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Association of Community Health Councils for England and Wales
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No. 13. March 1986

WHAT IS A PATIENT'S FRIEND?

A serious issue has arisen over a case taken to stage three of the clinical complaints procedure by West Essex CHC, whose Secretary, Angela Alder, was to have acted as "patient's friend".

The case concerns a young man we shall call John. In February 1984 he complained to his doctor of feeling generally unwell and was referred to his local hospital. Eventually he was seen by Dr. X against whom the complaint is made. On 18 September 1984 when he was admitted, sub-acute bacterial endocarditis was diagnosed and he was prescribed six weeks on an antibiotic drip. After three weeks, however, the drip was discontinued and he was sent home, his parents being told the infection had now gone. However, while in hospital, he had been taken to a London Teaching Hospital where he was found to have a swollen heart with a badly leaking valve. He was told he would need an operation "sooner rather than later." He was discharged from his local hospital on 20 October but a letter of referral to the London hospital was not written until 6 November. It only requested he be seen "fairly urgently" and, because of this, he was not given an appointment to see a consultant until 25 January 1985.

On 31 December 1984 he became ill and his GP referred him to his local hospital. There he waited two hours in the A & E Department where medical staff agreed he showed signs of heart failure but in spite of this he was sent back home. By 1 January he was deteriorating rapidly and was sent back to the hospital where, this time, he waited one and a half hours. The next day he was transferred to the London hospital where his parents were told he would only live for two days without immediate surgery. They were also asked why he had not been referred earlier when he was in a stronger physical state. He survived the operation but died on 9 January.

The CHC took up a number of important points concerning what Secretary, Angela Alder, describes as a "mess, a chain of

disasters." Why did it take sixteen days between John's discharge from hospital and a letter being written to the London hospital? Why did Dr. X ask for the case to be dealt with only "fairly urgently"? Why did Dr. X tell John's parents the initial infection had cleared when it was a contributory factor to his death? Why was he not given the six weeks treatment prescribed? Why was he not admitted to hospital when first brought in by ambulance on 31 January and why were his parents not given any satisfactory explanation by Dr. X of his death?

It has taken a long time, says Mrs. Alder, to try and fix a date for a hearing of the case not least because difficulties seemed to occur continually over dates suitable to the consultants. She has taken several other cases to this stage and knows that consultants can make difficulties but she certainly did not anticipate what was going to happen next. Finally, a date for the hearing was set for 7 March this year and this was confirmed on Thursday 27 February. The following morning, 28 February, she was informed that one of the consultant assessors would not hear the case if a member of the CHC was present as 'patient's friend'. If, however, the CHC agreed not to attend, the hearing would go ahead as planned.

When Mrs. Alder asked why the CHC was prevented from going, she was told it was because the consultant considered she would be acting as an advocate for the complainants. She explained that, as in previous cases of this kind, she did not see herself in an advocacy role and was not looking for any kind of confrontation. "It's not like that", she says. "I'm merely there to give them support and perhaps to remind them if they do not remember to ask all they intended to ask. I want them to feel they have had every chance to make their point and to feel satisfied that a full investigation of their complaint has been carried out."

ACHCEW contacted the DHSS, the Regional Health Authority and the BMA on Friday the 28th of February. No one was in a position to offer any advice. On Monday 3 of March the RHA said they were thinking about asking the JCC to appoint another assessor. The second assessor had not objected to the CHC's presence. Conversations took place between ACHCEW and Frank Wells, Head of the Hospital Services Division at the BMA and Deputy Secretary of the JCC, on Monday evening and Tuesday morning. The JCC view was that delays were unacceptable. It stood for a fair and considered approach to consider in depth any complaints made. The JCC's responsibility was to appoint two independent assessors and the procedure was fundamentally different from that of Service Committees. It normally took the JCC four days to name an assessor. Dr. Wells felt that the trouble with the CHC acting as Patient's Friend was that it could be construed by the consultant assessor as introducing too much formality or 'making too much of a meal of it'. The role of ACHCEW and the CHC in this case had not been helpful. The CHC should explain the procedure to the complainants and persuade themto go to the hearing with their priest. While the JCC had the power to apppoint another assessor they did not intend to do so in this case. The JCC had not been asked. It later transpired that the JCC had been asked to do so by the Region on Friday on Friday 28th of February. If the case did not go ahead

on the 7th of March it would take about two months to find another assessor. However, Dr. Wells promised to refer the matter to the Chairman of the JCC.

On Tuesday Kathy Carson of the North East Thames Regional Health Authority informed the CHC Secretary that she had telephoned the complainants direct without reference to the CHC and told them they had a choice between going ahead on the 7th of March without the CHC or dropping the complaint. ACHCEW informed Kathy Carson of its view that this behaviour was unacceptable and unethical. Dr. Sussman, the new Regional Medical Officer, then came on the line and said that he was not prepared to discuss the matter any further and that the decision to contact the complainants and proceed with the hearing was on his instructions.

The Joint Consultants Committee provides detailed guidelines for consultants acting as a second opinion, a copy of which the BMA gave to ACHCEW. It explains the procedure to be followed. The meeting should take place in a neutral venue, a confidential secretary will be available and a nurse if this is required. The crucial phrase is this. "The complainant, if he wishes, may be accompanied by a relative or close friend or his GP (but not a "representative" or an advocate) who can be present at the consultation in part or throughout as seems appropriate."

CHC Secretaries and members have been acting as "patients' friends" for years so what are we to make of the JCC guidelines? Have any other CHCs found themselves confronted with this problem? What do CHCs - especially those who have acted in such a way on a number of occasions - think of the JCC guidelines and how do they think it might affect them?

Your urgent response is requested.

As we go to press, the complainants still insist that they want to be accompanied by the CHC Secretary. Further representations are being made to the DHSS and the local MP Jerry Hayes has met the CHC and ACHCEW and has agreed to take up the case with Ministers.

NUCLEAR SAFETY. A MATTER FOR CONCERN

In recent weeks there has been growing anxiety nationally over the safety or otherwise of the nuclear industry. This has been completely cross party and represents a genuine feeling of public concern. That this reflects an international anxiety is shown by two recent reports from the World Health Organisation, Nuclear Power Accidental releases, principles of public health action and Management of High Level Radioactive Waste. Concern in this country is not allayed when such apparently conflicting statements are issued by the various bodies concerned and while there is so much secrecy involved on every aspect of the subject. What is interesting is that both WHO reports call for far more public involvement in the decisions and issues at stake.

In August 1984 the Report of the Black Committee was published. This was the Committee of Inquiry set up to look into

high incidence of leukaemias around Seascale, the nearest village to the British NuclearFuels plant at Sellafield. The report received criticism. To begin with, it appears some of the cases of childhood cancer were left out, and one case listed in the front of the report does not appear in the statistics. Secondly it transpired that the committee had made a fundamental biological error in calculating the radiation dose received by Seascale children. Leukaemia occurs in the bone marrow where the blood cells are formed. If damaged by radiation, these cells may become cancerous. The Black report assumed that the blood cells targetted by radiation were evenly distributed throughout the bone marrow but, in fact, research shows that the target cells are concentrated in a specific place, the inner surface of the bone, which is vulnerable to plutonium.

But the paragraph which received most criticism was that in which the committee stated that for the rate of cancers in that area - 3.5 times the national average- to have been caused by radiation, emissions from Sellafield would need to have been forty times what they had been. On 16 February the Sunday Times revealed that the Atomic Energy Authority, which had run the plant at that time - when it was known as Windscale - had just admitted that between 1952 and 1955 emissions were forty times more than had hitherto been revealed. At the time of writing there are no plans for the Black Committee to investigate further other than to publish the next figures as an appendix.

It is the similarity of the patterns of cancer clusters which is now beginning to concern doctors, as instanced in The Lancet in three letters - 1984.Vol.1.p1188-89, 1985.Vol.2.p1248-9 and 1986.Vol.1.p266.

Near to some nuclear plants, leukaemias in children appear to be running at ten times the national average and in others five times as many children have the disease as in the country as a whole. In other areas there are three times as many cancers of other kinds than the national average. Children leukeamias appear to be on the increase in at least three areas where there are nuclear sites. (ACHCEW has the more detailed figures).

