many CHCs send observers on a regular basis and this is welcomed.

Dalkon Shields

West Midlands TUC tells us that its Women's Advisory Committee has been expressing concern over the number of women still using Dalkon Shields. The company - A. H. Robins - recalled these devices in 1974 following a high rate of septic abortions and pelvic inflammatory disease. An advertising programme has now been launched in women's magazines to try and reach the women still using the device and also to say that the time limit for any possible claims is limited. The TUC feels that GPs should take a more active role in this matter and FPCs should circulate posters for display in their surgeries and ask GPs to trace any patients who may still have this device.

Resolution 21

We have now had a belated reply to this Resolution on the need for a nationwide computerised recall service for cytology tests. It appears, say the reply, "that considerable progress is being made to achieve this Ministerial objective." Government experts advise the DHSS that five yearly tests are "quite adequate" and the DHSS has accepted this... Problems in the running of the service are "really for local management". There are backlogs in processing in some laboratories and "health authorities should give priority to ensuring the laboratories can meet the demand." Publicity only results in women coming for smears more often than necessary (i.e. at less than five year intervals). The group most at risk is women over the age of 35. The Government has distributed £500m additional cash to health authorities this year and it is for them to determine how the cash is to be used.

In view of the seriousness of the matter, this response appears to say nothing. In a report published in The Guardian in December, Barney Hayhoe admitted that only 37 DHAs had computerised call and recall systems or even firm plans to implement them. A report of a screening programme undertaken at Ninewells Hospital in Dundee between 1962 and 1985, with random checks, showed that while nationwide the death rate had changed little in that time, at Dundee in the age group 35 to 54 mortality rates had declined by about 50 per cent. "The logical conclusion that this is due to screening is inescapable" says Dr. Helen Duiguid, who published the results of the programme.

Stamp it out

In a letter to the 1 February issue of Pulse magazine, a doctor wonders about "the exact motives of a group of London GPs who wish to charge patients the cost of a stamp for a letter telling them whether or not they have been accepted to the list?" Is it, he queries, a case of GPs selecting "easy" patients whom they wish to admit? Because a list is either open or closed. If it is open the patient can be told at once and if it is not then that is the end of the matter and the patient can be told the position. If it is not a case of creaming off the easy patients then what can we expect next? Tins with slits in the tops in doctors' surgeries marked "donations" similar to those that appear in shops and other places before Christmas in the hope you'll subscribe to the staff drinking fund...?

Soap Operas

Central Manchester CHC has written to the producers of Crossroads asking that CHCs be written-in to the programme. The response is that the Script Editor is considering the subject for future story lines. Central Manchester is now looking into other soap operas and radio serials for a similar approach. (Just imagine a whole series based on a CHC office - no, most people would find what went on unbelievable....).

Legionnaires Disease Inquiry - letter from Mid-Staffordshire CHC

"It may be of interest to you and other CHCs to know of our experiences with regard to the Public Inquiry carried out in this district following what is acknowledged as the largest outbreak of Legionnaires Disease ever recorded.

"The outbreak took place in April/May of this year and it was widespread. There were a number of deaths. Once the disease had been diagnosed and the site of the infection identified then the number of patients suffering from Legionella Pneumonia began to reduce. It was at this stage that Mid Staffs. CHC debated the matter, although constant contact between the District General Manager and the CHC had been maintained throughout. It was recognised that Stafford had been struck by a disaster. It was therefore decided that the Secretary of State should be asked to set up a public inquiry to look into the matter. Anything less, it was felt, would be unacceptable to the people of Stafford. Further it was felt that the CHC as the consumer representatives of the community should have representation at whatever kind of inquiry it was decided to hold. The CHC was delighted to hear

that a Public Inquiry was to be instituted under the Chairmanship of Sir John Bedenoch.

"At the first sitting of the Inquiry the ground rules were made clear and interested parties were asked to apply for representation. It was difficult to see why some applicants had applied and their applications were smartly turned down. Others were granted representation for part of the hearing, e.g. those representing doctors for the medical part of the hearing and those with engineering interests for the engineering part. Those for the Regional Health Authority and District Health Authority were granted representation for the whole of the hearing as were those representing the patients and bereaved and as was the CHC. The CHC also asked to be able to ask questions of clarification, this was agreed. The inquiry we were informed, would fall into two main parts (1) the hearing of evidence in public at Stafford and (2) the consideration of evidence in private, and the receiving of written submissions and the hearing of expert witnesses to enable the inquiry team to make global recommendations.

"The first part seemed to fall quite naturally into two parts, that of medical and that of engineering. The evidence in both of these instances was extremely technical and many of those present looked forward to it with some trepidation but that trepidation was eased somewhat by expert presentations at the beginning of each section which clarified matters considerably for those of us who are non technical.

