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Association of Community Health Councils for England and Wales

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GETTING IT RIGHT

Virtually all CHCs are concerned about the growth of private sector homes for the elderly and the wide variations in standards that appear to obtain. Because of this it is extremely important to keep as much of an eye on what is going on as possible but it is equally important that any criticisms should be very soundly based.

St. Helens and Knowsley CHC recently found itself in a highly embarrassing situation through no fault of its own. From early last year it had received distressing reports from the NUPE branch of the local Rainhill Hospital about low standards of care being provided for ex-Rainhill patients in two private homes in Wales. The CHC was naturally concerned, not least because it was not the DHA's policy to send patients anywhere other than into the community.

The CHC discussed the matter with the DHA and was told the DHA Chairman and General Manager had been satisfied that the two homes in North Wales met all necessary standards and that if these people decided to live there and discharge themselves from Rainhill Hospital there was nothing they could do anyway, apart from checking that the private homes were adequate.

Pressure from NUPE continued for months, however, and finally the CHC decided it had to look into the matter further, especially after an article in the NUPE Journal entitled "Locked Up for Profit - Special Investigation into how elderly patients were kept locked up in private homes". So, after further discussions and after a NUPE official had said the CHC should visit the homes and particularly the one that had come in for the greatest criticism, the owners of this home gave permission for a CHC visit. The CHC found the NUPE allegations totally unfounded. The patients were not locked in the home, the physical conditions were excellent with each patient having their own bedroom suite, and radio linked to the tele-nurse system. There was a pleasant lounge and dining room, payphone, plenty of staff - an average of five on duty at any one time and, says the CHC "unlike some establishments caring for the elderly and mentally ill there was no smell and the standard of cleanliness was very high".

The CHC delegation interviewed the ex-Rainhill patients who expressed their satisfaction - in fact in one case the patient was so distressed to see a team from St. Helens & Knowsley that he thought they were going to take him back to Rainhill Hospital and so pretended he was someone else and said he came from North Wales!

Later the CHC visited the other home which was equally satisfactory. Following this the Chairman and Secretary of the CHC felt they had been deliberately misinformed by the NUPE branch official at Rainhill. A formal letter was sent to NUPE expressing concern at the unfounded allegations as the CHC "felt sure that as a responsible Union giving full support and backing to the legitimate interests of their members, it would not support and condone the telling of lies". It was hoped appropriate action would be taken. It was also suggested NUPE checked out the allegations of its members direct. At the time of writing its annual report (just published) no reply had been received from NUPE.

Mr. A.N. Richards, Secretary of the CHC, says that what makes the whole story even more ironic is that there have been a number of complaints in the past about Rainhill Hospital which the CHC has had to take up - one involved 30 patients using one bath towel - including poor food and lack of a personalised laundry service. He stresses that this incident aside, which featured one union official in particular, relations between the CHC and NUPE have, in general, been good.

But it is the principle behind what happened which is so important as he rightly stresses. "We are all obviously very concerned about the standards in private homes and there is no doubt there are those that leave much to be desired. But it is vital that if anyone is going to criticise them, then the information must be completely accurate - otherwise we can all be discredited".

CLOSURES

In Issue No. 10 of Community Health News we drew attention to the information given by Barney Hayhoe on appeals to the Secretary of State regarding closures in which the implication was that it was only on rare occasions that a CHC actually succeeded in preventing one. Following this Tony Smythe took the matter up with the DHSS expressing his disappointment at the lack of positive results when, so often, such a lot of work went into making an appeal to the Secretary. He also took up a point raised by a number of CHCs about their not being notified direct about such a decision and that they only learned about what had happened from an MP or when they read the local press. In answer to this the DHSS say that the figures given by Hayhoe do not "take into account the many closure proposals which are amended at District or Regional level or take into account CHC views/objections and which consequently no longer need to be referred to Ministers. It also fails to acknowledge that many of these cases referred to Ministers for decisions are only approved subject to further amendment to take account of CHC or Ministers' own views. To rely solely on figures which show the number of contested closures which Ministers ultimately reject gives a very misleading picture indeed. Unfortunately we do not keep statistics or have any information about proposals which are amended in this way but I can assure you that there are many".

Following this encouraging viewpoint, the Regional Liaison Officer says that regarding the issue of how and when CHCs should be notified, "we agree that this is an area which needs looking into and we are currently looking at possible ways in which this might be done".

DALKON SHIELDS

We recently drew attention to the TUC's anxiety about women who use or have used the Dalkon Shield. Now the West Midlands RHA's Family Planning Group is organising arrangements to alert women in two ways: 1) by buying advertising space in daily and weekly newspapers and 2) by circulating posters and letters to all GPs and Family Planning clinics in the region. The RHA held a press conference on 11 March emphasizing the urgency of the need to register claims which was addressed by both the Chairman and the Regional Solicitor. An important aspect of the West Midlands RHA's plan is that women will be able to register their claim through the Regional Solicitor, the first time, so far as they know, that any health authority anywhere has made such an offer.

CONTRACEPTION AND THE UNDER 16s

The DHSS has now issued its circular on this subject following the "Gillick" verdict. It states that, in considering the provision of advice or treatment on contraception, doctors and other professional staff need to take special care not to undermine parental responsibility and family stability. The doctor or other professional should, therefore, always seek to persuade the young person to tell the parents or guardian or let her/him inform them of advice or treatment given. It should be most unusual for a doctor or other professional to provide advice or treatment in relation to contraception to a young person of under 16 without parental knowledge or consent.

"When this cannot be avoided, however, such as where family relationships have broken down, the doctor can give such advice and treatment provided he (sic) is satisfied:

1. the young person could understand his advice and had sufficient maturity to understand what was involved in terms of the moral, social and emotional implications;
2. that he could neither persuade the young person to inform the parents nor to allow him to inform them, that contraceptive advice was being sought;
3. that the young person would be very likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment;
4. that, without contraceptive advice or treatment, the young person's physical or mental health, or both, would be likely to suffer;
5. that the young person's best interests required him to give contraceptive advice, treatment or both, without parental consent".

Such decisions are for a doctor's clinical judgement. If a doctor who is not the young person's G.P. has formed the view that it is in the best interests of the young person to prescribe contraception without parental knowledge or consent, it may be advisable and helpful for him with the young person's agreement to discuss the matter in confidence with her own G.P., before making the decision.

In organising these services, HAs may find it helpful to make separate, less formal arrangements, than those for older age groups. The staff should be experienced in dealing with young people and their problems.
appendix HC (86)1 HC (FP) (86)1 and LAC (86)3.

STREAMLINING THE COMPLAINTS PROCEDURE

Government plans for the service committee complaints procedure will be revealed in a consultative document to be published at the same time as the Green Paper on primary care, says Pulse (15.3.86). This was only formally disclosed in a written Parliamentary answer on 5.3.86 although the spokesman for the DHSS said the review "had started some fifteen years before". The purpose of the review is to streamline the procedure to shorten the time involved in dealing with complaints.

Among the issues expected to figure in the document are the lengthy delays caused by appeals and the controversial question of who should be allowed to represent complainants at Service Committee hearings. Recently, Ray Whitney was asked if a CHC Secretary should "ordinarily be regarded as a paid advocate for the purpose of service committee cases - so barring him from representing complainants". The reply - interesting in view of last month's story of the problems besetting a CHC as Patient's Friend - was: "It is the Department's opinion that the Secretary of a CHC should not ordinarily be regarded as a paid advocate within the meaning of the regulations as they stand. When the regulations were drafted, the possibility of CHC secretaries acting as patient's friends at hearings had not been envisaged and as the question has not been tested in the courts it is open to a Service Committee to take a different view".

Commenting on this, Dr. John Noble, chairman of the General Medical Services Statutes and Regulations Sub Committee said: "I very strongly believe that the CHC Secretary cannot be regarded as anything but a paid advocate". To allow CHC Secretaries to represent complainants would change the whole nature of Service Committees and "would mean giving respondents some redress". But he was not in favour of Local Medical Committee secretaries representing people because of the enormous burden this would place on them.

In the light of this it is worth noting part of a letter from Sir Kenneth Stowe, Permanent Secretary at the DHSS to Dame Elizabeth Ackroyd. He says: "It seems that some confusion has arisen from the evidence we gave to the Select Committee on the consultation process we intend to undertake on the procedure to form the basis of the directions to be issued under the Hospital Complaints Procedure Act. It is, and always has been, our intention to include the Patients' Association, ACHCEW, CHCs and other consumer groups in this consultation process. The confusion over intentions may have arisen through the now inevitable overlap between the consultation and the detailed discussions which we are currently having with the JCC and RMOs on the workings of the clinical complaints procedure.

