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Association of Community Health Councils for England and Wales

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ACHCEW: Comings & Goings

ACHCEW's Director, Tony Smythe, will be leaving at the end of October to become Director of SHAC - the London Housing Advice Centre. He took over at ACHCEW from its first Secretary, Mike Gerrard, in July 1983. With the withdrawal of a DHSS grant, announced in 1981, and the consequent closure of CHC News in early 1984, these were difficult times for ACHCEW. However, the bulk of the CHC membership determined that ACHCEW was needed, problems could be solved and that higher subscriptions, graded according to CHC budgets, were justified. Their foresight and optimism was rewarded by the resumption of DHSS support, grants from agencies like the HEC and a more constructive approach to national liaison and shared policy initiatives. With a strong and dedicated staff in the national office and a well defined policy and organisational development programme an exciting course has been adopted ready for the appointment of a new Director. Applications and selection will be dealt with in September and October.

Liz Watson started work with ACHCEW on 4 August as our new Development Officer. She is an anthropologist and social nutritionist with experience of health issues overseas. She has worked with the Overseas Development Administration and International Centre for Eye Health before working freelance in the computer field. In the short term she will be exploring the possibility of developing more training schemes for CHC staff and members in collaboration with Regional Associations, the Society of CHC Secretaries and others making provision in this area. She will also be contacting members and Regions to discuss ways of improving joint action on health policy initiatives and mutual assistance.

Be Poor and Die Young

The health gap between rich and poor has sharpened dramatically in the four years between 1979 and 1982, according to official

statistics. Death rates among young and semi-skilled and unskilled workers aged between 25-44 are twice as high as those for professionals and managers of the same age. Women in social classes IV and V have suffered too and are a staggering 70 per cent more likely to die younger than wives of men in classes I and II. The figures are from the Office of Population Censuses and Surveys which - for the first time since 1911 - omits the crucial detailed analysis of death and disease in social classes in the main report. They have to be searched for in the background information which is on microfiche. Figures show that women's risk of cervical cancer varies with their husbands' occupations and that electricians working in power plants run twice the average risk of contracting leukaemia but this is not broken down between nuclear and other types of power station.

This bears out the findings of the Faculty of Community Medicine's Health for All by the Year 2000 - A Charter for Action. Its report, already well publicised, points out that we have the highest death rate in the world from heart disease, that our expectation of further life at the age of 45 is among the worst in the developed world, that infant mortality has declined less than in most other European countries and continues to show marked differences among the country's regions, social classes and ethnic groups and that the number of deaths from cervical cancer has hardly changed in the past 15 years although the numbers have halved in other European countries.

Occupational Mortality. The Registrar General's Decennial Supplement for Great Britain. HMSO £9.20. (Microfiche tables £40)

Health for All - A Charter for Action, available from The Faculty of Community Medicine, 4 St. Andrews Place, Regent's Park, London NW1 4LB.

More Statistics

A 24% increase in smear tests has made little impact on the number of people dying from cervical cancer according to Government statistics. Between 1979 and 1984 there was a 3.4M rise in smears but only a 9% reduction in deaths. GPs are being told they could do more to improve matters by paying extra attention to women who are most likely to miss out on smears but are most at risk. Dr. Robert Yule, consultant cytopathologist at Christie Hospital, Manchester - which has the country's biggest smear-testing lab. - says women having smears for the first time were not those who needed them most. "There is a minority of the population over 40 who are very resistant to having a smear and it is in this age group that 90% of deaths occur. GPs could pounce on them when they come to the surgery." He suggests they are approached to undergo a test when they come for another reason or bring in one of their children. "The new figures are dismal", he continues. "We ought to be ashamed of the record compared with places like Scandinavia".
Pulse 9.8.86

Regional Trends 21. 1986 ed. HMSO. Price £17.50.

"Like the Dirt They are Supposed to Clean.."

A visit to the maternity unit of Westminster Hospital on 23 June last appalled the Chair and Vice-chair of Riverside CHC so much that it has resulted in their recommending women who could do so to go elsewhere to have their babies.