"The Stafford part of the inquiry has now finished, it ran for 31 days. The Interim Report, it is hoped will be ready by about the end of the year. Attendances on behalf of the CHC at the hearing were split equally between myself and a member, Mrs. Caroline Baker. The Chairman at the outset had asked that as few as possible should attend on behalf of the CHC. The sense of that became very apparent later when the huge weight of technical evidence became clear, with more than two carrying out the task, day to day briefing would have been virtually impossible. At first we were apprehensive about our role, and about how we expected to be received by the inquiry team and the Barristers who were representing commercial organisations and whose interests would be focused on that of their clients. After the first day, on which we had to assert our right to recognition, things became more amicable and we felt that we were more readily accepted, and indeed we were offered any help which we felt that we might need in our understanding of the evidence. I think that it is right to say that our relationship improved as the inquiry progressed. The attitude of the inquiry team to the CHC representation really could not be faulted, it was inevitably courteous, it included the CHC at all levels of discussion. It appreciated the CHC and its questions, it invited the CHC to give its views and probably most important it recognised the importance of the community voice in the inquiry. The Chairman on many occasions when addressing the CHC made it very clear how importantly the inquiry team viewed the evidence, the opinions and the feelings of the people of Stafford in their investigation into the disaster which had struck the town.

"The outbreak did not affect only those who had Legionnaires Disease or those who were bereaved, it affected the whole town.

The inquiry heard about people from the town being ostracised simply because they came from Stafford. They heard of a coach full of elderly people going to play bingo at a club outside of the district, being turned away because they came from Stafford. Hotel bookings falling off, and cancellations occurring because of Legionnaires disease and, very disturbing, the reduction in public confidence in Stafford's new District General Hospital, manifested in the failure of patients to keep outpatient appointments, a situation which thankfully has now improved.

"We now wait for the interim report of the inquiry, which those attending on behalf of the CHC feel was conducted impeccably, by a team eminently qualified to do so and in a way sensitive to Stafford, those who suffered and those who were bereaved. The Chairman said on the opening day that the inquiry would not be set out to apportion blame but rather to find out why what happened, did, in the hope that an outbreak of such magnitude can be avoided in the future in this country or anywhere else in the world. We hope that the report will succeed in that.

"I write this in the hope that should any other CHC be placed in the situation where it feels that it should have representation at an inquiry, then it should go ahead, make application, be firm about what it wants but stick within the ground rules laid down by the inquiry team and hope that it will be as well received as we were by all concerned, but above all be aware of the commitment of time that it will be called upon to make.

"I think that the experience of being part of the inquiry is one that neither of this CHC's representatives would have missed but we are sad that the experience could only be acquired by the dreadful misfortune of others."

AROUND THE CHCs

Riverside CHC

In August 1985 Victoria and Hammersmith & Fulham CHCs were amalgamated to become Riverside CHC, in spite of strenuous local opposition. Eventually it was grudgingly agreed that there should be a staff of three, including a deputy Secretary on a trial period of three years. There would be a single office.

Now, after six months, Riverside is finding it almost impossible to carry out its duties and has written to Under Secretary Ray Whitney to protest and ask for an urgent meeting. Before 1982, the Secretary points out, there were three CHC offices in the area and six staff. There is no single central point where a service can be adequately provided for a complex district spanning three local authorities and serving an inner London area whose high level of deprivation is acknowledged. So the CHC is seeking an urgent meeting with the Under Secretary to try and ensure that the two offices are kept open. In this it has the full support of the health authority.

To make the point, the CHC provides statistics for the two offices for the period before amalgamation. For the quarter April to June 1985, at the Fulham Palace Road office (due for closure) there were 610 callers, 302 of these making complaints about GPs,

hospitals, etc., although the office was only open for a limited period each day due to staff shortage. There were also many telephone queries. At the Tufton Street office the figure over the year was estimated at 2,371 but due to pressure of work this might well represent a 10 to 15% under-recording of contacts. In addition, Riverside CHC is represented, or has observer status, on 25 authorities or committees.

ACHCEW has also written to Mr. Whitney saying we are alarmed at the whole situation and possible consequences of placing such a massive burden of responsibility on a single CHC, asking that he will see the deputation from the CHC and that some kind of a solution should be found.

South Warwickshire CHC

How's this for "consultation"? Stratford-on-Avon hospital, on a split site already, is due to become a community hospital. Until October 1985 the CHC, along with other bodies, was considering the plans to rebuild a new outpatient's department next to the casualty department. It was, therefore, with amazement that the Secretary learned there had been a "press conference" to publicise a brand new £7M hospital! The press conference, it appeared later, was attended by just one Coventry reporter, other papers were either told too late to attend or were not told about it at all.

Right up to the end of last year, the CHC had still not been officially informed. On 18 December the Secretary wrote to the DHA on the lines "surprised at news, please send info. urgently - when is consultation?" There was no immediate reply to that or other urgent messages and telephone calls but on the Monday before Christmas, the chair of the CHC phoned the DHA chair who expressed concern that the CHC had not known anything about the new hospital but said there could be no consultation.... The new plan will involve selling off the old hospital building and is likely to run into heated local controversy as it will mean moving the famous old clock tower to the side of the cattle market driveway.

South West Herts CHC

This CHC has drawn our attention to figures published in the 26 October issue of The Pharmaceutical Journal which indicate that in the first two months since Limited List Prescribing came into effect, there was a reduction in the number of prescriptions dispensed but - and it is a big but - an apparent rise of £15M in costs. Why should this be, asks the CHC?