"We felt we should not delay the wider consultation to await the outcome of these discussions. We will therefore be issuing shortly a consultation paper setting out our proposals on the complaints procedure to be followed by health authorities. Since the clinical element of the procedure is founded on a voluntary agreement with the JCC, we are not inviting comments on the details of the agreed arrangements. But the consultation paper will include an indication of how the clinical complaints procedure fits in with the general complaints procedures. There will therefore be a chance for commenting on all aspects of the complaints procedures. If we receive comments on how the clinical complaints procedure is working in practice, we would have to consider reviewing the arrangements with the medical profession".

BMA AND NUCLEAR WAR

The BMA is standing by its view that more people would die of starvation because of climatic changes after a nuclear war even than as a result of the actual bombing. Immunisation would break down and disease would be rife. And no matter where the bombs were dropped, the entire world - combatants and

non-combatants alike - would suffer a nuclear winter. The BMA is calling for research into what has become known as the "Nuclear Winter" and for studies to be initiated to show more precisely what would happen in Britain. The report is available from the BMA at £5.

NURSE PRACTITIONERS

A survey carried out in the Midlands shows that many women prefer consulting a nurse practitioner about their health problems than their own G.P. Although consultations took longer, the prescribing levels were considerably lower than those of GPs and patients seemed more at ease. A nurse practitioner who took part told a meeting of the Socialist Health Association in London recently that the findings, carried out by the GP Research Unit of Birmingham University, advocated a system in which GPs and nurses worked together as co-practitioners, sharing the responsibilities in general practice.

CRISIS FOR THE ELDERLY

The BMA is now very concerned about the plight of the elderly and are calling for more state aid to avert a "social crisis" (The Times 13.3.1986). Thirty per cent of people above retirement age now live at or below the supplementary benefit level and many find the basic pension quite insufficient for their needs. One third of homes found unfit for human habitation are lived in by the elderly. Social Services support for the elderly, says the BMA is "wholly inadequate" with quite unreasonable strain put on relatives and elderly people living in fear of their winter fuel bills. The number of pensioners in the population is rising rapidly and the BMA has little faith in the plans to reform the social security system as it does "not seem likely to ensure fair provision for needs". Elderly people could end up dependent on charity. The means test means that a third of those entitled to benefit do not claim it although a total of 1 million pensioners had less than £200 capital in 1982. "For such people needing to buy a new coat or blanket or to repair a heater is a grave burden, while having to pay for a spouse's funeral is a calamity". Yet the Government's plans to replace one-off social security payments with loans from the new social fund will "force people below the poverty line". The true meaning of community care for the elderly is being "quietly forgotten in many quarters" concludes the BMA. As an example the Times quotes a man of 54 who spent the winter living in his lavatory because he was owed two years' social security benefit and he was without gas or electricity. He was probably there because it was the warmest room, a WPC told the subsequent Inquest. He had died in police custody following an arrest for drunkenness but the pathologist said the cause of death was pneumonia and there was no trace of alcohol. The verdict was death through natural causes aggravated by "lack of care".

ACCESS TO COMPUTERISED HEALTH DATA

There is difficulty in reconciling the views on this subject of the Central Committee for Hospital Medical Services and those of the General Medical Services Committee and the Central Ethical Committee. Therefore, the General Medical Council has supported the following statement: "We support the right of patients and clients to have access to all information which is held about them on their behalf. Such access encourages openness and can improve the quality of the record by correcting factual errors and reducing misunderstandings. However, there are some situations in which the unregulated release of the entire clinical or social record could cause distress, or even harm, to a patient or client, or to someone else. In some cases, the personal record may also include information on others, who are entitled to have their confidences kept. Also, many records

would be unintelligible to a layman without professional interpretation and explanation.

For all these reasons, the imposition of an absolute requirement to afford unrestricted access could inhibit health professionals from recording sensitive information or opinions, to the inevitable detriment of patient care: an acceptable mechanism must therefore be devised for the exercise of a proper discretion by the responsible clinician or other health professional. This should provide for subject access to the extent and in the manner judged most helpful by the responsible clinician or appropriate colleague. Any subject who is dissatisfied with this arrangement should then have a right to seek access through an independent health professional of his choice, practising in the same discipline or specialty as the responsible clinician or other health professional. There may in the last resort remain a legal right to seek access to information which has still been withheld. It would be appropriate for such a right to be exercised through the courts, which could decide the issue. We believe that this would arise only exceptionally".

NURSES TO LOSE HOMES

Up to 50,000 nursing staff living in NHS properties stand to lose their homes during the next two years according to a report published in Shelter's housing magazine, Roof. Plans to sell the properties - nurses' homes, flats and houses - could raise £750M for the NHS says the report but nursing and ancillary staff who have to move out will have great difficulty in finding other accommodation. All health authorities have to draw up property disposal plans following a Rayner scrutiny and a DHSS circular issued in July 1985 and the plans are now awaiting approval by the DHSS to be put into effect. Roof says some authorities have jumped the gun and are already evicting staff and selling properties. S.E. Thames RHA has sold over 250 properties in the past year for a total of £7M. Only doctors and student nurses will be housed in future and some authorities are taking this further and housing only first year students. The author of the report concludes: "Thousands of nurses and ancillaries, already among the lowest paid workers in the country, will shortly be thrust on to the housing market. Even if they manage to find somewhere to live at a price they can afford, it is likely to be at the expense of other less fortunate groups of home seekers. All that is certain is that this sale of NHS property will reduce NHS recruitment and make a lot of people homeless".

(Roof, a bi-monthly housing magazine, is published by Shelter and is available from 157 Waterloo Road, London SE1 8XF. Annual subscription £15, single copies £2 inc. postage).

GPs BACK COMPLAINTS SERVICE

Staffordshire FPC has adopted a new "informal" conciliation service to deal with complaints against doctors. Described as a "radical change", it has been welcomed by GPs. The conciliation committees will listen to cases arising from 'misunderstandings' and 'lack of communication between doctors and patients'. "We hope it will repair the damage done unwittingly to the doctor-patient relationship", said the FPC chairman, Philip Jones. He emphasized the committees would not take the place of formal complaints procedures.

Meanwhile two pioneering FPCs are referring patients with complaints to their CHCs! Nottingham and Barnsley FPCs apparently believe that CHC involvement improves the complaints procedure. ACHCEW's chairman, John Butler, says the move should be encouraged and applauded. "If the FPCs tell patients to

seek help from the CHC it is a very progressive move". Nottinghamshire FPC administrator John Williams said: "This FPC has never jibbed at allowing a CHC secretary to present a patient's case". In fact, he continued, with CHC assistance it often makes the doctors' job easier.

FAMILIES AGAINST DRUG ABUSE

This is a self-help organisation formed to try and help parents and relatives of young people who may, or think they may, have a problem in the home with hard drugs. It was formed just over a year ago because of a situation which existed in Carlisle, Cumbria. Further details obtainable from: Sheila Melville, 119 Henderson Road, Currock, Carlisle, Cumbria.

SHOPPING AROUND WON'T WORK

According to a new report from the BMA, asking patients and their G.P.s to shop around for shorter waiting lists is impractical. The basic problem is the inequality between the classes - while the middle and upper classes have access to the private medical sector either by direct payment or through health insurance schemes, the latter are simply not able to comb the country for a bed. The idea that patients should ask their GPs to find them hospitals with shorter waiting lists, or phone hospitals themselves with the agreement of their GP, was suggested by the College of Health last year. The BMA working party report, headed by a Liverpool GP, Dr Mervyn Goodman, says it is concerned at the College of Health's suggestions and says many waiting list problems are related to staffing structures in hospitals. The same report also notes the considerable improvements made in France on perinatal and infant mortality since the introduction of "negative" financial inducements; urges the BMA to press for improvement in school health statistics to provide an essential guide to future patterns of child care, and that the BMA should be involved in the discussions of the NHS Management Board on the formula for allocating resources to RHAs.

REPRESENTATION FOR FORCES FAMILIES

Readers will remember that this subject was discussed after we had been contacted by the wife of a serving soldier who had received what appears to be poor medical treatment while with her husband in Germany. Following this, and possibly as a result of some of the publicity, the following notice appeared in a recent edition of a service monthly newsletter:

"From the Practice Manager... On occasions you may feel you have a justified complaint against various aspects of the station Medical Centre and feel the only people to talk to about your grievance is your family or friends. This is not the case. The Station Medical Centre, Celle, like all medical centres in BAOR has an RAMC SNCO who is called a practice manager. With the exception of the medical officers he is the senior member of staff within the medical centre and therefore, with authority from the senior medical officer is responsible for all departments within the establishment. If you feel you have a justified complaint on any aspect within the Medical Centre please ask at Troops reception to speak to Sgt Mullen the Practice Manager who will deal with your problems in the strictest confidence and if the need arises will refer you to the Senior Medical Officer. Our aim is to try and provide a medical service that everybody has confidence in".