Riverside DHA put hospital cleaning out to a private contractor in July 1985. The CHC discovered: 1) The unit has only 3 baths for 30 women, one was unusable as a dirty floor mop had been left in it along with cleaning equipment. The shower tray and surround were thick with built-up dirt and the shower head virtually blocked. The washbasin was blocked and a midwife said it had been like that for five weeks. 2) Sinks and draining boards in the kitchens where food is served were "in a disgusting state and encrusted with long term dirt and grease". One sink was full of dirty dishes in dirty water and the floor was "in a sordid state". 3) The sink and draining boards in the treatment room were "filthy", and the floors dirty. 4) One ward, recently closed for cleaning, was thick with dust. In another ward a patient said the floor had been cleaned only once during her stay and in the ante-natal ward pieces of glass lay around on the floor for two days. The floors were only vacuumed, not washed. 5) The patients' day room was "disgusting" with dirty cups and saucers lying on tables along with pools of liquid. Ashtrays overflowed with cigarette ends, window ledges and tables had hardened stains. "Off the end of the day room is an alcove where a cleaning woman was found sleeping at 7.30.a.m. a few weeks earlier. She has put several chairs together to lie on and told patients in the day room not to put on the TV as it might disturb her. When she was discovered she retorted: 'What do you expect when I'm paid only £70 per week.'" Cleaners earned £2.10 an hour with no bonuses or overtime. The comparable in-house rate previously was £3.

Midwives told the CHC they spent a considerable amount of time chasing up cleaning staff or doing it themselves and this imposed a great burden and ate into the time they could give to patients. One ward sister said cleaners were not given adequate tools and were only issued with one jug of diluted washing up liquid per day.

Riverside felt the cut price cleaning policy was a false economy as real costs increased as trained professional staff had to waste their time on it while patients were subjected to cross infection and other health hazards. As for the cleaning staff... "they must come from the bottom of the labour pool. They do not receive any meaningful training to do their job and they are poorly supplied with cleaning materials. In short, they are treated like the dirt they are supposed to clean".

The District Manager, David Knowles, refused permission for the Report to be tabled at the 26 June HA meeting saying that cleaning was merely a management matter. However, CHC Chair Frank Honigsbaum was eventually allowed to read it aloud to members. It produced a very concerned response not least because the hospital is designated to receive more maternity cases in future with the proposed closure of the West London Hospital.

The Save the West London Hospital Campaign

One of the most serious points raised by Riverside CHC in its report of the filthy conditions at the Westminster Hospital is that if the West London Hospital closes then women will have no option but to use that unit. The current proposal is to close the West London Hospital late in 1987, which will mean a lack of choice for the patients and substantial job losses.

The campaign to try and stop closure has united a number of organisations including the local council but also mixed aged groups from young mothers to old age pensioners. The hospital's maternity unit has an international reputation and is famous for its progressive approach to the care of mothers and babies. 2000 babies were delivered there last year. The other two maternity units in the area, Hammersmith Hospital and Queen Charlotte's, turn away some 160 women every month although the Riverside Health Authority argues that there is an "overprovision" of maternity facilities.

If the hospital closes, so will the special care baby unit. At present there are 12 cots for very ill newborn babies. This is already considered to be inadequate yet all that is intended to replace the twelve cots are two more at Westminster and two at Hammersmith - a net loss of eight cots.

The West London Hospital also houses 59 elderly people who need special nursing care, some of whom have lived there for over four years and, although the HA says that two nursing homes are planned to replace the geriatric ward, no work has yet been started and there is no clear indication as to when they will be ready.

There will be a public meeting to discuss the closure on 19 August at Fulham Town Hall, Fulham Broadway at 7.30.p.m. The campaign co-ordinator is Dave Shields at the NUPE office, West London Hospital, Hammersmith Road, London W.6 Tel. (01) 741-0578.

The GLACHC Lobby

Out-of-London CHCs might not know that, on 21 July, the Greater London Association of CHCs organised a Lobby of London MPs by its members bringing the stark and urgent message that "London's Health Services are being decimated". All thirty Health Authorities are being forced to make drastic cuts to stay within their budgets without regard to the increasing health needs of Londoners.

Most of the London CHCs sent members to the House of Commons and a group of London Labour MPs had an hour-long meeting with the GLACHC Executive and has asked it to prepare a fuller report on all the urgent issues for discussion after the recess.