North West Herts CHC

This CHC has taken part in an anti-smoking publicity campaign. The local Health Education Officer was invited to show the video, Suckers, to a group of teenagers and a friendly journalist was asked to use this as a basis for an article. The video was then made freely available to the public during the next two weeks, when a big Health Education display on smoking was put in the window of the CHC. N.W. Herts wonders if any other CHCs might be interested in doing something similar on ASH's No Smoking Day in March.

Bristol CHC

Bristol CHC has protested strongly to Barney Hayhoe and the S.W. Regional HA over the closure of Bristol Homeopathic Hospital, without proper consultation, by the Bristol and Weston HA. It will be closed for fifteen months to allow psychiatric services from a general hospital to be moved there. The Eye Hospital has been using some of the beds and these will now return to a new Eye Hospital including some beds for the use of homeopathic doctors and GPs. The CHC says it has had no information about the transfer of psychiatric services to the hospital nor on the long term plans for the beds used in the Eye Hospital by local GPs. Mr. Charles Hannam, CHC Chair, said: "What makes me particularly angry is that it is only a fortnight since the District General Manager promised consultation would take place and gave the impression that he thought this should have been dealt with already by his staff. He must have known then that the closure would take place two months ahead of schedule but he gave no indication of this. It is well nigh impossible for the CHC to represent the public interest when it is treated in such a shabby fashion."

Cambridge CHC

A further development in the saga of the private secure unit at Kneesworth House. The CHC has now been invited to visit up to four times a year, such visits to follow the pattern of CHC visits to NHS establishments. The owners of the home are obviously somewhat concerned at the publicly expressed views of the CHC and ACHCEW on such a unit and the CHC has explained its position frankly along with what it sees as its task when visiting. Reports of visits would be supplied to the unit on the same basis as those to NHS facilities but the CHC would not undertake to supply copies of documents relevant to the CHCs relationship with other parties involved such as Health Authorities, FPCs and other CHCs concerning NHS patients in the home, or registration or inspection. Ray Jobling, Chair of Cambridge CHC and Tony Smythe will be visiting Kneesworth shortly for further discussions.

Hounslow & Spelthorne CHC

Has sent us some interesting cuttings monitored in their local press. As well as covering matters such as closures, and the CHC's reaction to them, there are a number of other stories of both good and bad practice. In the first category is a school's guide on medicines and drugs sponsored by several Hounslow firms. It uses strip cartoon characters to illustrate how easy it is to become addicted to glue sniffing and also an easy-to-follow explanation of how antibiotics and aspirins work. On the bad side there is a letter from a reader saying he took his daughter to her GP with a "minor but painful ailment which forces her to lose time from school." The doctor asked if the family belonged to BUPA and then said the only way to ensure speedy treatment was to be a member of a private health insurance scheme! The same newspaper points out (2.1.1986) that a press release from N.W. Thames RHA says it is to spend £5.5M on a new warehouse to ensure further savings can be made...

Barnsley CHC

Barnsley CHC has pointed out that while VAT is not payable on some funeral costs, it is payable on items such as flowers and memorials. In view of the difficulty and hardship which many people face in paying for a funeral, the CHC wonders if this matter might be taken up by ACHCEW with the relevant authorities to try and get exemption for such items. What do CHCs think?

Bradford CHC

Is looking for the Receptionist of the Year in Bradford Health District and asking to hear from people who think their local GPs receptionist is sympathetic, helpful, efficient and possibly puts that "little bit extra" into his/her work. The competition has been organised to encourage constructive discussion about the role of the receptionist and the problems faced by both them and patients. Nominations close on Feb. 24 and we will bring you news of the result!

West Birmingham CHC

West Birmingham CHC is claiming victory in a year-long battle for proper recognition to be given to the cost of running the only NHS hospice in the West Midlands, the Taylor Memorial Home in Erdington. West Midlands RHA is being recommended to change the way it calculates funding necessary to run this service, following a campaign by the CHC which pointed out that the DHA, which manages the home, provides hospice services costing £300,000 to patients from other districts while receiving only £100,000 from the RHA to provide these services. Secretary Martyn Smith says that while the RHA has not acknowledged it, it will make the change as a result of CHC pressure, it is "too much of a coincidence for there to be any other cause."

Rochdale CHC

Rochdale CHC, while agreeing that Rochdale's Cervical Cytology Service, jointly established by the HA and FPC, is one of the best in the country still feels some improvements could be made and has sent a report on the service to both authorities. The CHC has made a number of detailed recommendations which, if implemented, could produce a model service indeed. For those considering this matter it might well be worth asking Rochdale for a copy of the paper which is called Cervical Cytology Service - Joint Review Team Report. The CHC is also calling for urgent action to be taken on the question of drug abuse, not least that there should be a co-ordinated system of education and treatment so that it becomes an integrated mainstream service rather than a series of fragmented components as at present. There should be an immediate response to any user wanting to try and stop the habit, which might include referral to hospital for treatment and assessment programmes. Sufficient resources should also be set aside to expand back-up services including the non-statutory sector upon which so much reliance is placed.