RADIATION DOSES

The National Radiological Protection Board has issued its latest regulations on acceptable radiation doses both for the general public and workers in the nuclear industries. This is largely a conversion from the old unit, the rem, to the new, the sievert. One sievert equals 100 rems and what is considered to be an acceptable safe dose for a member of the general public is 0.5 rems or five millisieverts. There is considerable disagreement in scientific circles as to what constitutes a safe dose or if there is such a thing. It is interesting to note what has been considered safe in the past.

<u>1920s</u>	73 rems
<u>1938</u>	50 rems
<u>1948</u>	25 rems
<u>1954</u>	15 rems
<u>1958</u>	5 rems
<u>Today</u>	0.5 rems

LABOUR PARTY AND CARERS

Harriet Harman, shadow social services spokeswoman, has launched a "shadow" DHSS circular on carers which claims to outline what the government should be doing but isn't. It has been sent to all councils and health authorities in England and Wales.

It asks them to (1) identify the carers in their area (2) assess their need for support services (3) provide carers with information on local support services and (4) appoint a Carers Officer to ensure services meet carers' needs.

Ms Harman said: "Instead of just speaking in clichés about 'the family' the government should be ensuring that practical support goes to carers. There are now more women with responsibility for the care of an adult dependent than there are women caring for children. There are roughly 1.25 million informal carers in Britain and a further five to six million giving support in the care of a disabled elderly relative or friend. Carers include parents of "children" in their fifties, husbands and wives who have cared for partners for 20 to 30 years and even children as young as seven or eight who were the sole supporters of disabled parents".

CHARGING FOR EYE TESTS

In CHN No. 12 Jan/Feb we told the story of Mrs. X who was told she would have to pay for an eye test, and was wondering how to take the matter further. In our report we said Mrs. X had been charged for the test but it appears this is not quite correct. She was asked for money by the optician when she rang up to make her appointment and, as she did not think this was right, she refused to make an appointment. The rest of the story is correct.

YOUR FOOD AND DEFENCE OF THE REALM

Do you know that what goes into your food is Officially Secret? Literally thousands of tonnes of additives go into our food every year to colour them, sweeten them, make them appear what they are not, make them taste like something else or even taste at all. Many additives, especially colourants, used in Britain are forbidden in the USA and Europe. (Just like pesticides). The Committees who decide what is safe meet in secret and do not publish the criteria on which they have based their decisions and all of the members have to sign the Official Secrets Act. Usually we have to rely on information from elsewhere.

For instance, in 1984 the Guardian ran a number of stories about the sweetener aspartame, marketed here as Canderel, which suggested that it had only been cleared for use in the States with reluctance following pressure from the White House. Now the U.S. Food and Drug Administration are making serious allegations against the manufacturers of serious incompetence in the testing of this sweetener and impropriety in the reporting of the tests. It was passed for use here without any qualms at all. The rate of premature ill-health and death from diet-related diseases in the UK is higher than anywhere else in Europe. FACT, the Food Additives Campaign Team has produced an excellent poster spelling out what needs to be done regarding additives, not least removing them from the ludicrous blanket of Official Secrecy (Memo to John Le Carre - the next spy thriller must surely feature the KGB's sinister efforts to find out which additive makes a saturated-fat meat pie appear palatable. They'd probably be able to find out easier than we would). The poster is available from FACT, Room W, 25 Horsell Road, London N5 1XL (send a large s.a.e.) or, if you want to know more about it all, there is now a book Food Additives by Dr. Eric Millstone, published by Penguin at £2.95

AROUND THE CHCS

Riverside CHC is concerned, like many others, about the effects of privatisation. While DHAs may well be following government guidelines and contracting services out, it appears that it is extremely difficult to terminate these contracts when they prove unsatisfactory. Riverside has had experience with Crothalls Healthcare Services (which have run into considerable criticism elsewhere in the press). Since their employment by the DHA, there has been a "significant deterioration in the cleanliness of the Hospital (i.e. Westminster Hospital)" according to the unit General Manager in his report to a recent meeting of the DHA. Despite careful monitoring, it has been found difficult to correct the situation and, says the CHC, financial penalties may only increase the problem because Crothalls is making little or no money on the contract. Under the tendering procedure awards must go to the lowest bidder but the contractor may then find he has miscalculated and cannot deliver a satisfactory service.

The ultimate sanction, of course, is to terminate the contract; however, this has been made increasingly difficult as the result of recent government guidance. Before it can be done, the DHA must now secure the approval not only of the RHA but of the DHSS too! Given the Government's preference for private contractors this may not be easy to obtain. Frank Honigsbaum, Chairman of Riverside CHC says: "We have now reached the absurd position where it is easier to remove in-house staff than an outside contractor. It seems to us that it is in the best interests of patients for the local health authority to have the right to terminate an unsatisfactory contract". The CHC has written to the DHSS expressing this viewpoint and pointing out it feels that the local health service managers should be the ones to decide whether or not a contract has been fulfilled, not an RHA or the DHSS. The DHA has given Crothalls three months to bring the hospital up to the required level of cleanliness and the CHC will be visiting the hospital during that time. If the standard is still unsatisfactory the CHC will be pressing for termination of the contract in April.

Grimsby CHC has written both to Norman Fowler and its M.P., Robert Hickmet, expressing its total opposition to the possibility of South Humberside being chosen as a dump for nuclear waste. Grimsby might find it useful to get hold of the first volume of the House of Commons Select Committee Report on Radioactive Waste (HMSO £9.85). It found Britain's methods of waste disposal backward and

primitive compared to other nuclear countries and of the proposed land waste dumps it said: "The poor state of research in the UK means that it is impossible at this stage to recommend any disposal option with total confidence. However, we make two specific recommendations.

(i) Near surface disposal facilities are only acceptable for short lived low-level wastes and must be fully engineered on a complete containment basis.

(ii) Considerably greater emphasis must be given in research, development and policy to sea-bed options, especially in the use of tunnels under the sea bed from land".

The dumps proposed by NIREX (the organisation made up of representatives of the nuclear industry) are for medium as well as low-level wastes and they will not be engineered as described above. The other three sites are at Bradwell in Essex, Fulbeck in Lincolnshire and Elstow in Bedfordshire, of which the latter seems the most likely for political reasons - the South Humberside M.P. is threatening to resign over the issue, Bradwell is in the government Chief Whip's constituency and Fulbeck is in that where the Prime Minister was born. Have CHCs in these three areas been approached at all by members of the public?

Hounslow and Spelthorne CHC has written to Ray Whitney following the attendance of Mrs Wyn Pockett at the D.O.E./DHSS Seminar "Staying at Home, Helping Elderly People" on 5th March. The main reason for the letter was a comment made by a speaker about early discharge from hospital which Mr Whitney said he would follow up. This concerned the fact that there are few districts with adequate services to provide a package of care at present and it will probably be some time before the schemes described at the seminar become available everywhere. In the meantime, the position in many districts now is that geriatricians are telling elderly people and their families that if the family cannot manage they must find a suitable nursing home. The amount of care needed is usually far more than can be provided by Part III Local Authority homes, even if there were no waiting lists. It is being suggested by social workers and medical staff in both hospitals in the Hounslow and Spelthorne DHA that elderly people and their families sell their homes to finance private nursing home care, the £140 DHSS allowance not being sufficient.

That relatives are pressured into doing the work of social workers is shown in a letter received by the CHC. The case concerns a woman whose mother has been disabled since she was twelve, following polio. She has lived with the correspondent since 1978 when she had a fall which confined her to a wheelchair. She has become increasingly depressed at being left on her own - the correspondent has to work - and she has been told it is unlikely a place will be found for her in Part III accommodation. The cost of a good, local private home is £225, yet the DHSS will only pay £120. This leaves the carer at her wit's end as her mother has no savings, and the only way she could make up the money would be to sell her own home, thus making herself and her son homeless. At present the mother is in hospital with a virus and if she cannot go into the private home, she will have to stay there until a place is found in local authority accommodation. "Surely", asks the correspondent "it must be possible to provide some alternative to alleviate these situations where alternative accommodation has been found and all that is needed is finance?".

Blackpool, Wyre and Fylde CHC has written to ACHCEW about three areas in which the CHC has been involved recently. The first is Post Natal Depression about which the CHC, along with other bodies, organised a seminar. This has resulted in a leaflet on the subject which is now being widely circulated around the DHA. Single copies of this can be sent to other CHCs on request. Secondly,

the CHC has welcomed the setting up of a drug abuse team in the district, comprising a doctor, community psychiatric nurse and health visitor. The team attended a CHC meeting recently to explain their work and now the CHC has produced posters and stickers which can be superimposed on existing posters or stuck on notice boards, etc: single copies of these are also available. Lastly, the CHC organised a public meeting on AIDS. Despite appalling weather, says Secretary Margaret Burford, about fifty people turned up to listen carefully and ask searching questions of a high powered medical panel.