It would surely set people's minds at rest if a full and truly independent study were undertaken to try and see if these figures are merely coincidental or whether there is an underlying cause. What do CHCs think? And have they had queries from the public in those areas where there are nuclear installations?

A CENTRAL ELECTRICITY GENERATING BOARD VIEW

"The two articles you carried in November and December on Hinkley Point B nuclear power station were written without first-hand knowledge, or any reference to the Central Electricity Generating Board, which operates the station. Both were inaccurate and partial. May I therefore set the record straight.

On 25 October, a boiler tube leak occurred at the station which, although not uncommon in power stations, was the first in an advanced gas-cooled reactor (AGR).

About 5 1/2 tonnes of water leaked into the reactor, and was later discharged as part of the normal authorised discharges from the station. As with other discharges of mildly radioactive water, there was no radiological hazard. It is incorrect to contend that the Board withheld information when in fact it explained the nature of the incident to local authority representatives.

On 20 November, there was a release of clean carbon dioxide gas from a storage tank at the station, not the 22 November as the article stated. There were no radiological implications whatsoever.

The third event mentioned in the articles happened on 29 November, when a small shaft became disconnected and allowed gas to escape. About 8 tonnes of carbon dioxide gas escaped and a further 15 tonnes was released through normal venting. The amount of radioactivity released was insignificant compared with the limits authorised by the Department of the Environment and MAFF. As an example, only .0004 per cent of the iodine 131 daily discharge limit was released.

The reactor was shut down at the time of the event for general maintenance work. No one was injured and again there was no radiological hazard, either to the staff or to members of the public. To claim that "...a plume of radioactivity travelled across Somerset and was blown up the Thames Valley" shows not only a total disregard for the facts but is also grossly alarmist. There was no increase in the levels of radioactivity measured in the areas surrounding Hinkley Point power station.

It is also wrong to state that 5000 workers were evacuated. All 900 staff in fact remained on site, although a handful were cleared from the immediate area of the breach. In line with procedures, staff were given potassium iodate tablets as a precaution under the Nuclear Installations Inspectorate approved emergency plan. Some members of staff experienced physical discomfort as a result of taking the tablets.

It is of course understandable that you should wish to carry articles about any event which may have health implications."

Contribution from M.J. Dinnick, Information Officer, CEGB.

REPLY TO CEGB

5000 was a misprint for which we apologise.

To resume our story: Judith Cook states: "I did indeed contact the CEGB. On the occasion of the first accident I rang both the Hinkley station and the CEGB press office. The reason why they do not recollect this may possibly be explained in the following paragraph. On the other two occasions I contacted the CEGB press office in London, on behalf of a daily paper and a weekly journal."

1. The 25 October accident. The CEGB released information that there had been an accident, which resulted in a full shut down,

on 29 October. If they did tell the liaison committee, then nobody would know as it meets in secret and issues no statements. The CEGB told Judith Cook, the newsroom of Television South West, and Paddy Ashdown MP that there had been no release of radioactivity whatsoever. Reliable sources from within Hinkley Point informed all the parties listed above that there had been. As a result of this, Paddy Ashdown tabled a series of Parliamentary Questions and finally, on 15 November, he was informed by Under Secretary Alastair Goodlad, that there had been a release but it was within permitted limits. We feel this is an important point in view of the fact that the CEGB claim they were not contacted.

The amount of water released was 1,325 gallons. CHC No. 10 carried the CEGB's version of events.

2. We did not say there were any radiological implications from the storage leak.

3. There is some difference of opinion as to which pipe broke and we must await the report of the Nuclear Installations Inspectorate. It is not true that there has been no pipe failure at an Advanced Gas Cooled Reactor; in fact there was a serious breakage at Hinkley Point itself in June 1977 which is well documentedin many publications including Walter Patterson's Nuclear Power. This third accident was described to us - and others - by Mr. John Large of Large Associates, an ex senior nuclear research worker on AGRs for the Atomic Energy Authority, "as the most serious accident at a nuclear plant since the 1957 Windscale fire". (This was before the recent accident at Trawsfynydd, of course.) He later accompanied Paddy Ashdown to a meeting with the CEGB. The information as to the direction of the vented radioactive particles (whether within permitted safety levels or not) was given from a source within Hinkley station. Paddy Ashdown is still not at all satisfied with the answers he has received about the amount of radioactivity released on this occasion and is continuing to press the matter in the House of Commons.

ACHCEW was first contacted by the CEGB on this matter by telephone by Mr. Dinnick who said all the information in both newsletters was wrong. Within a few days the Guardian (12.2.86) had revealed plans for four more nuclear power stations at Hinkley Point, two to be built on top of the existing ones. On 20 February a Mr. Michael Gammon of the CEGB wrote to the Guardian saying this was quite untrue. On 27 February, Ms. Maggie Gilliam, a member of Somerset County Council, wrote to the Guardian pointing out that it was Mr. Gammon himself who had broken this news to Somerset County Council planners and had given details at a meeting of the liaison committee. We think it necessary to draw attention to this in view of the complaint to ACHCEW.

It is not possible to state categorically that 'no one was harmed' as the diseases attributed to low level radiation usually take years to develop.

USING MANPOWER SERVICES

Cornwall CHC has proved that it is possible for a CHC to receive substantial funding from the MSC if a project is put to them in the right way. They have just been given £46,000 to look into the problems of drug abuse in the Restormel area of Cornwall. This will include not only hard drugs but solvents, alcohol and tobacco. The grant is the result, says Secretary Bruce Tidy, of a great deal of persistence and of learning how to design your project to fit in with the MSC's terms of reference. The money must be used for a project which is of direct benefit to the community, so it is not sufficient just to undertake a survey and publish a report. It has required confirmation from the RHA that it will act on the project team's recommendations. The CHC will also publish a Directory of facilities throughout the South West which it is hoped the RHA will help to fund as the MSC grant does not cover printing costs. The money will enable Cornwall to employ a full time Project Director and 9 part-time field workers for 56 weeks. Among the results of the survey, it is hoped to be able to pinpoint high risk groups. Obviously designing a suitable questionnaire will be a delicate and difficult task and Cornwall would welcome any assistance from other CHCs who have worked in similar areas of concern. Bruce Tidy also thinks it is important to draw the attention of CHCs in general to funds that are available in this way - pointing out that the sum is almost double Cornwall's annual allocation.

PEDALLING TOWARDS THE ELEPHANT

Cyril Townsend MP arranged a meeting between Bexley CHC and Ray Whitney. The CHC explained to the Under Secretary of State for Health their view that Bexley HA did not have enough money to provide an adequate health service. They gave examples of present cuts such as the reduction in pampers for mentally handicapped children, reduction in Family Planning Services and the closure of the GP ward in a local hospital. They told him of the closure of a further 36 beds at the same hospital owing to lack of money to pay agency nurses; of the breakdown of the X-ray machine; and their fears for the future, especially for the old and mentally handicapped. The Minister told the CHC members that he did not agree. He spoke of the "voice of the people on the street who were extremely satisfied with their hospital treatment and very pleased with their GP." "This appeared to me", says Secretary Graham Girvan, "an attempt to dismiss the CHC as a hysterical, shroud-waving and ill informed group of agitators." Fortunately, the CHC was firmly backed up by its MP who told Ray Whitney he was receiving more letters of concern about the health service, from his constituents, than ever before. He added that he was becoming more and more concerned about the effects of lack of finance.

The moral of today's lesson, says Bexley, "is that CHCs should firstly make sure that their MPs are well informed about local matters and then use every opportunity to meet with Ministers so as to dispel the 'everything in the garden' is rosy picture. CHCs should get on their bikes and pedal towards the Elephant....

A.L.A.C.S. REVIEW

Community Health Councils should play a major role in future in representing the interests of patients who have complaints about the Artificial Limb and Appliance Centre Services, say the members of the working party who have recently published the ALACS Review. Those cases which cannot be resolved at local level should be referred to ALAC's headquarters for further consideration and the new organisation's commercial director and a senior manager in each centre should be personally accountable for dealing promptly with all complaints received.