Weston CHC

Weston CHC has teamed up with a major retailing organisation to provide a new approach to healthy eating. "Eat Right, Eat Well" is the name of a big new national programme launched by the Co-op to advise on the benefits of a varied balanced diet. A major initiative to spearhead the campaign is the use of a computerised meal planner - the first to be used by a food retailer in the U.K. which will provide the local public with tailor-made daily meal plans and nutritional advice. The programme was unveiled at a special Exhibition last month organised by the CHC and timed to coincide with a publication of a lifestyle booklet by the Co-op on the needs of pensioners. There is also a video. This does seem to be a pioneering effort for a CHC.

Bassetlaw CHC

Bassetlaw CHC has responded to the consultative paper on the revision of Nurseries and Child Minders Regulation Act of 1948. While this might seem a little out of the way of usual CHC interests, Bassetlaw was concerned at how the new proposals might affect play schemes at hospital and out-patient clinics and have made recommendations with this in mind.

East Birmingham CHC

East Birmingham CHC and its local FPC have mounted a bill board campaign as a result of some unscrupulous doctors charging patients for NHS services which should be fully covered by the NHS. Special posters have been designed telling patients what their rights are. This came about following complaints received by CHC Secretary, Paul Rooney. Doctors had charged for letters or certificates to prove a patient should be entitled to certain benefits, e.g. heating or clothing allowances from the DHSS. Sometimes this has been done in error but certain doctors knew they were charging when they should not. There had also been cases of doctors charging for making a referral to a specialist. The posters, funded by Birmingham FPC, will be translated into three languages and will be displayed in all GPs' surgeries, libraries, post offices and other public places. Paul Rooney says the problem has been hard to tackle as fraudulent charging is hard to prove and patients who had been charged were often reluctant to make a formal complaint.

Bromley CHC

Bromley CHC raised an interesting issue with its Health Authority about cervical cytology and whether it is routinely offered to mentally ill and mentally handicapped patients. At present there is no general routine screening of long stay female patients in mental illness or handicap hospitals. Following the recommendation of Bromley CHC, the Health Authority has agreed to institute routine screening as soon as possible. Bromley notes its satisfaction with the reaction of its HA. Are any CHCs aware of the situation elsewhere and if any other Health Authority has instituted such a service?

Chorley & South Ribble CHC

Chorley & South Ribble CHC has resolved that it should act to prevent the post of Chief Nursing Officer being phased out of the new management structure of Chorley & South Ribble Health Authority. That these new developments are seriously worrying the nursing profession has been shown by the recent full-page advertisements in both national and local press.

AROUND THE WELSH CHCs

South Gwent CHC decided to invite comments from members of the public on any difficulties they had experienced following the introduction of restrictions on drugs. To do this advertisements were placed in local newspapers inviting people to comment on any medical or financial problems encountered, to which 68 people responded. Those replying included pensioners, people on social security, parents of children under 10 and sufferers from Meniere's Disease, MS, and Paget's Disease.

Among drugs picked out was Dimotapp, those prescribed other alternatives said they found they were either ineffective or had side effects. Others included, Benylin, Actifed, Alupent Expectorant, Mucolax and Triominic. Five people complained about Dalmane and the five who took Lipoclavonoid, four for Meniere's Disease, complained it made them disorientated. They now have to pay £11.60 per month for a private prescription. Other drugs requested include Mogadon, Solpadeine, Lobak tablets, Distalgesic, and associated analgesics, several laxatives and Vitamin tablets. A note of the findings has gone to the Welsh Secretary for comment and South Gwent wonder if other CHCs might consider a similar survey.

Clwyd North CHC has responded to the Review of Community Nursing in Wales in a full reply which covers the needs of the consumer, looks at the providers of community service, the provision and structure of services, education and training and also give a general overview. Among its recommendations are that flexibility should be built into working arrangements in all parts of the profession - for example there may be strong reasons to use specialist nurses in some areas and in some specialities but not in others and the CHC also thinks that each Practice should employ one or more nurses to help relieve pressure both on community nurses and on GPs.

This CHC has also looked at the topical question of pests in hospitals, the size of the problem and possible methods of dealing with it. This paper might well be of use to other CHCs and can be obtained from the CHC.

Cardiff CHC has responded to the Welsh Office document "A Good Old Age" with a detailed six-page reply. The overall view of the CHC's Special Interest Group, says Cardiff, "was one of the great disappointment with the contents of the document. Its main emphasis seemed to concentrate on ways and means of achieving cost savings, on exploring methods by which greater efficiency can be achieved, possibly by the redeployment of existing resources. The CHC's view is that there is a limit to what can be achieved by

efficiency exercises without affecting the level of care provided and that the magnitude of the problems identified in the document clearly indicate the necessity for more resources for the caring services as this is the only way in which effective action can be taken, innovatory or otherwise, by the statutory and voluntary agencies involved."