Central Manchester CHC asks "Who is Right?". In a questionnaire to the consumers of Manchester headed "Don't let the Health Service Bleed to Death" it notes that the Government says more money is being given to the NHS and more people are being treated, yet authorities are closing acute wards while trying to develop community care projects at the same time. Doctors and other staff say the NHS cannot cope, so who is right? What about the patients' views? The simple questionnaire asks people if they, or a relative, have used the NHS and when. Have they noticed any changes in medical and nursing care? Have they noticed any changes in support services - e.g. changes in catering, problems in getting test results in time, etc. Lastly, have they noticed any other changes in the NHS - new buildings, difficulties with ambulances, etc.

West Berkshire CHC has drawn our attention to the fact that the new contract for pharmacists, negotiated after fifteen months of intensive effort and agreed in March 1985, has still not been implemented. The agreement was finally endorsed by a conference of more than 250 representatives of local Pharmaceutical Committees in June 1985. In September 1985, Baroness Trumpington informed the British Pharmaceutical Conference in Leeds that the Government was looking forward to working under the new arrangements. On September 19 (a Sunday), says the Pharmaceutical Services Negotiating Committee, a letter was delivered by hand to the chairman of the Committee from Barney Hayhoe saying that he "probably did not have the legal power to implement the agreement", and would not, therefore, be signing the Regulations. Now the Committee has been informed that Parliamentary time cannot be found for the necessary primary legislation until the summer of 1987.

Dartford & Gravesham CHC expresses "grave concern" over the expenditure incurred on the public relations exercise undertaken by the RHA on 21 February 1986 giving details of the RHA Directors and their duties, but - most important of all - including six expensive glossy 7" x 5" photographs. In a letter to S.E. Thames RHA, Secretary Kay Heatherington says, on behalf of the CHC, that it is understood that the circulation of this material was wide and varied and "this CHC requests the costing of this exercise". The CHC has also heard that the RHA is still paying rent on its former headquarters at Croydon and, if this is true, they would like to know how much this costs per annum. "In the context of this District, plus many others in the S.E. Thames Region who are having to take prompt action to economise, and the natural consequences of that being the depletion of direct patient care, this CHC seriously questions the two types of expenditure as being a flagrant misuse of public monies". (A picture of one of the gents in question was enclosed but ACHCEW can't afford the space to reproduce it! It looks more suitable for the Actors' Directory Spotlight).

Paddington & North Kensington CHC has written to the DHA expressing dismay at the replacement of two meetings of the Authority with closed seminars for Members only. "We consider this is regrettable since there are many matters requiring urgent attention by the Authority, which may have to be either deferred or dealt with on Chair's action. It is regrettable that such issues may not be open to

public debate in order to ensure accountability, we consider that DHA business should as far as possible be conducted in public".

North West Herts has sent us details of the AA Retirement Health Plan. It is a do-it-yourself guide to queue jumping in the NHS. For a mere £9.20 a month you can be "guaranteed prompt hospital care in NHS or private hospitals". If you can be treated on the NHS within six weeks of seeing a specialist, the AA plan pays you so much a night plus various benefits, but, if you can't be treated within that time, then the plan ensures your immediate admission to a private hospital. Under "Specialist Diagnosis" it says: "The GP refers you to a specialist under the NHS. If hospital treatment is needed, the local NHS waiting list is checked. You can speed up this process even more by seeing the specialist privately. His fees are covered by the plan if in-hospital treatment is received either privately or under the NHS".

Rules for Conducting Private Practice

The above leads us to Barney Hayhoe who states that the rules for conducting private practice within the NHS must be "clear to all concerned and observed by all concerned". He says that private practice in NHS hospitals is a "valuable source of income for the NHS" and it raised £56M last year. However, a special audit investigation into the collection of income from private medical practice, conducted in 1984, showed that a substantial number of health authorities were failing to comply with existing circulars and maintain proper control, leading to loss of income. The result is a handbook "Management of Private Practice in the Health Service Hospitals in England and Wales" which is available from the DHSS, Room 1216, Hannibal House, Elephant and Castle, London SE1 6BY.

Harrogate CHC which has taken a special interest in the care of the dying and their relatives, is asking for help from the public as it is now reviewing current services and those in the pipeline. It is asking for the first hand experiences of the care given to a dying relative or friend, about good practice and that which is not so good. It is realised that this is a very sensitive subject but it is hoped that there will be a useful response. The CHC concludes: "We would also like to hear from you if you have any particular opinions or suggestions about care for the dying, even if you have no recent personal experiences to relate. Please help us to help others".

North Gwent CHC finds it interesting to note (CHN last issue) that Barney Hayhoe considered, in relation to the numbers of elderly people in our population, that "pressure is now at a peak and will decline into the 1990s". "Things must be rather different East of the principality", says Secretary Brian Bates "for the comprehensive survey issued by the Welsh Office last year under the title A Good Old Age states that the number of over 65s in Wales is expected to increase from 439,400 in mid-1983 to 470,000 in 2001 - an increase of 7%. Indeed the principal object of this survey was to suggest ways in which a growing problem can be best tackled. "Perhaps", muses Brian "Mr Hayhoe is 'exporting' aged people across the Severn Bridge and into Wales!".

Clywd North CHC has produced a crisp response to the Health Education Advisory Committee for Wales Report "Dealing with Alcohol Problems in Wales". Considering first the statistics, it was felt there was a need for more analysis and better presentation of facts in view of the fact that Wales had a considerable tourist industry. Considering the report as a whole, the CHC felt there was a

great danger in reversing the argument. The report stated that alcohol problems produced substantial social and other problems. The CHC would argue that it was these problems that tended to bring about alcohol consumption which also extends to smoking and drug abuse. "To try and tackle the alcohol problem by some of the suggested means without tackling the underlying cause will be futile and will smack of a cosmetic, symptomatic approach". A more holistic attitude is required to the subject.

East Yorkshire CHC held a Conference last year to stimulate the introduction of a service for carers in the District after which the Authority's Chairman said he intended to achieve positive moves. Now from 1st April there is indeed a new service. The Health Education Service of the Hull and East Yorks HAs have given details of it in well-designed leaflets and posters. They ask if you are looking after a sick or disabled person, do you ever need advice or support at weekends? If the answer is 'Yes' then you are invited to contact the Senior Nurse who is on call to give advice over the phone and the number is prominently displayed. 'Help is at hand' is the message which, says the CHC, is much appreciated by members.

Chorley & South Ribble CHC wants to make the best use of the experience gained through its mobile cervical screening campaign and is offering its services to any group set up to discuss the introduction of a computerised call and recall scheme. Among the CHC's recommendations to the DHA are that cytology clinics should be renamed "smear test clinics" and that preferably one female doctor be present at all times - or if this is not possible it should be specified when one is available; that there should be some evening session clinics and some where appointments are not necessary and that the test clinics should be far better publicised with adequate funding for the purpose.

Salford Secretary Michael Walbank writes:- "Health Services at Home for the Elderly: intended as a simple, easy-to-read guide for elderly people and/or their relatives/carers; the report has been going like hot cakes. It came about after the CHC received a long and detailed complaint in 1983. The complaint was in the form of a diary, kept by a relative of an elderly couple. There were no relatives living near to the elderly couple, who were receiving some care but did not receive anything like the amount of services that could and should have been provided.

The DHA's planning team for the elderly agreed that the complaint highlighted a real problem and that support services should be better publicised. The CHC then offered to produce a booklet. We researched and wrote the report which was vetted for accuracy by the planning team. The artist from the Local Health Promotion Unit did the design and layout. We had 10,000 copies printed with the help of £600 from the DHA and £1,000 from Greater Manchester Council.

The booklet was launched by the Mayor and we invited all voluntary organisations for the elderly in Salford, as well as statutory bodies, to send someone to the launch.

The launch was a success and the booklet has generated an enormous response. We reckon that probably 3,000 copies have gone out already. Some are being held back for national "Age Well" week, and we are hoping that a local newspaper will run a big article in a week or two, which will re-stimulate demand.

Closure of a Mental Handicap Hospital Salford DHA have formally consulted about the closure of Swinton Hospital, a small hospital for mentally handicapped people. As well as the main hospital building, there are the Deans Court Bungalows on site which provide high standard accommodation. It is hoped that walls will be re-routed eventually so that the bungalows relate to adjoining streets rather than to the Hospital site.