Fedelma Winkler of GLACHC said it appeared that the DHSS was concerned that GLACHC might be putting pressure on Conservative

MPs to meet them and at first John Wheeler, chair of the London Conservative MPs refused to meet the Executive of GLACHC, but now this has been amicably resolved and a meeting between the Executive and London Conservatives will take place shortly after the recess. GLACHC members also saw John Cartwright, SDP spokesman on health issues.

Towards a True Community Health Service

Just how far have we gone along the road towards a truly community-based health service? Not a long way it seems when you read about the pioneering work of the Peckham Experiment which opened fifty years ago. The idea came from a pathologist at the Royal Free, George Scott Williamson and his wife, Innes Pearse, who had been a medical registrar at the same hospital. In 1926 they, and a group of like-minded colleagues most of whom were young parents, set up a small scale combined health centre and club designed to attract healthy families. By 1935 they had a purpose-built centre.

They were light years ahead of their time. Caring for health did not begin with ensuring merely that there was somewhere for people to come when they were ill - although that was obviously important - but long before. Parents should be fit and well before they embarked on having children. They should want the child and feel able to cope with it. What were the effects on health of an inner city environment? Of employment or the lack of it, housing, diet, exercise. There were two conditions for those who wanted to participate - one was that the whole family should join and that they should agree to periodic medical checkups.

The Centre grew. It had a large swimming pool, a gymnasium, a children's nursery, dance halls, a cafeteria, a theatre, a library and medical treatment rooms. Gradually those running the centre began to build up a complete health profile of the families of those who joined it while the families themselves found themselves taking part in an early experiment in preventive medicine and good health.

The whole emphasis was on health, not sickness. It was based on a specific locality (it had no open door policy), its basis was contributory (2s.6d.-12p- a week), not free. It had a loose structure and those who set it up soon realised that local people did not want anything to do with an authoritarian structure nor did they want to feel compelled to join. They needed to be encouraged to belong and then to "speak for themselves".

The Centre ran from 1935 until the War came and then re-opened from 1946 to 1950. The experiment ended in 1951 as it was thought there was no longer any need for it, the NHS having completely taken its place.

Of course we know now that was just not so. The NHS even at its best has never set out to do what Peckham did and only now are people seeking again the kind of holistic approach which it offered. With the future of the NHS now very much on everyone's mind in the run up to the General Election perhaps we should

remember Peckham and see how its ideas could be used to improve the NHS and combine its service to the sick and elderly with that of positive health within the community - and that includes a far more holistic approach.

Prison Medical Services - the Dustbin Service

It was evident from our AGM that this was an area which aroused very strong feelings in some members and there is now growing pressure for this service to become integrated into the NHS. (The Inquest into the death of Mark Hogg in Exeter prison - the longest Inquest in history - revealed an appalling catalogue of treatment and the jury were prevented, for legal reasons, from saying what they had wanted to say).

The House of Commons Select Committee Report is interesting but skirts a good many of the very real issues involved and stops short of actually recommending the service come within the remit of the NHS.

Written evidence from ACHCEW is noted as having been received and read but is not published. This is the case with a number of bodies "to save printing costs" but copies have been placed in the House of Commons Library. However, in the main body of the Report CHCs are suggested as a possible body which might monitor the service. Other suggestions are the Royal Colleges, Health Advisory Service or Mental Health Act Commission and the point is made that the latter body has already announced it will be giving special attention to mentally handicapped people in prison. However, the possible role of CHCs is not developed any further and the Committee's recommendation is that "HM Chief Inspector of Prisons develop links with the Health Advisory Service" - which would hardly seem sufficient. One recommendation which should be rejected is that the Prison Department stop publishing statistics on prescribing by prison doctors as this is currently the only way this can be monitored. The nearest the Committee gets to recommending integration with the NHS is to suggest that Ministers monitor closely 'progress towards such an integration'. All in all a disappointing document. Available from HMSO. Price £6.

Changing your Doctor

The Patients' Liaison Group of the Royal College of GPs has been considering this, "considerably helped by the co-operation of a large number of CHC Secretaries (156 in all) who answered a questionnaire." As a result of this response, a number of general findings were brought to the attention of the College's Council which has produced guidelines to enable the issues to be more widely discussed.