CHC PUBLICATIONS, SURVEYS etc

Who Really Cares? is Brighton CHC's survey of the aftercare of elderly patients after discharge from an acute hospital. This is a crucial issue in the general climate of care in the community. Brighton has a well-above-average number of elderly people and the CHC wonders if the primary and community care services can prove strong enough to take the load and how co-operation with voluntary organisations can be extended when resources on both sides are so limited. It is impossible to do justice to the content and quality of such a detailed and comprehensive survey as this owing to limitation on space. As well as sensible recommendations it gives examples, too, of good practice both local and elsewhere.

Guide Around is a guide to services for people with mental handicap in Northumberland. Northumberland CHC had the services of a full time project worker plus a half time clerical assistant funded by joint finance for 15 months to evaluate an earlier 1981 guide and then produce an updated and revised version together with similar guides to services for people with mental illness and for the elderly. The other two are due out shortly. Northumberland will be happy to let anyone interested have a copy with the proviso that as the Guide is in demand, they would like it back afterwards.

Mid-Essex CHC

Mid Essex CHC has produced a survey on Patients' Satisfaction to find out what patients think of the acute wards in their local hospitals. Questionnaires were given to patients on the wards while posters advertising the survey were displayed and local newspapers informed readers. On the whole, the patients had a high regard for the care they had received and it was particularly noted that patients really did value those doctors and nurses who were prepared to give them information on their illness and to discuss the treatment with them as fully as possible.

Unequal & Under Five in the West Midlands - Ethnic Minorities & Preventative Health is the subject of a report from East Birmingham CHC. It is based on proceedings at a conference held in the city in February 1984. What is clear is that all those who took part recognised the problems and that there were many constructive suggestions for dealing with them, even if not everyone was in complete agreement. The overriding problem, of course, is one of finance. This interesting publication can be obtained from East Birmingham CHC. Price £1 inc. p & p, cheques made payable to Birmingham Under Fives Liaison Group.

With deregulated transport much in the air, Burnley, Pendle & Rossendale CHC has carried out a survey of public opinion on transport to hospital. General comments included those from patients who said they prefer ambulance personnel to hired taxi drivers who, they said, gave little help and lacked patience. There were complaints of hospital car parks being blocked by staff all day making it hard for patients, especially those with fractures, etc. Disabled drivers commented on lack of special parking facilities. Many people complained of late starting clinics and long periods of waiting time resulting in difficulties with transport home. Among a number of sensible recommendations is one that appointment times should be made to suit the patient's circumstances, particularly with regard to travel; that there should be inter-hospital bus transport and that bus services should be reviewed to improve frequency of services passing hospitals.

Health Care & the Homeless continues the series of reports by Lewisham and North Southwark CHC on this problem. The current one looks at general medical services as a whole - alcoholism, mental health, attitudes and communication. It also looks at facilities for "travelling" people who, while not homeless or rootless, have only a haphazard access to health service facilities owing to their way of life. Copies available from the CHC.

Women's Experience of Ante Natal Care, a study recently published by Portsmouth and S.E. Hampshire CHC, comes as the culmination of a four year programme of work on this topical subject. The findings prove what sensible people have been saying all along. Women are much more satisfied with the kind of care that enables them to ask questions and discuss their concerns with medical staff. If staff are rushed or unwilling to talk or listen and the atmosphere of the clinic is impersonal, then women are not happy with the standard of care as a whole. Highest satisfaction ratings came from those attending midwife clinics compared with either GP or hospital clinics and the highest proportion of criticism came from those attending consultant clinics at hospitals - 64% of these women suggested improvements. The survey received a particularly high response rate from women who gave intelligent and informed views. Given that high response "it is obvious we are not reflecting the views of an articulate or untypical minority but are representing a very broadly based range of opinion and attitudes", concludes the study. Copies from Portsmouth and S.E. Hampshire CHC, cost £2.95 inc. p & p.

Tameside & Glossop CHC has published two reports prepared during 1985. One is a study of services for the elderly, including the results of interviews with old people in day centres and the other examines the Accident and Emergency Departments at Tameside General Hospital. This report was based on both visits and interviews with users. Both available from the CHC.

Bolton CHC conducted a post discharge survey of parents of children using Bolton's in-patient hospital services, on behalf of Bolton Health Authority. The idea grew out of a draft copy of a Children's Hospital Services questionnaire prepared by hospital staff on their own initiative. The CHC liked the idea but felt the questionnaire did not offer sufficient scope for consumer

response and that if a survey were to be undertaken, this should be an important component. In addition, hospital staff had thought it should be answered while the children were still in hospital but the CHC thought this might prove inhibiting. After some discussion the CHC agreed to undertake the survey on behalf of the DHA and studied various questionnaires provided by both the King's Fund and other sources, the resultant one used being agreed with the DHA. This seems a very good example of co-operation between CHC and DHA. Copies from Bolton CHC.

ACHCEW INFORMATION SERVICE

Could we once again remind CHCs that we cannot run an effective information service without your co-operation? We need to know what you're doing - so send us copies of your publications, annual reports, minutes, press releases, representations to the Secretary of State etc. Whenever a CHC responds to a request for information from another CHC in Community Health News, could you please send copies to us?