The CHC did not oppose the closure but used the consultation as an opportunity to write to relatives of all the residents and ask some simple questions about standard of care at the moment, hopes and fears for the future, etc. We sent out 55 letters, wrote a report based on 18 replies (we eventually got 24 replies). Comments were, as might be expected, mixed, and it is interesting that some people complained about the way they heard of the closure - inadvertently in a conversation with a staff member, via the local "grapevine". Nearly all those contacted wanted more information on proposals for re-locating residents and were worried that their relatives would be disrupted and separated from those they knew and trusted. Some feared there might be inappropriate groups of people put in the same house, others that levels of supervision might fall. Some were worried that they would not be able to visit so easily. Most interesting was that the relatives of people who had been moved successfully from the main hospital into the bungalows were particularly certain that they were receiving the best available. The DHA has assured the CHC that this will be taken on board.

Consultation In view of the Association's current interest in consultation, you might be interested in our recent one-way correspondence with the North Western Regional Health Authority. In 1984, the RHA forwarded correspondence from DHSS to DHAs. This correspondence stressed the need for Districts to consult in line with Circular HSC(IS) 207. Similarly, when the RHA circulated copies of the Action Plans, which they have agreed with Districts as part of the Review Procedure, they state that nothing in the agreement precludes the need to consult. Any CHC which has formally opposed a DHA proposal will know that it can take many months for the Secretary of State to make his final decision. A recent case in Salford took 18 months.

Of course the RHA is also issuing other demands to Districts; demands to cut general acute bed numbers; demands to find Regional "efficiency savings"; etc which are expected to be acted on and implemented within a financial year. These demands clearly conflict with the instruction to consult formally.

On 13th November the CHC Chairman wrote to the RHA Chairman asking what advice would be given to Districts who faced conflict between various instructions or guidance coming from Region. He wrote again in December. I telephoned Region in January, February and March - still no reply.

Clearly the CHC hopes to exploit the RHA's reply if it can, so they will be careful in what they say. But is it a poor reflection of the alleged dynamism of NHS decision making if they can't manage an answer in 4 months".

West Birmingham CHC has emerged with some DHSS comfort from a long battle to extract information about authorisations for GPs to use deputising services, including periods of time permitted and frequency, from the FPC. Martyn Smith first requested the information on 8.7.85. The FPC administrator refused on 18.7.85 on the grounds that it was confidential to the individual practitioners and the Committee. A more lengthy request of 16.8.85 produced the same result on 6.9.85. The CHC appealed to the Secretary of State on 12.9.85 as follows:

"This letter is an appeal pursuant to paragraph 20(4) of the National Health Service (Community Health Councils) Regulations, 1985, against a refusal by Birmingham FPC to provide certain information to this CHC.

The CHC contends:

- (i) That it is proper and reasonable for the CHC to decide to consider the topic of deputising services and their effect on services to West Birmingham patients.
- (ii) that the topic is not amenable to consideration on the basis of statistical information, (eg the number of GPs with such authority granted by Birmingham FPC);
- (iii) that the information does not fall within the terms of paragraph 20(2) of the Regulations; and
- (iv) that the information should, therefore, be provided.

There are two points of principle which impinge on this case:

- (a) that proper monitoring by an FPC is essential, not a substitute for proper CHC activity;
- (b) that, in that Family Practitioner Services are provided by independent contractors, a CHC cannot monitor them without having regard to the service provided by individuals, and in that CHCs have been accorded a role with regard to FPS it is implicit that the confidentiality between an FPC and a contractor cannot be absolute.

The Council looks forward to receiving a determination that it is entitled to the information requested."

The DHSS informed the CHC on 25.10.85 that the views of the FPC were being sought. On 19.11.85 the FPC told the DHSS:

"Upon receipt of Health Circular HC(FP) (84)2 announcing revised arrangements for Family Practitioner Committees in exercising their functions in relation to deputising services and introducing a revised Code of Practice, this Committee immediately took steps to establish a Deputising Services Sub Committee to succeed to the Professional Advisory Committee's responsibility for advising Family Practitioner Committees on the acceptability of deputising services and on their other functions in relation to deputising services. When formulating a policy for approving doctor's usage of a deputising service, the Deputising Services sub committee paid great attention to your Circular and decided that all doctors in Birmingham be given approval to use a service to the extent of 15 calls per 1000 patients per month. Any doctor wishing to use a service in excess of the permitted maximum may apply to the Committee in writing and in person stating why they wish to do so. So far this Committee have approved ten doctors to do so. None of these doctors practise in West Birmingham. It follows that to give greater detail of individual doctors' approvals to use a Service will necessitate revealing individual patient list counts to West Birmingham CHC. The Deputising Services sub committee is unwilling to do that.

In Mr Smith's original letter and his subsequent letter, he talks about individual authorisations allowed to GP's in his area. If Mr Smith were to read his copies of the FPC reports dated 28 September and 30 November 1984, he would ascertain that the basic figure of 15 calls per 1000 patients per month had been allotted to all doctors in Birmingham; Circular letter HC(85)11 Paragraph 10 - Supply of Information refers. I do feel that the Family Practitioner Committee has taken all reasonable steps to keep the Community Health Councils in Birmingham appraised of the situation.

I now turn to Mr Smith's two points of principle in his letter. Firstly what is "the proper CHC activity" in this context? Secondly his statement about confidentiality between an FPC and a contractor not being absolute in the light of the new relationship between FPC and CHCs is very sweeping and one which would cause a great deal of concern to individual contractors. To project Mr Smith's argument to its ultimate would mean that a CHC stood in exactly the same situation viz-a-viz independent contractors as the FPC. The Committee could not accept that argument.

The Committee have told all 5 Birmingham CHCs that they will let them have whatever information they are able, subject to the constraints of confidentiality, to enable them to undertake their role in representing the interests of the public in the city. The Committee, too, look after the interests of the public of Birmingham and have amply demonstrated this in recent years by refusing consents to doctors to use three Deputising Services which were considered to be operating unsatisfactorily."

The CHC answered these points on 19.11.85 and, eventually received a DHSS response on 25.3.86:

"As you know, a CHC may appeal to the Secretary of State if a Family Practitioner Committee refuses to disclose to them information requested. The Secretary of State may determine whether the information is reasonably required by the CHC in order to carry out its duties or whether the Family Practitioner Committee is entitled to regard the information as confidential.

As you recognise, the information requested by you was provided to you prior to the appeal, albeit in an indirect way. I am therefore advised that there is no issue for the Secretary of State to determine on appeal under regulation 20.

Officials within the Department have however given careful consideration to the points raised by you in making the appeal and by the Family Practitioner Committee in their response and we offer the following comments on the issues in this case.

The most recent guidance to the Family Practitioner Committees on exercising their functions in relation to deputising services is contained in Circular HC(FP) (84)2. It advises Family Practitioner Committees "to formulate and make known a general policy", in relation to consent to use a deputising service and then "decide what a reasonable level of usage would be for each individual practice". We therefore consider that the Family Practitioner Committee should have disclosed to the CHC its general policy, expressed in terms of a number or average number of visits per thousand patients per month which may be made by the deputising service and informed the CHC if any doctors within the CHC's boundaries exceed the set limit.

We consider it most unfortunate that as the information requested by you was effectively already in your possession, the Family Practitioner Committee did not respond to your request by directing you to the available source of the information. We are concerned that their failure to do so may indicate a lack of the spirit of co-operation with the CHC which the Department wishes to encourage. Family Practitioner Committees and CHCs need to collaborate and co-operate on a number of issues and I hope that you and Birmingham Family Practitioner Committee will be able to develop positive working relationship which will obviate need for further appeals to the Secretary of State."

Bristol CHC - An "acceptable" secretary?

The South West RHA has just announced that, in order to fill the vacancy caused by Michael Quinton's move from Bristol to Lancaster CHC, they intend to change the format of the interviewing panel. The number of CHC representatives is being reduced to two and an RHA representative will henceforth chair the panel. The CHC has been told that the number of CHC representatives must not exceed that of RHA representatives. The DHSS have advised the Region that it is customary in most regions for interviewing panels to be chaired by someone from the RHA. Is this so? We would like to hear from CHCs on this point. Clearly the change proposed by South West RHA signals a desire to have greater control over appointments. The Statutory Instrument which governs appointments' procedures for CHC secretaries states that the RHA must appoint someone "acceptable to the CHC". It looks very much as though these new arrangements would allow the RHA to impose a new secretary on a reluctant CHC.

INFORMATION WANTED

Northallerton CHC is concerned about various proprietary diets which are freely advertised in local newspapers and promote special drinks as a food replacement, suggesting that an intake as low as 330 calories per day can be used in the initial stages of a diet. Although the literature does say the person should discuss dieting with a doctor, members feel that there could be hazards in this type of diet. (As a side issue the companies concerned are providing the necessary ingredients at a more than modest charge). Have any other CHCs followed up this topic?