The Review by the working party is pretty hard hitting. It found services below standard in several respects. As evidence was taken it became obvious that very many people were not satisfactorily served, that many people endured unnecessary pain and discomfort "with dignity and patience" and they disliked "the apparent complacency with which this situation was regarded by many, but not all, of those supplying these services." There was virtually no competition between firms supplying appliances and they were notcapable of controlling costs, prices or profits. "In many areas the system appears to reward inefficiency and delay while providing no incentive for suppliers to make impovements." Some of the problems arose, says the Review, because the services sprang up to meet the needs of post war limbless ex-servicemen and the organisation has not developed to meet new and continuing needs. The working party made a large number of recommendations which include the involvement of CHCs, a new Management Board, for more consultation and involvement of the patient when s/he has to have an appliance, improved amputation techniques, better rehabilitation facilities, better grading and training of prosthetists, and much more. If implemented it would mean a complete shake up and overhaul of the whole system.

The authors say: "We are making recommendations for radical change. We believe that the people in this country who are disabled, for whatever reason, should be given the opportunity to live as normal a life as possible. We believe that to be the wish of the general public also. If there is a political will to enact these reforms they may well be achieved more quickly and more effectively than even we hope."

Review of Artificial Limb and Appliance Centre Services. HMSO. Volume 1 £4.60. Volume 2 £8.00.

THE HEALTH MINISTER RESPONDS

The Health Minister, Barney Hayhoe, has responded to Nick Bosanquet's report "Public Expenditure on the NHS: Recent Trends and the Outlook." His response, says the Minister, "sets out the Department's thinking on a number of key issues related to NHS expenditure as well as correcting some more major errors in the original report."

The Minister's position is crystallised in his first paragraph: "I agree that, as the report suggested, health

authority services need at present to grow by about 2 per cent a year in order to meet the pressures they face. One per cent is needed to keep pace with the increasing number of very elderly people (although pressure is now at a peak and will decline into the 1990s); medical advance takes an additional 0.5 per cent and a further 0.5 per cent is needed to make progress towards meeting the Government's policy objectives.... But I must emphasize that it is services and not expenditure that need to grow by 2 per cent. Services are developed both by increased cash allocations and by greater efficiency in the use of resources. The Report ignored the contribution made by greater efficiency but it is crucial to analyse what has happened to activity and expenditure to interpreting the present position and planning for the future."

Here are some typical points:-

Medical Advance The report says that the Department assumes that Hospital and Community Health Services' expenditure needs to rise by about 0.5% a year to meet the costs of medical advance and that between 1978-9 and 1983-4 increases in expenditure on acute and obstetric services (the areas most affected by medical advance) were only about half those required to meet demographic pressure and medical advance. "That analysis looks at expenditure and takes insufficient account of increased efficiency which enables the HCHS to increase service provision without equivalent increases in cost. It is HCHS services which are estimated to have increased at around 0.5 per cent a year as new methods of treatment have been developed and disseminated."

Policies for Changing Expenditure Between Regions

"The report's discussion of the effects of RAWP and of sub regional re-allocation implies quite wrongly, that the only way in which over-target Regions and Districts can cope is by cutting services in relation to population, for instance by relocating from Inner London to the Home Counties. Another is to bring pressure on above-target Regions and Districts to reduce their very high unit costs of treatment, and it is clear from the higher cost improvement programmes that have been achieved and planned in the Thames Regions that their greater scope for savings is being exploited."

The statistics become harder to understand when they deal with the numbers of nursing hours and nurses available for each grade in different hospitals. The Minister does not think the report "gives the true picture across the different care groups and could be misleading." He feels the figures were incorrect as the analysis was confined to different types of hospitals instead of looking at nursing staff in single specialities across a range of hospitals. After explaining the Department's calculations, the Minister says" "The Department's figures may over-estimate slightly, as it is not possible to allow for all the changes in coding during this period, but the significant differences in the two sets of figures serve to illustrate the difficulties inherent in the interpretation of these trends.

"We do not accept the view", he continues "that there is 'little fat left to cut'. The evidence is that Health

Authorities will be able to achieve substantial improvements in the use of resources, in addition to those they have already made, and the appointment of General Managers at unit level should enhance this process."

There is a great deal more in the same vein. Not all cost improvements will release resources, improvements in efficiency can also be secured through 'increased productivity and throughput.' Improvements in productivity may sometimes require cash to finance them but, overall, lower unit costs mean that more cases can be treated for the same expenditure.

Finally the Minister notes that his attention has been drawn to the level of spending on the health services in other Western European countries and agrees that the NHS is "a good buy but this does not rule out the search for further savings."

The full text of the Minister's reponse is worth some attention.

SPECIAL HOSPITAL TO HAVE LOCAL BOARDS

As you might have seen in the press, Norman Fowler has announced that all four special hospitals - Rampton, Broadmoor, Moss Side and Park Lane - are to have local management boards which will be Special Health Authorities accountable to him. Rampton has been operating with a Review Board since 1981. The Rampton board, says the Minister, provided an intermediate management tier between the hospital management team and his department, was chaired by a businessman and has members with relevant interests and experience who know the hospital well and can stand a little apart from the day-to-day business. We do not know, at the moment, whether or not there will be a role for CHCs here.

REVISION OF HEALTH BUILDING NOTE 12 OUT PATIENT DEPARTMENT

The DHSS has engaged Stuart Robinson of Careplan to co-ordinate the revision of the above note and he is at present collecting as much appropriate information on the subject as possible. CHCs, he feels, are in a strong position to make any important contribution to his research and to make comments that may well affect the planning and design on this key department. He is also aware that a number of CHCs have undertaken surveys on the subject. He would, therefore, be most grateful to receive as much help as possible from CHCs who feel they have any contribution to make - either in the form of comments, suggestions, or in copies of surveys and/or reports. Any charges will be met. If you can help with this which seems a useful way of ensuring a CHC input, please contact him at Careplan, 6 Lime Crescent, Sandal, Wakefield, West Yorkshire, EF2 6RY. Tel: 0924 259161.

UNNECESSARY DENTAL TREATMENT

The monitoring of NHS dental practice should be improved in order to reduce unnecessary treatment by some dentists. This is the conclusion of the Committee of Inquiry into the subject set

up in 1984. The Committee finds that the present methods of detection are inadequate to prevent and deter abuses of the system of payments to dentists under the NHS although it recognises that it is hard to detect unnecessary treatment after the event. Should unnecessary treatment be suspected, the burden of proof must lie with the dentist who might well face disciplinary procedures. There is much more in this report and CHCs who are interested in the subject might well like to get hold of a copy from HMSO. It costs £5.50 and the DHSS would welcome CHCs views - they gave a date for receipt of these three months from 20 February... Any comments to Mrs. J. Carter, Division FPS2(A)4 at Hannibal House.

INFORMING OF SMEAR RESULTS GP's DUTY

The full responsibility for informing women of the results of their cervical smears should rest with the doctors according to a new DHSS consultation paper. This document has been sent to the BMA and Royal Colleges for private consultation and makes no mention of the patient taking any of the responsibility. The GPs immediate response does not seem to be very enthusiastic and a report in the magazine PULSE (1.3.86) says this would split responsbility between GPs and Gynaecologists and others who work in family planning clinics. "Who takes responsibility and how?" asks a doctor in PULSE. Dr. Gordon Taylor, a member of Oxford regional general practice committee, stated that the onus should be put on the patient to find out the results of the test. It is interesting to note that CHCs were not shown the document for comment. The HSSJ of 17.2.86 carried a story noting that North Birmingham had admitted losing a batch of smears. This authority is one of 41 which have failed to introduce a comprehensive call or recall system for screening.

DHSS RESPONSE TO RESOLUTION 15

Macclesfield CHC, who moved the resolution on the subject of insufficient provision of places for the care of elderly people have replied in detail to the DHSS response and a copy have been sent to the Department. The core of their argument is that the DHSS should conduct or support a fact finding exercise on the subject, with which ACHCEW is in agreement.