However the Guidelines do not appear to be very adventurous. The Council makes the obvious point that all GPs should recognise that availability and real choice of a doctor is a key component of good quality care and should pursue policies to make such a choice available. Patients should be fully informed of services on offer and the range and choice of doctor, both within group

practices, and a locality. Patients should be able to change doctors but, the Council says, frequent changes are not to be encouraged - which is sensible - but adds "a disagreement between doctor and patient does not necessarily mean that there is need for a change" (with which one might disagree). All the old reasons are also posited for leaving things much as they are - dangers of changing doctors in the course of treatment, etc. However, patients should be free to choose the doctors with whom they wish to register and ways should be sought to overcome barriers to freedom of choice and mutual choice should be promoted within the existing framework of the NHS, giving priority to the needs of patients while not ignoring the preferences of doctors.

Whitbread Community Care Awards 1986

South Gwent CHC has decided to nominate two local voluntary groups for the disabled - Action Aid for the Disabled, Newport and the Islwyn Council for the Disabled - for the 1986 Whitbread Community Care Awards.

Both of these groups were established as a result of initiatives taken by the CHC some years ago when it realised that there were no organisations representing the total interests of disabled persons in its area. Action Aid for the Disabled now has a fully staffed office and advice centre in the middle of Newport and modern ambulances for use by any voluntary groups in the town for the price of the petrol consumed. They campaign on planning, welfare rights and a host of other issues, have established a number of local voluntary organisations for specific illnesses and physical conditions and have recently inaugurated a Crossroads Care Attendant Scheme in Newport.

The Islwyn Council for the Disabled has been equally active and has a Crossroads Care Attendant Scheme which has been running for the past 2 years. They too are active in planning and housing matters and are in the process of establishing a Well Women's clinic in their area. The CHC is extremely pleased at the progress of these two groups which now stand entirely on their own feet following some initial "pump priming" by the CHC.

Review of Residential Care

The Working Party on Residential Care, set up by the Social Services Secretary will be chaired by Lady Wagner PHVD, OBE and the Vice Chairman will be Jack Hanson OBE. There will be thirteen other members.

The Groups will be interested to hear from people and groups engaged in providing residential care, or in contact with the residential care services and from members of the public who have information and views to offer on these services. As ever the timescale is short - all evidence should reach the Group by 30 September "but the sooner your views are received, the sooner they will be taken into consideration". ACHCEW will be submitting evidence.

Enquiries to Roger Toulmin or Anne Whitehouse at the National Institute for Social Work, 5-7 Tavistock Place, London WC1.

News round-up

The College of Health wants the Government to commit £62M to the fight against AIDS, as against the present £2M. Half would go on a national publicity campaign and the rest to HAs and voluntary bodies to run their own campaigns. The amount called for would be six times the entire annual budget of the Health Education Council. Recently the Commons Public Accounts Committee heavily criticised the DHSS for its "deplorable delay" in implementing a comprehensive screening programme for cervical cancer - which kills around 2000 women a year but already that programme is costing £20M. AIDS, by contrast, could kill thousands.
New Society 1.8.86

Tougher policies to tighten up registration of private residential homes in Birmingham could have severe implications for social work staff. This is an attempt to curb malpractices in a number of city homes, prompted by a NUPE Report and the recent World In Action investigation. The Council's registration panel has come up with a list of 99 guidelines covering every aspect of care and requiring proprietors to comply with a whole range of policies. Birmingham Social Services Department has been asked to increase the number of inspections from one a year to two which is worrying the Director because of its budgetary implications as it will obviously vastly increase the workload - from answering queries from proprietors to extra visits - but without at present any approval for an increase in the Department's budget. He reckons that monitoring the homes costs the Department £60,000 a year more than the amount recovered in inspection fees.
Community Care 17.7.86

Local Authorities should have the same power to step in when an elderly person is at risk as they already have with a child, says Age Concern, and there should be a new law to protect vulnerable old people from neglect and abuse but which also gives them the right to refuse help if they wish. Age Concern proposes that: a general power should be introduced so local authorities can promote the welfare of elderly people; advise and assist them and make resources available; that local authorities should have a specific duty to consider individual cases and that, if the authority refuses to take action or responds inappropriately, the old person or their carer should be able to appeal to the Courts. The Law and Vulnerable Elderly People - available from Age Concern, 60 Pitcairn Road, Mitcham, Surrey CR 4 3LL. Price £6.50.