Peterborough CHC is trying to set up a Maternity Services Liaison Committee but have had opposition from the Obstetric consultant staff. They are, therefore, trying to collect information on the success of such Committees in other parts of the country so that it can be presented to Peterborough consultants with evidence of their usefulness. Could any CHC who can help please contact Peterborough?

Winchester CHC is considering undertaking a survey of local doctors' attitudes to homeopathy. In particular the CHC would like to find out if GPs would refer patients to Homeopathic clinics if available on the NHS. Can any CHC who has undertaken a similar study or feels it can help, contact Christine Allen at Winchester CHC, please.

Cardiff and the Vale of Glamorgan CHCs are currently taking part in a consultation exercise about the future development of a mental handicap hospital within their district. They would like to know from other CHCs, of any long term plans that have been made by health authorities within their areas, for care in the community. This information to include, if possible, details of transfer of resources, capital investments, type of developments i.e. hostels or houses.

Swindon CHC's "Support Group" for Child Health Services has recently been looking into child abuse. It was noted that one form of help offered to 'at risk' children is the provision of a 'safe house'. The Support Group thinks such a facility could be of considerable merit. Are any CHCs aware of areas where this particular service is provided? If so can you send details to Swindon CHC such as who runs it, how it is financed and how it is operated.

Stockport CHC would like information on any Districts having small, specialist units providing short and long stay facilities for profoundly mentally handicapped children, that may be facing threats of closure and yet offer high, progressive standards of care, may be able to offer, or like to receive, strategies and information that may be of use in combating threat of closure. Please contact Stockport CHC, Ground Floor, Burley House, 1 Marriott Street, Higher Hillgate, Stockport, SK1 3PP, or Tel: 061-477-0687.

NEWS FROM NAHA

1. More hospital support means better community care for patients, says NAHA. Hospital-based flying squads, travelling day hospitals, consultants' sessions in the community and geriatric assessment services are all ways in which hospitals are reducing pressure on beds and improving primary health care services by supporting treatment and care of patients in the community. This viewpoint is based on the results of a survey jointly undertaken by the International Hospital Funds, NAHA and Health Services Management Centre with the aid of a grant from the Kellogg Foundation, USA. More than 50 initiatives are included in the report and among examples given are those of Calderdale HA where a flying squad of hospital-based auxiliary nurses drives around in suitably-equipped van to perform domestic and nursing duties under the supervision of the primary care team and hospital members who meet daily; and a travelling day hospital in West Dorset provided for psychiatric patients suffering from, or vulnerable to, mental illness but who can stay home with minimal support. Three day hospitals are also held in non-clinical, non-NHS premises - a church hall, a nurses' home recreation centre and an old house. Other schemes cover terminal care, a peripatetic diabetic clinic, a parent and baby group for severely multiple-handicapped children, and a joint-funded scheme providing a day centre dealing with neuroses. NHS Hospitals & Primary Health Care is available from NAHA Price £2.50

2. Director Philip Hunt has announced plans to develop a new strategy to counter security problems in the NHS including thefts, fraud, and violent attacks on staff. The new strategy consists of two steps. First, NAHA will contact all health authorities for help in providing details of problems in their own districts and this information will be used to evaluate the situation nationally. This will enable NAHA to advise HAS about present experience and make recommendations for those trouble spots where immediate action is necessary.

Second, NAHA will be organising a national conference in the autumn to enable all HAS to discuss the issues in more detail and learn from the experience of others. NAHA will continue to organise and encourage greater training of all NHS personnel likely to be confronted with security problems. The association has a key role to play, says Philip Hunt, and it is hoped "that our action will reassure the public as well as NHS staff that everything possible is being done to keep them and their property safe while they are on NHS premises".

COMING EVENTS

1) West ESSEX CHC's Prevention and Health Day 1986 takes place on 15 May in the Alexandra Social Centre, Princess Alexandra Hospital, Harlow. This year the CHC will be looking at the middle time of life and the subject of the Conference and Exhibition is "Good Health in the Middle Years". Topics under discussion will include overweight, alcoholism, smoking, stress and general lack of fitness. The Exhibition will be on the theme "Look After Yourself". Those wanting to attend can do so at a reduced fee if they book early. All applications received by 18 April will be at £6 per delegate, the fee after that is £8. Forms and further information from Angela Alder, West Essex CHC, Herts and Essex Hospital Haymeads Lane, Bishop's Stortford, Herts CM23 5JH (Tel: BS 55863 & 55191 Ext 6)

- 2) The Down's Children's Association is holding a Conference on Down's Syndrome at Friends House, opposite Euston Station in London, on 12 July. The speakers will include specialists, not only in Down's Syndrome itself, but with its associated problems such as speech, hearing and allied topics. The cost of the conference is £7.50 including lunch (members of the Down's Children Association at a special rate). The organisers point out that the syndrome occurs in one in 600 live births and about 50 per cent of these children have a heart defect. Improvement of a Down's baby can begin immediately after birth leading to greater contentment in the family and a better quality of life than would be possible with a severely retarded unstimulated child. Booking forms available from: Mrs. A. Caro, 17 St. Augustine's House, Bloomburg Street, London SW1V 2RG (Tel: 01-834-9692)
- 3). MIND are holding a special one day conference entitled "Racism in Mental Health" during which it hopes to offer a frank and informed examination of issues such as good practice in aftercare, transfers from prison to hospital, use of Section 136, ethnic monitoring and record-keeping, information - power through knowledge, and consent and compulsory admission to hospital. The conference will be held at London University Students Union, Malet Street and will Cost £25. Details from MIND, 22 Harley Street, London W1N 2ED (01-637-0741)
- 4) The National Garden Festival opens in Stoke on Trent on 1 May and 70 staff will be recruited from the ranks of the unemployed to help run one of the Festival's main attractions - The Health Fair. They will be involved in activities to promote all aspects of health including fitness assessment using computers. A month's training will be given before they start work. The jobs are provided through the MSC and applicants must be over 18. Those under 25 must have been unemployed and received benefit for at least six out of the last nine months. For further information contact: Mrs. Joan Stanton, Project Manager, National Garden Festival Health Fair, North Staffordshire Health Authority, Rooms 29/30 Nurses Home, Princes Road, Hartshill, Stoke-on-Trent.
- 5) Unhealthy Housing - A Diagnosis is the name of a conference to be held at Warwick University from 14-16 December this year. It aims to bring together recent studies on the effects of housing conditions on the health of the occupiers and it is organised by the Legal Research Institute of Environmental Health Officers. Papers on the subject are welcome. A brief outline of around 150-200 words indicating the subject and approach to it need to be submitted by 30 April and the final paper has to be completed by 29 August. Outlines of papers to: Roger Burrige, Legal Research Institute, c/o The University of Warwick, Coventry CV4 7AL. Details of fees, accommodation and of the conference itself from: Rosemary McManon, Health and Housing Conference Administrator, Institute of Environmental Health Officers, Chadwick House, Rushworth Street, London SE1 0QT
- 6) The Radical Statistics Health Group is holding a one-day conference at London University, Malet Street on 12 April 1986 on "Making Health Education Work - Campaigning Locally and Linking Nationally". It costs only £3 to attend. Contact the Group c/o BSSRS, 25 Horsell Road, London N5 1XL.
- 7) AIDS - Facing The Problem is the title of a seminar to be held on 30 April at the Connaught Rooms in London. It is organised by the Institute of Environmental Health Officers and will seek to put the problems into perspective and propose precautions that need to be taken. The team of speakers is headed by Dr. Donald Acheson, Chief Medical Officer of the DHSS and Dr. Peter Drotman from Atlanta, Georgia, where he heads the city's Centre for Disease Control. For further information ring Clive Wadey or Rosemary McMahon at the Institute (01) 928-6006. The cost of the seminar is £69.00 plus VAT for non-members.

8) "Age Well", the Campaign to promote health activities for, and with, elderly people, is holding a number of Age Well Shows in different parts of the country beginning at Age Concern for Greater London, 54 Knatchbull Road, London SE5 on 2/3 June. There is not room here to give all the other venues, details of which can be obtained from Age Concern, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL.

9) British Rose - The British Society for Research on Sex Education is holding a Workshop on 26 June on "Education for Sexual Health". The main objective is to produce by the end of the day "a list of ideas, some suggestions for group work and simulation" (continues the press release in terms which might have been expressed better!) "some visual materials and some educational methods for the positive promotion of sexual health". Joking apart, the Workshop is designed to try and help young people avoid unnecessary fear of pregnancy, VD and now AIDS. It will be held at the BLAT Centre for Health and Medical Education, Floor 5, BMA House, Tavistock Square, London WC1H 9JP and costs £15 for non-members, £10 to members. Details from D.J. Sketchley at the above address, bookings by 15 June. (For those who either want to know how to, or be reminded, then The Complete Guide to Sexual Fulfilment is obviously the answer. Written by Dr. Philip Cauthery and Dr. Andrew Stanway with Faye Cooper it is published by Century Hutchinson at £6.95)

10) Trafford CHC is inviting carers, users, the general public and providers of mental health services to meet with each other to discuss Care in the Community. The meeting will be held on the 12th May at the Cresta Court Hotel, Altrincham, Cheshire from 7.30 p.m. to 9.30 p.m. One of the main functions will be to put forward the views of the users of the services and to draw attention to special needs.