BREAST CANCER

We have just received, somewhat belatedly, the report of the UK working group on Breast Cancer screening. The group was set up in July last year by Kenneth Clarke on behalf of all UK Health Departments, following publication of a study carried out in Sweden which, for women over 50, appeared to remove many of the doubts previously attached to the value of screening for breast cancer. The terms of reference of the committee were to consider information now available on the subject, the extent to which this suggests necessary changes in the U.K. policy on the provision of the necessary facilities, to suggest a range of policy options and assess the benefits and cost associated with them and to set out the planning implications of implementing such options. Breast cancer is the commonest form of cancer among women in the UK. There are approximately 24,000 new cases a year and 15,000 deaths. Neither its causes or how to prevent

it are known. The group concluded, after studying trials in different countries, that they seem to have demonstrated a significient reduction in mortality from the disease in women over fifty. This reduction can be attributed to the detection of a larger proportion of early cancers in screened women. There are some pilot schemes underway in Britain but these will not be published until 1988. The group concluded that there are very real advantages in screening women over fifty and that there is a convincing case, on clinical grounds, for a change in UK policy on the provision of the necessary facilities. However, this would not be sensible unless the necessary back-up services were provided to assess the abnormalities that would be detected. "The working group has not attempted to conduct an economic evaluation of breast cancer screening in addressing part 1 of its remit" says the report. It will attempt to do that in part 2. Copies from DHSS, Hannibal House. Ref. APMF/jmw/fmm.24.12.85.

HELP FOR THE BLIND

"Moonwriter" is the name of a new machine launched by the Royal National Institute for the Blind. It is a system of reading by touch, similar to braille, but which allows blind people to write as well. It was developed by schoolboys in Sevenoaks and is manufactured by Possum Controls. The Moonwriter will be sold in the UK only through the R.N.I.B. at the heavily subsidised price of £109 to blind people (the real price is £326.50). Details and further information from the RNIB, 224 Great Portland Street, London W1 6AA.

NAME YOUR OWN HOSPITAL

Dewsbury Health Authority is inviting all those associated with the health services in Dewsbury to suggest names for ward blocks and wards at Staincliffe General Hospital. The authority will choose the winners and give a small prize.

DHSS CONSULTATION

The DHSS is about to publish its revised version of CAPRICODE, to improve the process of consultation on closures contingent on new capital developments. ACHCEW has now received a copy of the section on consultation from the revised version which will be issued to RGM's this month and published by the HMSO in April.

HERBAL MEDICINES

Concern over the Government's decision to look into their status is growing (see Darlington CHC in CHC publications). A cross party motion has been tabled in the House of Commons expressing concern that there are no specialists in the practice of natural and herbal medicines advising the Minister on the Medicines Commission, or the Committees for the Review of Medicines and Safety of Medicines and that therefore these medicines are being judged by inappropriate persons. The Minister should form a Committee of people with expertise in the subject, says the motion.

CO-OPERATION

To promote co-operation in training at qualifying and post qualifying/post basic levels in the field of mental handicap, the English National Board of Nursing & Health Visiting and the Central Council for Education in Social Work have established a Joint working group to facilitate opportunities for nurses and social workers to study together during their respective training courses.

CONSULTATION CONTINUED

Readers will be familiar with the continuing story of Hounslow & Spelthorne CHC and the decisions being made regarding local mental handicap hospitals. Now the NW. Thames RHA has sent out a paper setting out its policy on mental handicap. In view of the disagreements between CHC and the RHA as to the meaning of "consultation", paragraphs 24 to 29 of the paper are illuminating. The massive change in care being proposed, says the RHA "has to be carefully planned by everyone concerned." This means everyone - including the mentally handicapped themselves and certainly includes the CHCs. The most important planning is at district level and that is where the real decisions will be taken on the nature of local services and needs and for setting the pace for transfer out of the large hospitals. The RHA is establishing a mental handicap policy team whose task will be to participate in broad policy making and this will include representatives from the CHCs. The Region, it emphasizes, recognises the need for "wide consultation on plans." However "consultation on final closure is a difficult issue; when do you consult on the closure of a hospital which may not happen for ten or twenty years? What is important is that the interested parties - particularly Community Health Councils - which have statutory rights on closure questions - should be involved in planning from the start, so that the changes which gradually unfold will have broad support and understanding." The message, it appears, has got through - certainly on paper.

OUR MYSTERY MAN

Who is Mark Lemon? This is the question asked by Wakefield CHC. Who indeed? It sounds like a name from a Mills and Boon romance, doesn't it? ("Mark Lemon strode into her boudoir, his eyes raked her from top to toe and then he swept her into his arms. 'Oh Mark,' she challenged, 'you know this is wrong.' Her bosom heaved through the lace of her negligee. "Wrong?" he muttered, "this thing is bigger than both of us..." etc. etc.) Sorry, enough of this. Actually he appears to be the founder of a firm of solicitors.

PESTICIDE WARNING

At least 92 pesticides cleared for use in this country are linked with cancer and birth defects, according to the London Food Commission. Dr. Tim Lang, its director, claims that the current government tests are so poor that they could only detect 110 of the 426 permitted residues. This seems to agree with studies carried out by the Agricultural Workers section of the TGWU who have campaigned for years over the fact that the

Ministry of Agriculture has no system of random checks for pesticide residues in foodstuffs as is the case in the other EEC countries. The report ofthe Commission lists 49 pesticides linked with cancer. (Some pesticides cleared as safe in this country and still on sale were found to have been passed on fraudulent data in the States. We cannot be told which they are or what is in them as this is covered by Section 2 of the Official Secrets Act....) The Commission asks the Government to introduce proper testing of food for these residues and to compel farmers to keep accurate records of the types and amount of pesticides used.

Still on a health issue 12 MARCH IS NATIONAL NO SMOKING DAY

FLUORIDATION

The N.W. Regional Health Authority has written to us expressing concern over a letter circulated by the National Pure Water Association to CHCs. The RHA says it gives the wrong impression about the efficacy and support for fluoridation by conveying to them the decision of the S.W. Regional Health Authority that no action should be taken in regard to fluoridation on economic grounds. The South West Regional Health Authority agrees that the circular was misleading. We are therefore bringing the views of the N.W. Regional Health Authority to CHCs.

GUIDELINES TO HELP PATIENTS CHANGE

New guidelines to help patients change GPs have been sent to the Royal College of GPs faculties recently, according to PULSE (22.2.86). The guidelines suggest that patients should be free to choose their own doctors and ways should be sought to overcome barriers to such freedom of choice. Patients should be warned, however, of the problems they may encounter by changing doctors during a course of treatment. A disagreement between doctor and patient should not always mean there is need for a change and mutual choice of doctor and patient should be promoted within the frameworks of the NHS, giving priority to the needs of patients while not ignoring the preferences of doctors.

FAMILY PLANNING

The Family Planning Association has written to all 215 of the newly appointed NHS General Managers urging them "with reasoned arguments" to maintain the family planning clinic service. The arguments are based on both health needs and cost effectiveness.

AROUND THE CHCS

North Staffordshire CHC

This CHC has been looking into the supply of the solutions used with contact lenses on prescription, when lenses are fitted by the Hospital Eye Services as a necessary part of treatment, i.e. for non-cosmetic reasons. As the Health Authority did not supply the solutions, patients were having to pay commercial

rates so the CHC wrote to local MPs who requested clarification from the DHSS. In her reply, Baroness Trumpington notes: "We regard the supply of contact lens solution as an integral part of contact lens therapy and consider that for those whose contact lenses are prescribed under the Hospital Eye Service, the HA has a continuing obligation to supply the necessary solutions subject, of course, to the payment, where applicable, of the usual prescription charge." The CHC took this back to the HA who have now agreed to supply on prescription. It seems only about 50% of the centres operating the Eye Service currently supply in this way.

Also, the North Staffs HA's Health Education Department will be mounting a Health Fair for the six months of the National Garden Festival, running from May to October in Stoke-on-Trent. West Midlands CHCs will jointly be mounting an exhibit for one week at the end of August which the RHA is to fund. It is estimated that around 150,000 people will pass through the Health Fair that week and this will be a major effort to increase public awareness of CHCs.