A claim that a city has become a bastion of medical male chauvinism is being rejected by GPs in Peterborough - yet the fact remains that the number of women GPs in that town is only half the national average. This low proportion has prompted

Cambridgeshire FPC to ask GPs to consider taking on a woman partner to meet patient's needs next time they have a vacancy. The FPC denies any bias against women although its Chair, Dr. Derek Cracknell, did admit that in taking on a new partner there was often "concern about a young women doctor's commitment. If you take on a young woman who has just completed vocational training one has to look possibly at six months maternity leave every four or five years" (sounds familiar - doesn't it?) The matter came to a head when a family planning clinic was threatened with closure as there were insufficient women doctors to run it.
Doctor 7.8.86.

More about Consultation

In Community Health News No. 13 there was a report of the problem being tackled in Hounslow and Spelthorne where the District Health Authority had, following formal consultation in 1984, closed a surgical ward. The Consultation Document had stated that the closure "will free space, staff and resources for the later opening of additional beds for Geriatric Patients".

Having stated categorically that the savings made as a result of closure would be used for Geriatric beds the Authority decided instead to give precedence to a Geriatric Day Hospital.

As the Community Health Council had not objected to closure of Surgical Ward because the savings were to provide Geriatric Beds (of which the District Health Authority is further from target than any other District Health Authority in the Region), the Community Health Council dug in and took the DHA to task. The CHC's contention was that if the Authority could switch savings at will on this occasion then any Authority could do so. Apart from the fact that Geriatric Beds were so desperately needed, the whole principle of formal consultation appeared to be at risk.

After much letter writing, arguing and accusation a letter from the General Manager of the N.W. Thames RHA dated 22 April 1986 stated "We would not expect a Health Authority having made specific linked proposals for a closure or change of use and a service development using the resultant savings, to then use the resources for another purpose. It follows from this that the resources should be set aside for the purpose specified in the Consultation Document". This guidance obviously holds good for any DHA in the N.W. Thames Region. A letter from Ray Whitney, Parliamentary Under Secretary of State for Health, dated 21 May 1996 says "You ask if a District Health Authority can utilise the resources saved as a result of closure for a purpose other than that specified in the closure Consultation document. We would not expect this to happen without further consultation".

This advice presumably holds good throughout the country and will hopefully serve as a reminder to District Health Authorities to stick to agreements made as a result of formal consultation.

The provision of the Geriatric Ward has now appeared in the Capital Programme!

And More...

Bexley CHC is objecting to its RHA that Bexley Health Authority is using "urgent and temporary" closure procedures inappropriately. However, the Region has replied that the cuts in the hospital services can go ahead - with consultation afterwards... The CHC object to this on a number of grounds including that the financial position of the Authority is not new, that the proposals could have been made and been consulted upon earlier, that as the proposals will not be implemented until this autumn, they could not be considered "urgent" at the time they were first proposed (in May), that they do not appear to be "temporary" and constitute "Substantial variations of service".

Bexley would like to know if there is any precedent of a CHC getting legal advice or instituting a legal action against its DHA and would welcome any information regarding misuses of the consultation procedures.

FROM ENLIGHTENMENT TO DESPAIR: An Observer's Thoughts

Tony Garrett of North Tees CHC writes:-

"The CHC is fortunate in that both its Secretary and a member can attend meetings to observe the DHA's proceedings. The member or Secretary can speak, but not vote, on Health Authority matters. This is not a privilege accorded grudgingly by some suspicious autocrat. It is, I believe, a recognition or understanding on the part of the Health Authority that the CHC has a bona fide interest in the affairs of such a democratic forum as a DHA.

"I have been able to attend almost every DHA meeting since taking up my post as CHC Secretary some 4 years ago. My appointment coincided with the reorganisation of the Health Service in 1982. Early on I formed the impression that an innovation like a DHA would enhance the ability of a smaller and more representative group of people to define and act upon its new statutory status and organisational independence. Small was thought to be beautiful and more efficient. Moreover, the new Authority could perhaps identify with a small geographical area, in addition to defining its autonomy on the basis of identified service needs, the formulation of policy, and the calculation of resources required to meet objectives. However, no-one was so naive as to think that there were no strings attached to reorganisation but many were inspired by the prospect of developing a truly local health service which reflected the particular needs of the community. It seemed to many that we lived in enlightened times.