INFORMATION WANTED

Kidderminster CHC says: This CHC has come across several cases of patients who have had quite severe allergic reactions to certain drugs. Concern has been expressed that hospital staff are not always aware of these allergies when a patient is admitted and one complainant became seriously ill as a result. It has been suggested that if a GP is aware of the allergy, a bright sticker should be put on the patient's referral letter drawing attention to it. Have any other CHCs considered this problem? If so, please contact Kidderminster, c.c. ACHCEW.

Hampstead CHC wants to find out what form of care elderly people would prefer once they become too physically frail to live at home. Have any CHCs done any research into elderly peoples' preferences or know of research done by other bodies? Hampstead is also interested in non medical models of residential care for highly dependent elderly people. Have any other CHCs investigated this subject? If so, please contact Hampstead, c.c. ACHCEW.

Rochdale CHC writes: A recent case has brought to our attention the lack of mutual support groups, etc. for parents of new born handicapped children along the lines of the Stillbirth/Neonatal Death Society or Caesarian Support Group. Does anyone know of such a group working anywhere? Information gratefully received.

Manchester CHCs' Publicity Committee has recently approached voluntary organisations suggesting CHC members give talks on the work and role of CHCs. Members thought it would be useful to have a film to show and although Manchester did have one, it is now outdated. Have any CHCs got a video they have made, or any information they distribute during such talks? Manchester suggests that possibly N.W. CHCs might produce a film between them. Information and views welcome.

Ms. Joanne Grant of the Pregnancy Advisory Service, 17 Rosslyn Road, East Twickenham, Middx. TW1 2AR would like to receive any information on the current situation with regard to vasectomy in the NHS. How easy is it to get, how long are waiting lists, etc.?

Peterborough CHC as has been mentioned before has been campaigning to stop its HA reducing Family Planning services. Peterborough would like to know if any other HAs have actually done this and, if so, what problems have arisen.

Newham CHC has taken up with the London Ambulance Service a number of complaints it has received about the service including long delays. The Service has replied - in general agreement - listing the reasons why things are going wrong - i.e. demand in excess of available resources, shift rotas incompatible with demand patterns, high levels of staff sickness, hospital closures resulting in patients having to be transported long distances and most available overtime being used to ensure "front line cover" to the detriment of routine work. Newham would like to know if these problems are being experienced elsewhere.

Salisbury CHC asks whether the problems caused by the six-monthly change over of junior medical staff have been considered by ACHCEW or CHCs. The answer from ACHCEW is "No". Salisbury is considering if the lack of continuity caused by these frequent changes, particularly in Accident and Emergency Departments, could cause problems to patients. How else could doctors get trained? Any views from CHCs?

Mrs. B. Dimond of the Polytechnic of Wales is preparing a booklet for the Institute of Health Services Management on the Handling of complaints in both the NHS and private sector. Any assistance from CHCs on how they deal with these would be welcome and any views on the defects or merits of the existing system along with suggestions for improvements. Replies to Mrs. Dimond at the Polytechnic, Pontypridd, Mid Glamorgan CF 37 9B1M. Tel: 0433 405133.

SORRY!

Bloomsbury CHC asks us to point out that it is not actually employing a campaign worker directly (November issue CH News). It is supporting a one year project which is doing this. The project, called the Medical Campaign Project, employed a Campaign worker and a part-time Administrative Assistant from 6 January based at the National Temperance Hospital.

The NHS Strip Show

Our attention has been drawn to a report in the Mirror (29.12.1985) showing the difference in treatment between private patients and NHS patients in some hospitals. Molly Jones of Airedale CHC has launched a campaign over what she describes as a

"national scandal". Private patients, after a cosy chat, then undress for examination. In many hospitals NHS patients are not so lucky. During a recent visit to the gynae. clinic at Airedale General Hospital, Molly found naked women sitting in cubicles wrapped only in a blanket awaiting the arrival of the Consultant. She points out that the first visit is distressing enough without having to sit around in the nude waiting for a production-line visit from a doctor. As a footnote Councillor Doug Thomas of Nevill Hall Hospital, Abergavenny, was sent to be X-rayed and found a number of women sitting in a corridor in bra and pants. They wanted him to undress there too but he refused! The hospital said it was due to a shortage of gowns.

PUBLICATIONS

Protecting Patients is NAHA's special booklet and guide for handling staff complaints about patient care. It is based on the results of a 1984 NAHA survey of 163 Health Authorities' complaints procedures which revealed that only a quarter provided some form of guidance. NAHA admits freely that over the past 20 years a succession of inquiries into standards of care at NHS long stay hospitals has demonstrated unequivocally that patients have been seriously ill-treated while caring staff look on powerless to help. There is also a video on training procedures to accompany the booklet, produced by a leading documentary film maker. Guide and video were launched at a special conference held in London on 24 January. The guide costs £4.25 (non members), £3.25 (members).

The People's Health Plan has been produced by the Paddington and North Kensington Health Emergency Campaign on the basis that while it is necessary to campaign against cuts in funding, it is the local people who use and work in health services who have a right to say what services they want and need. The Plan looks at the NHS in its context with the rest of Europe and the national problems facing it as well as those in the Campaign's immediate area. In 1980 we spent less of our resources on health care than France, Scandinavia, the Netherlands, the U.S.A. and West Germany and now, as our gross national product is lower than those of most industrialised countries, the total amount of money per citizen actually spent on health care is less than the rest of the industrialised world.