Harrogate CHC

This CHC has been pursuing the matter of the long delays often experienced when patients need their medical records transferring, and they brought the matter up with their MP., Robert Banks. He took it up with the DHSS and has told Harrogate that the Department were aware of the problem and concern being expressed and now hopes to computerise the NHS Central Register within the next four years. This will halve the average time - 85 days according to the DHSS. (Certainly, it can be much longer than this in some areas). The DHSS states that the NHS Central Register has reorganised its working procedures into a "customer orientated" system where each FPC has a team which handles work and the speed of the operation has improved, some FPCs getting a return-of-post service. However, the DHSS emphasizes that there will be delays, even after computerisation, where patients register without their current medical card or do not provide sufficient details for their records to be traced. Also it is important for patients to know that it is desirable to register with a new GP as soon as this becomes necessary - for whatever reason - rather than waiting until treatment is required. Harrogate makes the point that CHCs should also put over to patients the need to do this, to provide sufficient information and to present their card.

Hounslow & Spelthorne CHC have another "consultation" story. In 1984 its HA issued a consultation document which detailed the permanent closure of a female surgical ward at a local hospital, Ashford, - which had been temporarily closed since May 1983 - to allow for the provision of additional geriatric beds at that hospital. The importance of this change and that it would "free space, staff and resources" for the geriatric beds, was underlined as was the statement that it was the HA's belief that the permanent closure of the ward would "mean an improved quality of service for the community in view of the linked proposal to provide additional geriatric beds." A further exchange of letters during 1983 emphasized that a 24-bedded ward would be provided. An an interim measure a 17-bedded ward would be ready

early in the Spring of 1985. The Draft District Short Term Programme for 1986/7-1988/9 shows that both a geriatric day hospital and a ward were to be provided at Ashford yet the final document, approved by the DHA, provides only for a day hospital as "it has become increasingly apparent that the financial position precludes the opening of both facilities." The DHA is currently 135 beds below its 1994 target and is further from target than any other DHA in the North West Thames RHA. The CHC is alarmed at the precedent being set in this instance. The resources saved by the closure of the ward were specifically shown to be for the provision of geriatric beds, yet the CHC is now told the money is not there. Does a DHA have the right to utilise resources saved as a result of formal consultation and detailed in that consultation for a specific use for any other purpose? Consultation appears pretty meaningless if an agreement, once reached, is then totally disregarded.

Plymouth CHC which has taken a special interest in the coming deregulation of the bus services has the following comments to make on the Transport Act 1985 on Buses to Hospitals:

> By 28 February 1986, bus operators will have registered their commercial services under the new Act. By mid to late March 1986 the Traffic Commissioners will collate and publish these and begin to decide what further services are needed and put out tenders for subsidised services.
>
> Now is the time for CHCs to check that bus services to hospitals have been registered commercially and begin to lobby their County and District Council to give priority to subsidising an appropriate level of bus service to hospitals.
>
> Area Traffic Commissioners' Officers could be approached for information, but County Councils will have received copies of all registrations, and County Council Transport Co-ordination Officers could be contacted. As CHCs include County Council representatives, they should be able to help with access to information and guidance on the lobbying process.
>
> The Act does not affect London. In the Metropolitan County areas the PTEs (under the control of joint Public Transport Authorities precepting from Metropolitan District Councils) should be contacted.
>
> Plymouth CHC has written to Devon County Council asking for priority to subsidise bus services to hospitals and offered to attend their committee meetings to put the case. It will be on the Agenda of the South West Association of CHCs in April.

Newcastle-upon-Tyne Local Medical Committee has produced a discussion document on the development of general practice in the city. It is, in effect, a manifesto on primary care dealing with many important issues that have arisen in the absence of the long-awaited Green Paper. They suggest that practices, rather than individual GPs, should be accountable to FPCs. The FPC

itself would be responsible for ensuring the attainment of agreed standards of acute, chronic and anticipatory care. Standards should be set by the FPC in discussion with the LMC and health authority community services.

Contact: T. Zwanenberg, Adelaide Medical Centre, Benwell Shopping Centre, Adelaide Terrace, Newcastle-upon-Tyne NE4 8BE.

Manchester Central CHC has set out its views on improved facilities for the homeless, following the motion carried at the AGM. Its experience has shown that it is a problem to which individual GPs and FPCs have no apparent solution and in which many individual CHCs have shown too little interest. Secretary Nick Harris continues:

"My CHC takes as a starting point that individuals should have access to community based general practitioner services. However, experience has shown that homeless people find it extremely difficult to register with a GP. Family Practitioner Committees appear reluctant to use allocation as a means of securing a GP. Where there are a few large hostels it is clear that individual registration by allocation can cause problems and we have recognised the interim value of the sort of project which we have in Manchester, whereby primary care services are provided through external funding. However, this is clearly not a solution.

Experience in Manchester, of trying to provide GP services through a salaried GP and, more recently, GPs being paid an extra per capita payment leads us to believe that enormous efforts are going to be required if GPs are to see homeless people as part of their normal caseload. The existence of an Inner City funded project over a number of years, which has amongst its remits persuading GPs to take on homeless people as patients, has almost entirely failed. In Manchester the situation is better than elsewhere in that the City Council is pursuing a policy of closing many of the larger hostels and opening up smaller facilities. This should mean that the potential problem of registration with GPs is lessened. This has not proved to be the case.

The difficulty seems to be that individual GPs and, presumably, FPCs see single homeless people in a very stereotyped way, as dirty alcoholics who are usually males. They are presumed to present a large number of problems to the GP and are regarded as undesirable patients. This sort of sterotype is not only generally inaccurate but does little to help the individual patient. Over recent years there has been a vast increase in homelessness amongst women, younger males and also families. The GP services appear to be as unable to cope with this increase as they have been to cope with the more traditional problem of single homelessness. My own CHC has concluded that, while they would prefer individual GPs to be taking on homeless people, they accept that an alternative way of providing medical services may have to be sought. In this context we have viewed the DHSS funding of a salaried GP service for the homeless in London with interest, but also feel that the alternative of an additional payment may have to be considered. We do this reluctantly because it violates our principle, but experience over many years

in Manchester has shown that GPs may not be providing an integrated service, and therefore a separate and specialised service may have to be considered in the interests of homeless people."

Cheltenham & District CHC took up the case of a local family where the wife has suffered from multiple sclerosis for 35 years. She had been very successfully treated with Mucodyne and Bisolven until April 1985 when both were transferred to the prescribed list. Her husband immediately wrote to the DHSS fully explaining his wife's case, asking to be told of the alternative drug. As his question has so far gone unanswered the CHC can only assume there isn't one. On 4 June the husband wrote again to the DHSS pleading with them saying that not only can he, a lay person, see that they were beneficial but so also does her GP., her previous GP and the chief ENT consultant at Charing Cross Hospital and a local pharmacist who used to be head of department at another large teaching hospital. The CHC asks Norman Fowler "in the name of humanity" to urgently restore the above mentioned drugs to the limited list and fulfil the undertaking he gave in the House on 21.12.85when he said: "I also believe that the selected list which I am publishing today will demonstrate that in practice the health service will continue to provide all medicines required to meet the clinical needs of patients."

Barnet CHC has taken up the problem of payment for children's hearing aids. This has come about following a complaint from a parent. The difficulty is that children need special hearing aids which can cost between £200 and £800. They are not provided by the NHS and have to be bought privately, with payment at the DHA's discretion. Central London hospitals used to pay for them but are now passing costs on to districts and there is no money in Barnet's budget to meet this cost. It is obviously wrong, says Barnet CHC, that these essential aids are not part of the NHS. Should this not be an issue ACHCEW takes up at national level?

South Warwickshire CHC is taking up with Norman Fowler what it sees as "a very worrying shortage of Therapists (occupational, physio, speech, etc.)" and a limited survey indicated to the CHC that there are few vacancies and few students sponsored by HAs. Care in the Community, says South Warwickshire, may be adversely affected by this lack and remedial action is necessary now. Expanding existing centres of training or creating new ones, possibly in existing colleges, could be partly underwritten by HAs and Social Services. This must be seen as a major priority.

Wakefield CHC has written to Norman Fowler saying that it has had to deal with the case of a recently widowed woman who found it was not possible to obtain a refund on a prescription pre-payment more than one month after its issue. This means that the relative of someone paying out the sum of £30.50 for a year's prescriptions and dying five weeks or more later, is not able to claim back the remainder on a proportionate basis. This, says Wakefield, seems both petty and callous, as while the sum to the state would not be particularly significant it may mean a good deal for someone on a very low income - particularly at a time of bereavement where there are also additional expenses and altered financial circumstances. Wakefield asks the Secretary of State to

indicate why this arbitrary limit could not be extended to at least six, preferrably nine, months or, at best, a full proportional refund. This will only get worse when prescription charges are raised - yet again - in April 1986.