"Over recent years a series of changes has occurred in the management, funding and general philosophy sustaining the NHS. Members are familiar with the essential features of these recent innovations in these spheres.

"However, many of the initial benefits of the 1982 reorganisation have been significantly undermined and that this fact was made apparent at the most recent meeting of the North Tees DHA. The

announcement of the Health Authority's imminent financial crisis did not visibly shock all those present. In a forum whose agendas are now dominated by finance and related issues, it is easy to understand the frustration of DHA members who envisage their role in terms other than creative financial management.

"Not a year has gone by since 1983 wherein an extraordinary meeting of the Authority needed to be convened in order to effect a temporary strategy of financial survival. Time and again complaints from both Officers and members underscored the implications of further need to make 'efficiency savings' or introduce new policy initiatives which were imposed from above. The members' frustration matched easily the obvious anxiety of the Officers to protect and nurture the often fragile state of the services for which the Authority is legally responsible.

"It is disheartening to witness Health Authority Officers and Managers deflected from creating and expanding a service to a task whereby increasingly every effort and ability seems to be directed to keeping what exists intact. The effect this continues to have on morale is obvious.

"The lay membership of the Authority appears to have undergone a form of agonising metamorphosis. Although they bring to the Health Authority individual skills, collectively they represent the public's interests in a partnership which a Health Authority embodies. At many meetings lay members have indicated that they feel increasingly under pressure to take decisions on matters of urgency, complexity and of such serious import for the future, that with honesty and integrity they wonder if their decisions are really in the best interest of the community.

"My observations on the plight of both members and Officers indicates, not only loss of general autonomy within health districts, but a level of external financial control which undermines policy formation, the planning process, and the right of the Health Authority to establish its own service priorities and initiatives.

"The Health Authority, professions, the CHCs, and everyone who works in the NHS, possess the custodianship of that service on behalf of the community. Such a privilege and responsibility also implies a kind of informal contract, or, rather, an allegiance to those whom we serve. This honourable allegiance is now seriously threatened. The dilemma is stark and simple: DHAs have an obligation to manage their affairs within the financial constraints imposed upon them. Should they significantly extend themselves beyond their budgets, then they will be subject to financial penalties, removal of dissenting members, the business of the Authority suspended, an external agent appointed to "financially secure the District", and ultimately, the likelihood of the Chairman of the Authority being sacked into the bargain. However, the DHA has a statutory obligation to the community it serves through the services it must maintain, under the relevant Health Service Acts and Regulations. This is why financial matters have figured regularly on DHA agendas and will continue to do so. Perhaps this is why there has been a movement from enlightenment to despair over recent years, and why, as long as the Health

Authority struggles to maintain its service, future agendas will continue to contain items that reflect financial problems not of local origin."

World Federation for Mental Health

At the annual meeting held at Windsor from 10 to 12 June, 1986 the Executive Board of the World Federation for Mental Health (WRMH) passed the following resolution:

"Mindful of the deteriorating position in South Africa, and reaffirming its opposition to discrimination, the Board of WRMH agreed as follows:

That apartheid is a gross violation of human rights. Apartheid, racism and any discrimination on the grounds of race, colour or creed is inconsistent with mental health.

WRMH affirms its opposition to apartheid and any direct or indirect discrimination against minorities, and states its support for programmes in all countries to counter racism and its effects."

St. Mary's Hallow Consultation

St. Mary's Hospital, Harrow Road in London, is to close early in spite of the fact that there are no replacement facilities and will not be for at least a year. It was not due to close until the completion of a £30M development at nearby St. Mary's in Praed Street but Barney Hayhoe decided to go ahead with the closure, Medical cover was a problem but closure this autumn would save £2M.

Closure has been strongly opposed not least by Paddington and North Kensington CHC who have done everything possible to prevent it, including seeing the Minister. The decision means closure of the out-patients department, two operating theatres, 191 beds, mainly medical and surgical but including some at the Samaritan Hospital for Women and the Western Ophthalmic Hospital.

Shirley Linden, Chair of Paddington and North Kensington CHC said she felt nothing but despair, especially after all the effort the CHC had put into trying to prevent closure. "It is just another example of hollow consultation", she said.

Observer 10.8.86

Sensible way to use the NHS

"May I add an encouraging postscript to last week's report: 'Thatcher avoids a four-year queue'.