11) The Health Rights Group on Medicines has been holding a series of meetings on medicine use and safety at Friends House, Euston Road, (opp. Euston station). The next is on 11 June 1986 and is on "Adverse Drug Reactions". The fee for each meeting is £5, details from Health Rights, Rm 318A, 157 Waterloo Road, London SE1 8XF.

CHC PUBLICATIONS, REPORTS, SURVEYS, ETC.

1) Mental Distress in Old Age - A time for Action is an important new report on the problems of pensioners in Hackney published by City and Hackney CHC. It is the result of two years discussion among pensioners, carers and workers in the health services and the community. It draws attention to alarming gaps in the services provided but there are also wide ranging and hopeful suggestions for a pattern of services that will enable all to grow old with dignity and the outlook is an optimistic one. Copies of the report are free to pensioners but CHCs who would like to see it should contact the CHC and it will cost them £1.

2) South Gwent CHC has helped launch a booklet "Good Practices in Mental Health", the result of co-operation between health, social and voluntary services. It gives information about 21 agencies - clinics, self-help groups, counselling centres - and is the first guide of its kind in Wales. GPS will be given a copy and it will also be available to the public at CABs, libraries, social services departments, the Civic Centre and, of course, the CHC. Problems as diverse as anorexia, alcoholism, single homelessness and Alzheimer's Disease are listed in the projects, and the emphasis is on the stress caused to families and the help at hand to relieve it. CHC Secretary Emrys Roberts says: "With the right support at the right time, mental anguish can be alleviated or even ended. We

hope the book will be a great help and, in some cases, a lifeline". CHCs interested in seeing a copy should contact South Gwent CHC.

3) Mid Essex has published the results of a survey on paediatric services designed to allow parents to let the CHC know their views on the services provided for their children. On the whole the parents appeared satisfied with the nursing and medical services but expressed the need for clearer information, an overall policy for children admitted to hospital for all Essex hospitals and a more flexible catering service for children. There was also criticism of the cleanliness of one particular hospital which has recently put its cleaning out to outside contractors and the CHC wants the DHA to monitor what happens closely.

4) East Dorset CHC has carried out a survey of all healthcare services in one of its districts, Wimborne. The CHC looked at GP services and receptionists, and at Dental, Ophthalmic, Pharmacy, Chiropody, Children's, Maternity, Ambulance, and Hospital services along with community care, complementary medicine, preventive medicine and much more. The survey is a fascinating profile of health care in a community. (Receptionists did not come out too well - only one respondent thinking they were "particularly good" and fifty being critical. Suggestions include much better training and "to teach receptionists about people, to put patients first, to welcome patients, to be more friendly, helpful, pleasant, and courteous, to smile not snarl, not to give patients the feeling they are a nuisance..."). Overall the people of Wimborne district were very satisfied with the way they were treated, the problems appearing to arise from cutbacks, decreasing transport and lack of communication.

5) Bury CHC has published the report of a survey into Access to Primary Health Care in East Ward, Bury. Account was taken of deprivation in the area in terms of unemployment and housing such as those households without the exclusive use of bath or indoor WC. The survey concluded that as the ward has no primary health care facilities at all at present, patients having to go elsewhere, a Health Centre should be established with as wide a range of services as possible and it should be located in the position most accessible to those with the greatest need for health care and the least access to private transport.

GENERAL PUBLICATIONS

1) On the heels of its really excellent report on pesticide residues in food, the London Food Commission has turned its attention to nitrates in drinking water, which is a subject some CHCs have already taken up. In England one million people's water exceeds the EEC limit for nitrates, according to official estimates. Nitrates have been linked with stomach cancer and the coming privatisation of Water Authorities raises possibilities of a conflict of interests between long term public health and the financial motivations of a profit-making business. Copies from the London Food Commission, PO Box 291, London N5 1DU Price £5 (and well worth it).

2) Many disabled people are still unaware that the Chronically Sick and Disabled Persons Act (1970) puts a statutory duty on local authorities to assess their needs for services - such as home helps, house adaptations, telephones - and to provide them. Now the Spastics society has produced a guide to give them all the information they need and includes sections on independent living and getting a job. If you are unsure about your entitlement to any service or benefit, says the guide, CLAIM. It is your legal right to do so. They are your services; do not be afraid to use them. Getting the best out of Your Act is available free (send S.A.E.) to the Spastics Society, 12 Park Crescent, London W1.

- 3) Hearing Aids. The National Institute for the Deaf has published a report on hearing aids for deaf children to enable them to participate in a normal education. Radio hearing aids cost between £500 and £1000 each and their use allows a child to have the benefits of a normal education which is a considerable saving in costs. The cost of launching a comprehensive programme of provision would be around £1M. Provision of Hearing Aids for Children, Royal National Institute for the Deaf, 105 Gower Street, London WC1E 6AH.
- 4) The National Childbirth Trust is releasing an hour long video featuring Dr. Wendy Savage addressing an audience on the subject "Choices in Childbirth - the Next Ten Years". In the video she recommends a number of radical proposals to balance the current situation. These include giving more independence to midwives and allowing them to decide which consultants to work with; changing the way obstetrics and gynaecology are linked during teaching and altering the work patterns of hospital staff; removing consultants from "Life Tenures" and, instead, re-interviewing them to reassess their suitability after a five or seven year period. The video is available from NCT Tapes, 76 Humphrey Road, Old Trafford, Manchester M16 9DG. Price £17.50.
- 5) The Royal National Institute for the Blind has added BBC serial readings to its Talking Book Service. Two or three will be put together on one cassette. Further details from RNIB talking Book Service, Mount Pleasant, Wembley, Middx. HA0 1RR. A year's subscription costs £18.50 which is usually paid by the members' local authorities.
- 6) Race, Health and Welfare - Afro-Caribbean and South Asian People in Central Bristol: Health and Social Services is the long name of a report funded by the Commission for Racial Equality and supported by the University of Bristol. It focuses on the access to, and use of, health and social services in the central area of Bristol with specific focus on black people. A small control group of whites were also interviewed. "In our study," says the report "are reflected disadvantages and inequalities which cannot be allowed to persist in a just society". The report is available from Steve Fenton, University of Bristol, Department of Sociology, 12 Woodland Road, Bristol BS8 1UQ. Price £5.
- 7) The Campaign for People with Mental Handicaps have published a self-advocacy pack in co-operation with People First of Washington State Advocacy Office. It is for anyone who wants to start a group. The materials, which are heavily illustrated, include: introduction to materials; why we need self-advocacy and self help groups, nine steps to starting a People First group, an officers handbook outlining their tasks, and ten ways to support a group over a period of time and have successful meetings. Pack available from CMH Publications, 5 Kentings, Comberton, Cambs CB3 7DT Price £3.50.
- 8) Caring for the Elderly Relative, a guide to home care by Dr. Keith Thompson (editor of Geriatric Medicine) suggests that while many handicapped old people are now being cared for at home this is not always the best option. Life should be made as comfortable as possible for them but also as interesting and stimulating. "Overprovision leads to dependency and is a more common fault than under provision and can lead to an old person becoming a human pet", is his chilling conclusion. The carer, too, needs to preserve his/her own identity and maintain social interests. The book is published by Martin Dunitz Ltd., Price £3.95.

9) Child Health in Ethnic Minorities is concerned with children from ethnic minorities in Britain who may suffer from conditions unknown to the general population - including diseases of nutritional origins - and whose problems are made worse by differences of culture and language. It is often through their children that the parents first come into contact with the NHS and this may be crucial to their own relationship with doctors and healthworkers. The book is a collection of essays by Dr John Black, first published in the BMJ. Available from the BMJ, BMA House, Tavistock Square, London WC1 at £4.95.

19) Value for Money Developments in the NHS This is hardly an easy read being couched in jargon, peppered with statistics and with so many acronyms you need a glossary. Having said that, it does seem that the Comptroller Auditor General, Sir Gordon Downey, appears to have discovered that the NHS is not safe in their (the Government's) hands. He has drawn attention to the fact that, whatever might be said in the House of Commons and elsewhere, the NHS is having to cut services and standards to meet Government demands for cost improvements. The National Audit Office based its conclusions on visits to 11 districts and four regions to investigate the impact of cost improvement programmes in securing 'value for money'. It seems that some of the savings have been made by creative accounting and are not cash savings at all, while other savings have been at the expense of services. On the whole the report thinks that the health authorities have improved efficiency. One assumes this is yet another report the Government will ignore. The report is published by HMSO at £4.30 - and talking of value for money that £4.30 is for only 28 A4 pages!