Manchester North CHC in its fight to prevent the closure of the Burns and Cleft Palate units at Booth Hall Children's Hospital collected 19,477 names of parents who between them are responsible for 16,277 children under the age of sixteen, in a comparatively short period of time and at a limited number of public events. This is the tip of the iceberg of public opinion says the CHC. The CHC has pledged itself to: 1) fight for the retention of the Burns, After Clinic, Plastic Surgery and Cleft Lip and Palate clinics at Booth Hall. 2) to fight for the retention of specialist services within the Northern Sector of Greater Manchester. 3) to support the principle that children's services should be located in dedicated childrens hospitals, independent of General Hospitals. It has asked the RHA for its views.

East Yorkshire CHC - Mandy Ponder writes:

In November 1985 the East Yorkshire Community Health Council acted as host to the Low and No Alcohol Roadshow.

The District General Manager of East Yorkshire Health Authority asked the Health Education Service to consider planning, co-ordinating, and implementing an alcohol roadshow which took place in Beverley, Bridlington and Hull.

The aims of the Roadshow were to:

1. Educate the general public regarding sensible drinking.

2. Promoting alternative to alcohol ie.alcohol-free wines, aperitifs, and lagers.

3. To raise awareness among professionals both within and outside the NHS regarding sensible drinking and alternatives to alcohol.

It was felt that these aims would be achieved most effectively if the Roadshow were seen as both informative and enjoyable. From experience gained in organising and implementing Health Fairs to compliment the Great British Fun Run in May 1985, it was considered that the venue and public participation in the exhibits were vitally important.

The CHC premises were ideal as they were situated on a main shopping precinct and the room used for the displays had easy access and was compact. This made it easier to create a lively, informal atmosphere that would be attractive to the public.

The Roadshowwas a tremendous success. Results from the evaluation questionnaire carried out on a sample of people attending the event showed that all of those interviewed liked going round the displays, and particularly enjoyed tasting the variety of low and non-alcoholic drinks. Over 80% of those interviewed said that they felt they had learned something; 60%

of these reported they had learned about the range of alcohol-free drinks available on the market, and 40% about sensible drinking in general.

Great enthusiasm and support for the event was expresed by officers and members of the Health Authorities and, as a direct result of the Roadshow, alcohol-free wines were provided as an alternative to alcohol at the East Yorkshire Health Authority Christmas and New Year functions.

The Health Education Service acted as a pump-primer and it is envisaged that perhaps another organisation will co-ordinate this activity in future years.

Haringey CHC thinks it would be of interest to other CHCs to know that, at a meeting between the CHC and the FPC, a deputation of about 30 people from mixed ethnic groups was received at the request of the CHC. Their concern was that letters calling in women for a cervical smear were written only in English. They wanted translations into the main community languages as something like 30% of families in Haringey speak a language other than English at home which means the women are often neither fluent nor confident in English. The meeting heard a spokeswoman put the case and, after a discussion, the FPC members - contrary to the decision taken at their own meeting - decided to ask the HA to consider how best to meet the women's needs. The action by the ethnic groups was, says Lilias Gillies, really quite dramatic and it was unusual for a deputation to be seen in those circumstances. As a result discussions are now being held on how to put a brief explanation of the meaning of the letter in eight languages, on one sheet of paper, to go with each letter.

Brighton CHC. Readers will recall how highly we praised this CHC's report, Who Cares? in our last issue. There are now two versions available from the CHC, a summary at £1 inc. p & p and the full version at £1.50 inc. p & p.

AROUND THE WELSH CHCs

North Gwent has sent us details of three examples of direct input into service planning and policy making which leads the CHC to believe there may be even better chances for such input in the future - particularly if it can demonstrate that it had a real role in determining what is best for the public.

Example 1: Gwent HA has issued a comprehensive programme document for consultation and the CHC has been asked to comment on any aspect of it, but particularly upon the DHA-perceived development priorities and to submit its own schedule of priorities for each of the four health units. The CHC has responded to this immediately.

Example 2: Gwent has responded to an invitation to nominate a CHC member to serve on the Consultative Tier of the North Gwent Community Mental Handicap Team and sees this as a significant step forward in obtaining real involvement.

Example 3: The CHC has established a Working Group to look at various departments of Nevill Hall Hospital which serves a population of about 180,000. Initially the Group is following the course of a fictitious outpatient from time of referral to the DHG by a doctor until completion of consultations and/or treatment. This will be submitted to all the appropriate authorities and the Group will monitor developments over two years.

Current successes, says Gwent, include the banning of smoking in North Gwent hospitals, apart from designated hours in day rooms; in compaigning for an £800,000 Out-Patient extension at Nevill Hall hospital and in the production, by the North Gwent Hospitals Unit, of an updated and vastly improved information booklet for in-patients. Many suggestions made by CHC members have been incorporated into it. A version of this is now being prepared for children and parents whose children have to go into hospital.

Clwyd North CHC has responded to the Welsh Circular on "The Changing Role of Specialist Handicap Hospitals in Wales" and has put forward a series of practical suggestions; but the CHC makes the point "We hope that more than lip service will be paid by the Department to help fund physical and staffing improvements in existing hospitals from the central psychiatric reserve. For, not only have many of these bids been refused, but this document was wonderfully timed to be published some four weeks after the last date for consideration of bids for the coming year!"

NEWS FROM NAHA

1. NAHA too is now extremely concerned at the rapid growth of private nursing and residential homes and NAHA's Director, Philip Hunt, spoke recently on the subject at a symposium organised by the Association of Welsh Health Authorities held in Cardiff. He said: "Health and local authorities have to be vigilant. Many problems arise in a minority of homes where low standards give cause for concern. Authorities have a very clear duty to root out these homes and deal with them in a decisive manner." However he did think that the 1984 Act, taken with NAHA's guidelines on the registration and inspection of nursing homes "do provide sufficient backing for registering authorities provided they do their job properly."

2. Joint finance has only a very limited role to play in easing patient transfers from hospital to community care, says NAHA. That is one of the main conclusions of a report published by NAHA and Loughborough University's Centre for Research in Social Policy. It calls for additional sources of bridging finance to be made available if the community care policy is to be effectively implemented. Copies of the report are available, price £6. from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS.

INFORMATION WANTED

Calderdale CHC would like to know the best way to help people who have problems with unsatisfactory immediate dentures for which they have paid more than £60.

a) Have many CHCs received complaints about immediate dentures?

b) How many complaints have been referred to denture Conciliation Committees of FPCs and with what results?

c) Should ACHCEW have discussions with the British Dental Association about advice to patients and the NHS system of charges?

Southend District CHC is increasingly concerned at allegations of queue jumping by patients who receive preferential NHS treatment following private consultation. The length of all waiting lists in the district, says the CHC, is a source of real anxiety. In the gynaecological field it take 88 weeks for an appointment for anonurgent consultation and a further 37 weeks for treatment. Southend would like to hear from any other CHCs who have undertaken research or surbeys into this problem

Barnet CHC is concerned about the provision of speech therapy in schools. While its importance may be recognised by the education authorities, its provision is the responsibility of the HA and if the HA decides to freeze community posts - as has recently happened in Barnet - parents have no recourse even if they have chosen that school because the therapy was available. Barnet feels sure this problem must have cropped up elsewhere and would be glad to hear of the experiences of other CHCs.

Portsmouth & S.E. Hants CHC are presently considering the structure of the Annual Statutory Meeting held with the DHA and have an idea that perhaps the session should be open to the public as are the routine DHA and CHC meetings. Do other CHCs open these meetings to the public? The CHC would like to know.

West Berkshire CHC notes that due to a shortage of technicians, West Berkshire has a waiting time of over a year for patients requiring Hearing Aids. As one complainant said, being told she must wait at least a year for an appointment - she is 88 - was tantamount to being aurally cut off for life. Are there any problems in other districts in recruiting and retaining technicians, asks West Berks. and how long do people have to wait?