On facing a five-year queue at my local hospital for an orthopaedic operation I was greatly helped by my local Community Health Council who offered to 'shop around'.

By my agreeing to be a patient outside my regional hospital catchment area they were able to phone me within three days, giving me the name of an orthopaedic consultant 60 miles away. My family doctor wrote to him, I had an appointment almost immediately and was then offered an operation date six months later."

Dagmar Carpenter, Cambridge.

AROUND THE CHCS

Hastings CHC. Following the continuing concern over deteriorating ambulance services, Hastings CHC wrote to its DHA expressing dissatisfaction that there had been no consultation over proposed changes in services. In its reply the DHA stated it was pleased to say that its ambulance service had not so far been subject to any real cuts other than the annual savings imposed by the RHA. However the "fly in the ointment" is that the DHA has decided efforts must be made to reduce the level of transport to non-emergencies - East Sussex has the second highest rate in the UK - and this will require "re-education of the medical staff to order less transport although I am aware of and do appreciate the problems regarding reductions in rural bus transport".

Solihull CHC has been trying, through local MPs, to get the Government to agree that people who are registered as partially sighted and who need complex lenses to enable them to live independently should receive glasses free. The CHC feels such people should be classified as disabled in the way other disabled people are entitled to free aids. However, in its responses to the MP's, the DHSS does not agree pointing out that no government since 1951 has exempted people from optical charges on the grounds of disability.

Cardiff CHC has been in continuing correspondence with the AA over its private health care plan, the heading for which was "Just how serious are the NHS delays?" The whole tone of the letter/advertisement it says, might well prove particularly worrying to old people with failing health to the point where they might well enter into a financial commitment they cannot afford. At the very least Cardiff CHC would like to see the tone of any subsequent literature modified.

Southampton & South West Hants CHC raised with the DHSS some years ago, the question of a CHC's ability, given its resources, to produce a constructive and detailed counter proposal to a closure proposal to which it objected. The reply from the Policy and Planning Unit, dated 7 May 1980 states "As we see it the emphasis should be upon the production of a reasoned, rather than a necessarily detailed, counter argument based on the consultative document and we hope it would be possible for the CHC to produce this within the three-month timetable". Southampton mentions this because many CHCs may be inhibited from objecting simply because they feel unable to produce a detailed

counter proposal.

Liverpool Central & Southern CHC has responded to the Advisory Committee's report on irradiated foods pointing out its drawbacks. For instance, irradiation might well kill micro-organisms and pests but it will not destroy poisonous toxins; it will increase the use of additives because it will destroy vitamins A,C,D,E,K and some of the B vitamins. All irradiated foods should be strictly labelled so that everyone fully understands that it has been irradiated. There should also be strict policing of all procedures and adequate and long term research into the effects of irradiated food.

Salford CHC has notified us of a number of issues it has been taking up. On the question of consultation and the apparently conflicting demands of the RHA which says that consultation must be in line with formal procedures but that cuts must be "swiftly implemented" to find "efficiency savings", the RHA did finally reply - after "only five months". It was not even then very helpful and Salford pointed out such a delay in a reply hardly pointed to a dynamic NHS! Then the General Manager left half way through his contract... So far the CHC has been waiting a mere two months for a response from Norman Fowler. The CHC also took up the question of deputising services and discovered that most FPCs permit their use to the extent of 12-15 visits per 1000 patients per month, specifying that this limit applies only to the period 11.p.m. to 7.a.m. There are no restrictions at all outside that period of time.

As there are 240,000 patients on Salford GPs' lists and if all of them and their deputies carried out 12 visits per 1000 patients per month there would be 2880 visits claimed per month - in fact there are only 600 claims, so "Salford FPC appears to be employing an unrestricted use of deputising services hidden behind the numerical facade." Salford CHC accepts there are legitimate arguments for allowing unrestricted use of such services - while monitoring closely the standards - especially in deprived inner city areas, but have asked the FPC to clarify their policy. Other CHCs, suggests Salford CHC, might like to check whether their FPCs also have a covert policy of unrestricted use.