Copies from: Susie Parsons, 36 Elenheim Crescent, London W11.

Health Care in Multi racial Britain is published jointly by the Health Education Council and National Extension College. It is a handbook which sets out to explore some of the key issues involved in developing health services to meet the needs of a multiracial population. It is designed for health professionals and especially trainers, tutors and students as a source of ideas. It is available from: Publications Dept., National Extension College, 18 Brooklands Avenue, Cambridge CB2 2HN. Price £7.95.

The debate on how much you should intervene in mental illness is covered in "Towards a Whole Society" published by the Richmond Fellowship. Contributors include Maxwell Jones, R.D. Laing, Thomas Szasz and Anthony Clare as well as politicians and representatives of the voluntary organisations. It is available from the Fellowship, 8 Addison Road, London W.14. Price £5.

Women's Reproductive Rights Information Centre has produced a booklet on Contraception, Abortion and Sterilisation facilities in Bloomsbury Health Authority area. There is also a leaflet about the Centre itself which is available, along with others on health issues, in Bengali, Gujarati, Urdu, Chinese and Greek as well as English. Leaflets (preferably with s.a.e.) obtainable from the Centre at 52-54 Featherstone Street, London E.C.1. and the booklet is available from the same address.

CO-ORDINATE is a new quarterly newslink for those concerned with under fives and their families and it is published by the Voluntary Organisations Liaison Council for Under Fives. It covers social welfare, health and education and it is hoped it will be the shop window for groups working in the field and a forum for discussing policy and development issues as well as exchanging information.

It is free to VOLCUF members or available on £10 subscription from VOLCUF, Thomas Coram Foundation, 40 Brunswick Square, London WC1N 1AZ.

Caring for Carers: A Directory of Initiatives is published by Age Concern and is the third edition of this useful publication.

Making the Most of your Doctor. A family guide to dealing with your GP is written by three doctors and is the basis of a series of programmes shown on Channel 4. It aims to help both doctor and patients and is available from ordinary bookshops. It is published by Methuen and costs £1.95.

Family Practitioner Committees: A Guide for Members. The title is self-explanatory. It is available from the Publishing Resources Centre, Cambridge, and is published by the NHS Training Authority.

Consumer Voice The Winter issue covers issues such as dental charges - should a dentist put these up half way through treatment? Why 200 complaints against the same Gas Board aren't enough for the Office of Fair Trading to Act on, and who monitors the direct mail that comes through your letter box. The magazine is published quarterly and an annual subscription costs £7.50p. from Consumer Voice, Forbes Publications Ltd., 120 Bayswater Road, London W2 3JH.

The Changing Pattern of Care in Psychiatry is a monograph published by the NHS Health Advisory Service on 20 Psychiatric Units in District General Hospitals visited in 1984. It is available from the HAS, Sutherland House, 29-37 Brighton Road, Sutton, Surrey SM1 2BR.

NAHA

1. A new initiative to improve collaboration between HAS and voluntary organisations has been launched by NAHA and the NCVO with a working party set up to review existing links, produce guidance, give examples of good practice and in general assist in achieving an effective partnership. Membership of the working party is drawn in equal numbers from the HAS and the voluntary organisations with an observer from ACHCEW. To assist the working party in its project, Andrew Sills has been appointed as research officer. He previously worked as policy analyst for local government, and as adviser to a health group. A report is expected to be published at the end of this year.

2. Nurses have not been frozen out of vital roles in NHS management says NAHA replying to a campaign being organised by the RCN for more nursing input into NHS management. The RCN's campaign, launched in the media on 12/13 January, invites members of the public to agree that nursing should be run by nurses and it objects to what is described as the "exclusion" of nurses from management decisions. NAHA strongly refutes this allegation saying that the advent of general management in the NHS has altered the way in which all professional staff contribute to decisions and nurses still have a vital role to play in the new management arrangements. Many former District Nursing Officers have been given the crucial new posts responsible for the overall quality of patient care.

Philip Hunt, Director of NAHA says: "No one would dispute that nurses are best placed to make decisions on professional nursing matters. But management in the NHS is much more than that and requires the best managers available from all disciplines. The RCN is right to be concerned that nursing interests are not overlooked but it is not helpful for them to suggest that nurses are given no say in deciding nursing policy."

AROUND THE DHSS

The DHSS has sent out a draft circular on the retention, preservation and destruction of medical records. This is designed to replace existing guidance available to Health Authorities. This is a subject which is of much concern to many of those involved in campaigning for more freedom of information. Comments on the circular are invited by the end of May 1986 and should be sent to Miss R. Harriner, Room B1201, Alexander Fleming House and there are a number of specific points on which a reaction is sought. Copies of the document (of which ACHCEW has one) are also available from Alexander Fleming House, ref. 177 HMR 32. ACHCEW would like to know if any individual CHCs have received this.

A Draft Code of Practice on the "Admission to Hospital and treatment of mentally disordered patients", has been issued for the guidance of all those concerned in the admission to hospital of such patients and comments on this are invited by 30 June 1986. (Both this and the medical records draft circular have, for once, a sensible time scale for comment). Copies are available to those interested under reference 85/364 from Alexander Fleming House.