Information received

In our last issue we asked for information on family support groups for parents of newly-born handicapped children. Richmond and Twickenham CHC reminds us of the existence of the "Contact a Family" organisation who run an "Under Fives Group" which includes help for new parents. Those wanting details of local groups and where they are, should contact "Helen", Contact a Family, 16 Strutton Ground, London SW1. Tel:(01) 222-2695.

CHC PUBLICATIONS, SURVEYS, etc.

Darlington CHC's most recent report was featured on the BBC Breakfast Time programme on 13 February. Darlington CHC decided to take a look at complementary medicine and the part it plays in overall health care. Among its findings are: that the NHS does not always cope well with allergy, particularly food allergy and that the present descriptions of alternative or complementary therapies seem no longer appropriate. They are an integral part of health care and there is a strong feeling that they should be more readily available on the NHS. The CHC is particularly concerned at the apparent threat to natural medicines, including licensed herbal medicines, which are starting to be reviewed this year. For the benefit of the consumer, it is vital that a separate committee, made up of experts in the practice and philosophy of natural medicines, is established to advise on all matters to do with the criteria of review and safety of these medicines says Darlington and the CHC has asked the Health Minister to set one up. If you want to know what Darlington found out, copies of the Report are available from the CHC.

Health Care for Ethnic Minorities is the report of a conference held last year by **Camberwell CHC**. The conference was organised to try and discover from representatives of ethnic minorities what their needs are and what solutions are needed. Copies from Camberwell.

Cardiff CHC has a report produced by one of its members on 'The Social Implication of AIDS' based on a seminar on the subject held in January of this year. The report looks at implications to the family of the AIDS victim which are too often overlooked. CHCs interested should contact Cardiff CHC for a copy.

South Warwickshire CHC has published the results of its survey on two community hospitals, one in Leamington Spa and the other in Stratford-on-Avon. It does seem that events have moved on somewhat, since the survey was prepared, regarding the latter hospital (see last month's CHN) but it is a point worth noting that while a hospital in Stratford might have been designed to serve its own relatively small community, Stratford has the highest tourist population of any town or city outside London for most of the year.

Torbay CHC has undertaken a follow-up survey on an interesting subject - the shop window element in the NHS, i.e. how easy is it to find your way around hospital, get into the premises at night (a recent well publicised case elsewhere points this out), how well different facilities are signposted, what car parking is available, what the waiting area is like and whether it provides refreshments and/or reading matter, etc. CHC members found there had been a mixed response to their earlier report on this subject, some clinics had been improved greatly, some had improved their signposting of facilities and so on. At least some of the recommendations made earlier by the CHC would take very little in the way of extra resources to implement - especially regarding exterior and interior signs. Presumably what is lacking is the will. Copies of the report are available from Torbay CHC.

GENERAL PUBLICATIONS

Help with the Dying has been produced by the Working Group for the Care of the Dying and is being circulated by Basingstoke and District HA. The Working Group was formed in 1979 to help promote hospice principles in terminal care. It is a good and straightforward book which covers those principles, Macmillan nursing, the reactions of patients, relatives and staff, staff support, control of pain, caring for the dying, both in hospital and at home, and a variety of other topics. Those who are interested and might like to push for something similar in their own area should contact Peter Goold, Basingstoke District Hospital, Aldermaston Road, Basingstoke. Hants.

Who Cares? - Information and support for the Carers of Confused People is a booklet produced by the Health Education Council for those who care for people with dementia and confusion. It has been developed in close co-operation with carers and others with a special interest in the elderly mentally infirm.
Further copies can be obtained from Health Education Council, 78 New Oxford Street, London WC1A 1AH.

Two new books from the Bedford Square Press. Working with Parents of Handicapped Children, Guide to Self Help Groups and Casework with Families, describes and evaluates a four year project set up by Liverpool Personal Service Society to provide help for parents of handicapped children. Price £2.95. Disabled People in the Community by Anne Borsay looks into community care. This costs £9.50.

"Participation" is the name of a report of a workshop involving people with mental handicaps and staff who work with them, held in Clywd on 8/9 October 1984. It is available from The Campaign for People with Mental Handicaps. 12a Maddox Street, London W1R 9PL.

Mental Health Services in a Multi Racial Society is a Policy Paper from MIND and carries statements by the MIND Black and Ethnic Minorities Mental Health Working Party. Copies from MIND, 22 Harley Street, London W1N 2ED.

When Your Child is in Hospital is a leaflet published by the Travel Assistance Working Group convened by NAWCH to explain what help is available in the way of travel and other benefits. It is available from NAWCH, Argyle House, 29-31 Euston Road, London NW1 2SD.

The Agewell Ideas Pack is published by Age Concern from ideas developed during the course of a three year project set up by the Health Education Council. The pack consists of a folder with ten units of ideas about learning and teaching, 20 items for use in health sessions and a video, with four films, for discussion. The cost is £27 and it is available from the Health Education Council's Centre for Health & Retirement Education, University of London, 26 Russell Square, London WC1B 5DQ.

Also on the subject of ageing the Council has produced a booklet of current projects on Health in Old Age which is available from their New Oxford Street address.

AIDS newsletter. This is published by the Bureau of Hygiene and Tropical Diseases twenty times a year and is aimed at health care workers who deal with AIDS victims, people infected with, or at risk, of the infection and all other concerned professionals. Its first issue was published on 30 January and the U.K. subscription rate is £45. It is available from Caroline Akehurst, Bureau of Hygiene and Tropical Diseases, Keppel Street, London WC1E 7HT.

We mentioned Radical Health Promotion in a previous issue. The second edition of this publication is now out (and includes an explanation of what ACHCEW is and does. The curent issue is based on health in the Midlands. To receive the next two copies send £2.50 to Radical Health Promotion Publishing Co-op, 44 Kennerly Road, Davenport, Stockport SK2 6EY.

Approved social work? This monograph looks at the role of the social worker in sanctioning or preventing compulsory admissions to hospital under the 1959 and 1983 mental health legislation. The 1983 Act requires approved social workers to have appropriate training, and they are meant to consider, in particular, whether environmental and social factors contributing to mental disorder indicate that community care would be a more appropriate form of treatment than hospital admission. The author considers 10 case studies before and after the 1983 legislation and from this reaches certain conclusions about the effectiveness of the social worker in guiding people to the most suitable form of treatment. She concludes, not surprisingly perhaps, that psychiatrists are reluctant to accept the judgements of social workers in this area - and that, as things stand, the new legislation is not really working. Approved Social Work? Linda Christian. Published by the University of East Anglia.

The Institute of Complementary Medicine Year Book 1986 is a useful guide to various alternative therapies. Published by Foulsham Press. Price £4.95.

Introducing Counselling Skills and Techniques is the self-explanatory title of a book by Dr. Wendy Greengross published by Faber and Faber at £3.95.

Advice for Younger Women - Premenstruel Tension is a pamphlet published by the Pre Menstruel Tension Advisory Service, PO Box 268, Hove, East Sussex BN3 1RW. Price £1.

COMING EVENTS

The National Schizophrenia Fellowship is holding A Special Seminar on Suicide. 7 June 1986. A Symposium on The Patient, Family and G.P. and a Conference in the Care in the Community series on Psychiatric Rehabilitation. Details of these from the Fellowship, 78 Victoria Road, Surbiton, Surrey KT6 4NS.

Living Options - Head Injury is the name of a conference sponsored by the Exeter Health Authority and Exeter CHC on 11 April at Exeter University. The Conference Fee is £6. - which

includes morning coffee, lunch and afternoon teal Details from the Organiser, 94 Sidwell Street, Exeter, Devon EX4 6PH.

Family Forum is to hold a conference on Family Roles in the Promotion of Health in conjunction with the Health Commission of the International Union of Family Organisations from 5 - 10 April 1987 at the Universtiy of Kent. More details to come.

There is to be an exhibition on Medical Management from 11 - 14 June at the Barbican Exhibition Centre in London. The theme is practice management and will cover the needs both of the primary healthcare practitioners and those whose interests are within the NHS and private health care sectors. Complimentary tickets are available for CHCs towards the end of March from Tuemist Professional Exhibitions Ltd., 96-98 Chiswick High Road, London W4. 1SH.