11) Teenage Mothers and Their Partners by Madeleine Simms and Christopher Smith, is believed to be the first truly national representative survey of teenage mothers undertaken in this country - and the first in which young fathers have also been involved. In 1980 some 60,000 teenage girls became mothers and a further 36,000 had abortions. Not all teenage pregnancies result from ignorance of contraception although the survey gives a number of comments such as "I was scared to go and ask...", "I was going on the pill but I was nervous my dad was going to find out" or "it only happened once..". The survey, sponsored by the DHSS, came up with results that were sometimes surprising and raised educational, psychological and social issues as well as medical ones. HMSO £6.90

12) Codebusting by the Tobacco Companies is a rather splendid report from the North West RHA for the Health Education Council. TV, says the report, is now providing an average of almost an hour of tobacco-sponsored programmes per evening (over 300 hours a year) and within this overall programme time about 2-6 minutes exposure per hour of the tobacco brand names. In darts the players smoke continually, in snooker they smoke in front of the tobacco company's sign boards. While the report was being written, says its authors, the final of the International Tennis Championships, sponsored by Benson and Hedges, was being televised on BBC 1 on 17 November 1985. "The programme contained so many specific breaches of the Sports Sponsorship Agreement of 1982 that it was decided to issue a special supplement entitled The Tennis Racket and this is included as an appendix to this Report. We are told that voluntary codes of practice are working well, but says the Report, the examples show that the industry "is indeed getting away with 'murder'". Copies from the Health Education Council.

13) Hooked? by Meg patterson tells the story of NET, a revolutionary cure for drug addicts which, says the book offers them real hope. Judge for yourself. The book is published by Faber & Faber and costs £4.95. Another drug-related publication is Druglink from the Institute for the Study of Drug Dependence: this costs £12 per annum (with a reduction the first year) and is obtainable from Druglink Subscriptions, ISDD, 1-4 Hatton Place, London EC1N 8ND.

14) In Pursuit of Quality is the self-explanatory title of the report on approaches to performance review in General Practice. For those interested this rather slim volume costs £15 and is obtainable from the GCGP, 14 Princes Gate, Hyde Park, London SW7 1PU.

15) The Research Council for Complementary Medicine publishes a newsletter for those who are interested in this subject. It costs £17 for a year's subscription, available from Routledge Journals, Broadway House, Newtown Road, Henley-on-Thames RG9 1EN. Single copies cost £5 and you can have one on approval to see if you are interested in subscribing.

16) The A-Z of Welfare Benefits for People with a Mental Illness is an excellent and clear guide to all those involved whether as a sufferer or carer. There is also a useful directory of organisations that can help. It is available free from MIND, 22 Harley Street, London W1N 2ED.

17) Innovation in Everyday Health Care is the title of the published conference papers of a conference organised by the GLC, with the assistance of the King's Fund, on 13/14 February this year. A large number of organisations took part including CHCs and Caroline Langridge of Wandsworth CHC made a notable contribution which is published in full. She also used a clear and simple diagram showing the place of Wandsworth CHC in the Community.

The papers are available free in booklet form from London Strategic Policy Unit, Middlesex House, 20 Vauxhall Bridge Road, London SW1.

18) Bridges Over Troubled Waters is a Report from the NHS Advisory Service on Services for Disturbed Adolescents. It has grown out of the increasing concern felt by visiting teams over the quality and scope of services needed by young people with mental illness, abnormal maturation or behaviour which reflects internal disturbance which might disturb others. "All too often, the fact that the needs of such disturbed young people cross the boundaries of health, social services and education means that care and treatment are offered haphazardly or not at all". The Service looked into housing employment and treatment of offenders where relevant as well. There are a number of recommendations and the report concludes that while the overall picture "is certainly gloomy", in every visit examples were found of innovation and successful practice. The Report costs £2.70 and is obtainable from the NHS Health Advisory Service, Sutherland House, 29-37 Brighton Road, Sutton, Surrey SM2 5AN.

19) The Data Protection Registrar has produced a pack on the new Data Protection Act for professional advisers, in association with the Law Society. As is obvious this is orientated towards solicitors but for those who want to see how it works copies are obtainable from the Office of the Data Protection Registrar, Springfield House, Water Lane, Wilmslow, Cheshire SK9 5AX.

20) The VDU Workers' Rights Campaign has looked at the recent Health and Safety Executive's VDU Guidelines "Working with VDUs" and considers that in many ways they are complacent and even misleading. In reply, it has formulated its own response which is critical among other things of the HSE's response to the question "Can radiation from a VDU be harmful to health?" The HSE says that the radiation is very much less than natural background radiation and "is well below levels considered harmful by responsible expert bodies". The Campaign points out that experts are divided on this along with problems associated with Extra Low and Very Low Frequency radiation. The HSE's response to "Do I need

any protective devices against radiation from a VDU such as special spectacles, screens, aprons?", is simply "no". The Campaign takes real exception to this, pointing out that proof of damage should not be left until there is a 'body count'. For these and other detailed criticisms send for the VDU Workers Rights Campaign Fact Sheet, City Centre, 32-35 Featherstone Street, London EC1.

ACHCEW'S RESOLUTION ON CARE FOR THE ELDERLY

Resolution 15 of the 1985 AGM expressed concern at the inadequate provision of places of care for the elderly and urged the Government to provide earmarked central funding to HAs and SSDs to improve the situation.

The DHSS have now replied to Macclesfield CHC's observations on their original response. They emphasize the Government's commitment to care in the community and point out that the provision of places in residential homes has to be seen in the context of the total "Balance of Care".

In order to explain this apparently bland idea the DHSS draws our attention to recent work carried out by its Operational Research Service. They have been examining the process of strategic planning of the whole network of services for the elderly with a view to ascertaining how the most desirable "balance of services" can be worked out, how to allocate these services, and how to co-ordinate the services provided by HAs and SSDs. A computer model has been developed as a result of this work which should be piloted in a couple of health authorities during the summer. Already "several HAs" including Bath, Gwynedd, East Sussex and Dudley have undertaken surveys in their districts to provide information on the numbers of elderly people in need of care, how services are allocated between people with differing needs and what levels of care actually provided.

CHC DIRECTORY: CHANGES

- Page 15: Sandwell CHC
Secretary: Mr A K Newby
- Page 17: Salford CHC have moved back to:
1 Hulme Place, The Crescent, SALFORD M5 4QA
Tel: 061-737-1500
- Page 14: Torbay District CHC, new address:
The Old Surgery
Market Square
Newton Abbot

Tel: Newton Abbot 67929.

"PLEASE DON'T FORCE SMOKING DOWN OTHER PEOPLE'S THROATS"

This plea is part of a new campaign by the Health Education Council appealing to smokers to think about the effect their habit has on non-smokers.

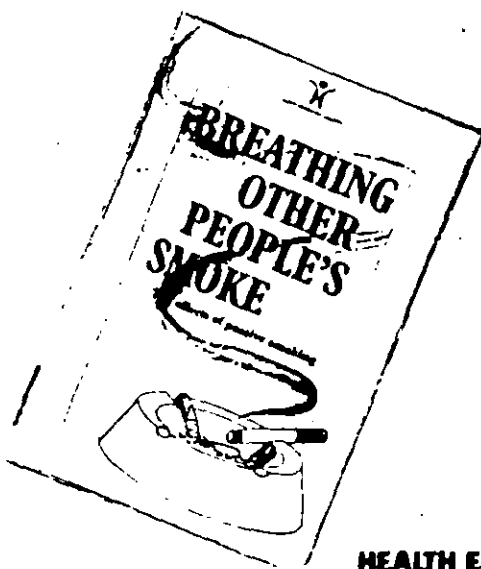
Only 1 out of every 3 people in the UK smokes cigarettes. This means that there are twice as many non-smokers as smokers.

Medical experts now say that breathing other people's smoke can lead to bronchitis, pneumonia and even lung cancer and may affect the health of young children. It may also cause eye irritation, runny noses, sneezing, coughing and reduced lung efficiency.

Many non-smokers feel angry or frustrated by tobacco smoke and the lingering smell of stale smoke at work, at home, on buses, in cinemas, cafés and restaurants. Tobacco smoke can cause a lot of friction between smokers and non-smokers.

It is therefore hoped that more no-smoking areas will be introduced in public places.

If you would like a free copy of the leaflet 'Breathing Other People's Smoke', they are available free of charge from the Health Education Council, Dept 682, 22-24 Clarke Road, Mount Farm, Milton Keynes, MK1 1HQ. For bulk orders contact your local Health Education Unit.



HEALTH EDUCATION COUNCIL