Now the Good-News! There is a positive shower of circulars from

the DHSS telling us how good everything is. "Cash Increases for All Health Regions" tells us that Norman Fowler has announced increased cash allocations for all health regions and that current spending on hospital and Community Health Services in England will increase by £650m to nearly £10.3 billion - an increase of 7.6 per cent." Ref. 85/361

There are fewer people in mental illness and mental handicap hospitals, says the DHSS. The number of people resident in NHS mental illness and mental handicap hospitals and units has dropped by a quarter over the period 1974 to 1984. The circular emphasizes the concept of care in the community but it does not say anything about how this is working out in practice. Ref. 85/358

There are to be more Rayner scrutinies in the general drive for "achieving value for money in the NHS". Subjects agreed for study are maximising revenue from private beds, creditor payment arrangements, ways of maximising revenue and generating additional income for the NHS, liaison between the NHS and private sector, cost of telephone services in hospitals, value for money on equipment maintenance contracts, "inventory management of medical gas cylinders (improving existing arrangements and examining alternatives)"... perhaps a bang on the head with a hammer after a swig of gin? No mention of patients in all this. Ref. 85/352.

There is to be an extra £5m expenditure on drug misuse but again the emphasis is on videos, etc. to try and stop young people starting on drugs, rather than on a large expansion of treatment centres. The Government says its advertising campaign is proving to be effective. Do CHCs agree? Ref. 85/348.

COMING EVENTS

Pain Relief in Labour: The Benefits and Risks. A National one-day conference organised by the Maternity Alliance on 18 March. Royal College of Gynaecologists and Obstetricians, 27 Sussex Place, London NW1. The fees are: Statutory agency £20, Voluntary agency £10. Unwaged £2. Details from Sue Hunt, Maternity Alliance, 59/61 Camden High Street, London NW1.

Pornography - What's the Use? Workshop organised by the British Society for Research on Sex Education on 14 March. It is designed to look at its effects - political, social, legal and moral. The cost is members £10, non-members £12, unwaged £5. Details from Roger Baker, British ROSE, B.M. Rose Workshop, London WC1N 3XX.

This year's Consumer Congress is at Newcastle University April 11-13. There will be special attention paid to health services and consumer needs. Details from: Wendy Toms, National Consumer Council, 18 Queen Anne's Gate, London SW1H 9AA.

Joint Care - Does it really work? A one day seminar to be held at the New Imperial Hotel, Temple Street, Birmingham on 19 March by the Institute for Social Welfare. Fee is £28 (members £25). Application forms from Secretary, 239 Weston Road, Stafford ST16 3SL.

The 11th Conference of the World Organisation of National Colleges, Academics and Academic Associations of GPs will be held at the Barbican Centre in London from 1 - 6 June this year. Over 350 papers have been received, 51 of which will be presented as Freestanding Papers. Others will be given as poster presentations. Workshops include: Ultrasound and its use in General Practice, The Role of the GP in the Hospital and Consultation in General Practice. Further information from Dr. Clive Froggatt, "WONCA", 27a Medway Street, London SW1P 2BD.

CHC DIRECTORY: CHANGES

Page 4: East Cumbria CHC. New address: 8 Chatsworth Square, Carlisle, CA1 1HB. Telephone number - no change.

Page 5: Calderdale CHC. New address: 10 Harrison Road, Halifax, HX1 2AF. Telephone number - unchanged.

Page 7: Peterborough CHC. New address: 40 Park Road, Peterborough, PE1 2TG. Telephone number - unchanged.

Page 14: Torbay CHC. Temporary address, c/o Torbay Hospital Annexe, Newton Road, Torquay. Tel. No. Torquay 64567, Ex. 5548.

Page 15: East Birmingham CHC. Tel. No. 0121 327 5987.

Page 15: South Birmingham CHC. New address: 933 Bristol Road, Selly Oak, Birmingham, B29 6ND. Tel. No. 021 472 4089.

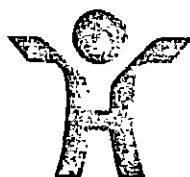
Page 15: Solihull CHC. New address: Warwick House, 87 Warwick Road, Olton, Solihull, B92 7HP. Telephone number: 021 706 9500.

ACHCEW's News

Representations to the DHSS on CHC staff salary scales are to be made shortly with the Society of CHC Secretaries.

ACHCEW is represented on Health Concern by Joy Gunter (Dewsbury CHC); the Advisory Panel of the Disabled Living Foundation's Information Service by Joan McGlennon (Croydon CHC); the Mental Health Film Council by Edgar Evans (Weston CHC); the NAHA/NCVO working party on Collaboration with the Voluntary Sector by Wyn Pockett (Hounslow & Spelthorne CHC - Observer).

ACHCEW will shortly be meeting the GMSC of the BMA to review CHC/FPC Consultation, the IHSM to plan a joint initiative on a Code of Practice for Out-patients and The Association of Directors of Social Services to discuss topics of mutual concern.



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