CHC DIRECTORY: CHANGES

Page 8: Paddington & North Kensington CHC.
Secretary - Karen Greenwood (from 20 March).

Page 18: Llanelli-Dinefwr CHC.
Telephone number: Llanelli 758181 Ex. 443.

CORRECTION

CCOMMUNITY HEALTH NEWS - page 5 Jan/Feb issue, Ombudsman's Findings

Edited reports obtainable from:

DHSS, PMC2 Division,
Alexander Fleming House
London SE1 6BY

From: NIGEL SPEARING, *Member of Parliament for Newham South*

HOUSE OF COMMONS
LONDON SW1A 0AA

Mr Tony Smythe
Association of Community Health Councils
for England and Wales
254 Seven Sisters Road
LONDON N4

10 March 1986

Dear Tony Smythe,

MEDICAL ACT 1983 (AMENDMENT) BILL

Many thanks for the help you gave my secretary last Friday. This Bill has been the subject of lengthy conversations and negotiations with, among others, the GMC itself - two long meetings with Sir John Walton and his colleagues - the Royal College of General Practitioners and the BMA, who have officially decided not to oppose it.

The only blockage at present to it going through unopposed is Government "objection". One of their points is that there is insufficient evidence of public concern on this issue.

Whilst there is a great deal of concern about the manner in which the GMC conducts its affairs for which it has already got statutory responsibility for self-regulation, the narrow but important issue in my Bill has not itself raised public concern since, until recently, the issue it raises has not been recognised even by strong GMC critics.

The issue is that there is no remedy either for doctors or the public where the GMC has found a doctor's action as "professional misconduct" or in their own words "unacceptable conduct". This is because the single statutory test for any remedy is that of "serious professional misconduct".

My Bill would give them discretionary power only to use a single remedy, i.e. conditional registration, where in the course of proceedings the GMC finds a doctor's conduct "unacceptable". I do not believe their action should be penal but remedial and is not only a protection for the public but also a protection for the profession itself as demonstrating effective self-regulation.

The immediate need therefore is written articles which express dissatisfaction with the general activity of the GMC. I should be grateful for any such evidence that you can let me have.

Yours sincerely,

Nigel Spearing

A

B I L L

TO

Amend section 36 of the Medical Act 1983 to enable the Professional Conduct Committee of the General Medical Council to exercise greater discretion in respect of conduct which they judge cannot be regarded as acceptable professional conduct. A.D. 1985

BE IT ENACTED by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Amendment to section 36 of Medical Act 1983. 1983 c. 54.

1. Section 36 of the Medical Act 1983 shall have effect with the addition of the following new subsection—

"(10) Where a fully registered person is judged by the Professional Conduct Committee to have behaved in a manner which cannot be regarded as acceptable professional conduct the Committee may, if they think fit, direct that the registration shall be made conditional in accordance with the foregoing subsections of this section."

Short title and commencement.

2.—(1) This Act may be cited as the Medical Act 1983 (Amendment) Act 1985.

(2) This Act shall come into force at the end of the period of three months beginning with the day on which this Act is passed.

Medical Act 1983 (Amendment) Bill

EXPLANATORY MEMORANDUM

Section 36 of the Medical Act 1983 gives the Professional Conduct Committee (PCC) of the General Medical Council (GMC) power to impose penalties on any registered medical practitioner whom they find guilty of " serious professional misconduct ". At present there is no power for imposing disciplinary measures for a lesser degree of culpability.

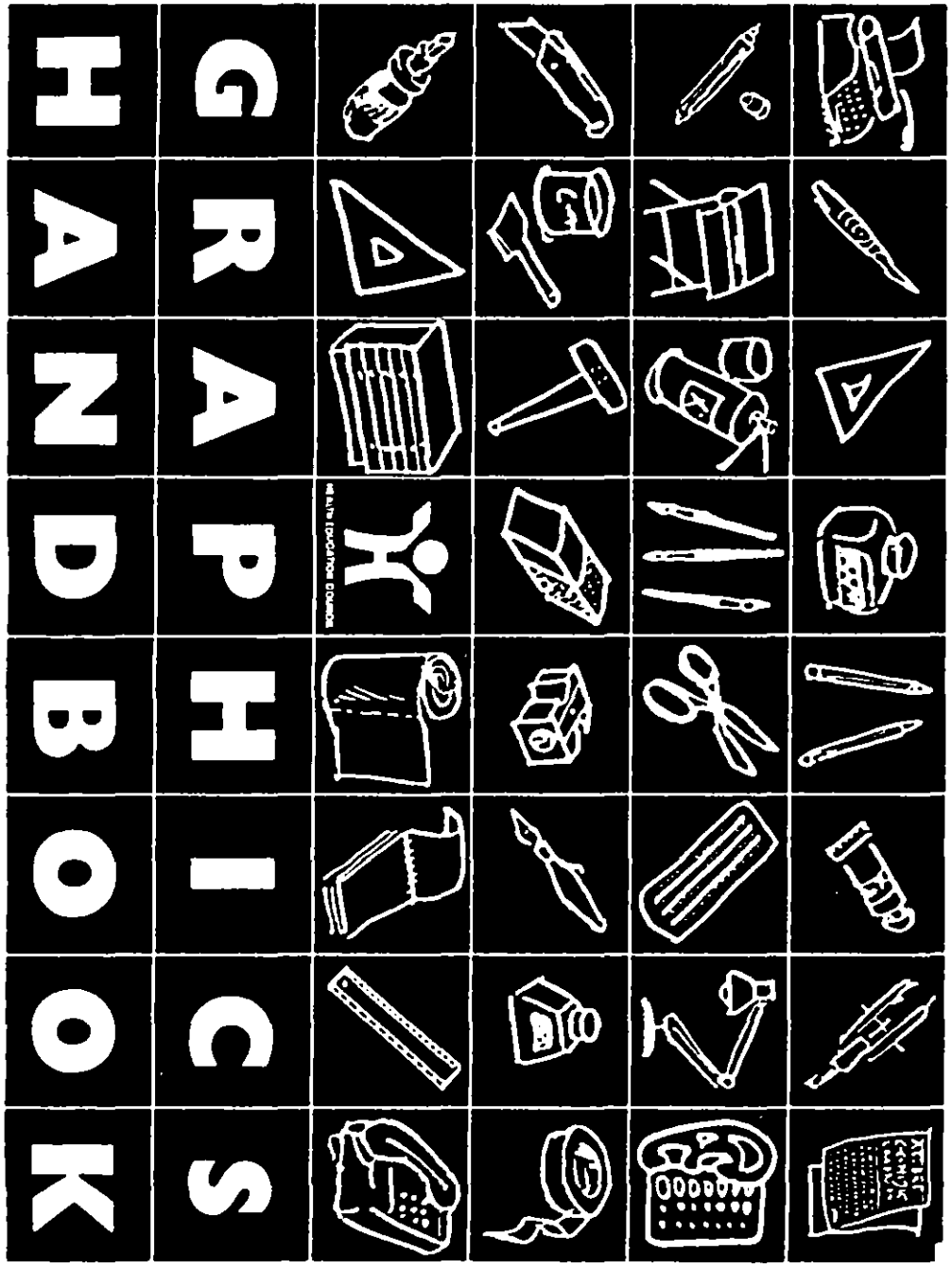
In respect of a medical practitioner, who is judged to be guilty of " serious professional misconduct ", the Professional Conduct Committee may, if they think fit, direct: (i) that his name shall be removed from the register; (ii) that his registration shall be suspended; or

> " (iii) that his registration shall be conditional on his compliance, during such period not exceeding three years as may be specified in the direction with such requirements so specified as the Committee think fit to impose for the protection of members of the public or in his interests."

The Bill proposes an addition to section 36 to enable the Professional Conduct Committee to make registration conditional, as quoted above, if they judge that a doctor has " behaved in a manner which cannot be regarded as acceptable professional conduct ".

The use of this additional power would be wholly at the discretion of the Professional Conduct Committee. It would enable them to select those conditions which they judge would best meet the unique combination of circumstances found in each case. Appropriate action would therefore be possible where at present its absence can give rise to public concern.

by RICHARD McCANN



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