Liaison Committee for Community Health Councils in N.W. Thames

The CHCs in this region are uniting in their request to the RHA for an additional member of staff, pointing out how the workload for CHC Secretaries has increased since 1974, especially in regard to the new role with FPCs. Secondly the non-statutory consultation and monitoring role, often conducted informally, has burgeoned, as has contact with the public, be it on an individual or group basis. To this end the Liaison Committee has prepared an excellent and detailed paper and any CHC who might like a copy in order to help prepare its own case should contact the Liaison Committee at 119 Uxbridge Road, Hanwell, London W7 3ST.

Hampstead CHC is calling for support from ACHCEW for its fight against the closure of New End Hospital and is also considering taking legal action against Hampstead HA which proposes to close it in October without consultation by using emergency powers. This is because it needs to make savings of £2M. Hampstead CHC maintains the HA has breached the NHS 1977 Act in failing to consult over closure. The HA intends to move the hospital's 109 geriatric patients to four formerly acute wards at the Royal Free Hospital while a maternity unit at Queen's Mary's House is turned into a geriatric unit... The CHC points out among other things that the region, not the district, owns New End and therefore has final control over how the proceeds of the sale are spent. The HA has said it will consult over the permanent closure of New End once the hospital has closed! As the CHC points out, this makes the entire process meaningless.

Barnet CHC is initiating a survey into public attitudes to mental illness under the title "Tell us the Truth - We Want to Know." It will be carried out by Lisa Corley, a researcher from Brunel University. The CHC's September Conference on Mental Health in Barnet produced a demand for greater knowledge of what the public wanted. The CHC was also involved in launching Barnet Action for Mental Health last month to find out what the users of the service and their families think they need. Already the survey is revealing a deep sense of unease at the lack of understanding of the policy which treats people in their homes rather than in long-stay mental hospitals and some people, especially the elderly, had strong opinions and expressed deep-seated fear. The CHC feels the survey will help guide the authorities into what is wanted by the community and also the need to take into account the stresses and strains of the community care programme. The final report will be ready in October and then sent to all the relevant bodies including the Secretary of State.

The Hereford & Worcester Citizen Advocacy Project by Mike Metcalf, Co-ordinator - PROJECT DIS-CO.

Project Dis-co and Kidderminster Community Health Council have joined forces to establish a Citizen Advocacy service in Hereford and Worcester.

The concept of Citizen Advocacy arose in America. Its aim is to give people who have little power or influence a "voice" in the planning and operation of the service provided. U.S. legislation has given every mentally handicapped person a right to an advocate, and every State is required to establish independent agencies who pursue the rights of handicapped people. No corresponding rights will exist in this country until a Bill sponsored by Tom Clarke, MP. completes its passage through Parliament. Amongst other things, this will give disabled people a right to be represented in reviews concerning them held by Social Services.

There are other forms of Advocacy, Legal Advocacy probably being the best known. Citizen Advocacy, as its name implies, involves the use of ordinary people in the process of representing people who find it difficult or impossible to speak for themselves. They are competent, trained volunteers whose task is to

represent, as if they were their own, the interests of one handicapped person. To avoid conflict of interests, the advocate must not normally be employed by an agency providing services. They could be involved in a number of roles:

- to provide friendship and support
- provide practical help in day to day living
- enable social integration in the wide community
- help with financial management
- assist with access to services, leisure facilities & employment opportunities
- secure necessary treatment and education
- co-operate with staff on individual treatment & therapy programmes
- intervene in instances of neglect or abuse.

Paddington and North Kensington CHC has written to all three of its MPs, John Wheeler, Sir Brandon Rhys-Williams and Peter Brook, informing them of the mounting crisis facing the health district from the continued underfunding of the health service and pressing them to make urgent representations to the Secretary of State drawing his attention to the damage being caused. This was part of the campaign mounted by London CHCs which culminated in a lobby on 21 July.

The MPs were given details of the effects of RAWP, the crisis in the acute services, the growing and underfunded burden of community care, the proposed merger with another health authority, the very real crisis in the London Ambulance Service, the problems over recruitment of nurses, etc. The CHC is calling for changes in RAWP to recognise the need for adequate funding for inner city CHCs.

Manchester Central CHC. On 8 July Central Manchester CHC organised a meeting on health care for ethnic minorities. It was called to discuss progress on the production of a policy statement and in particular the issuing by the North West RHA of guidelines for DHAs. There was general concern about the lack of consultation before it was produced. The document failed to recognise the issue of racism or to provide additional funds to ensure successful implementation of the guidelines, was inadequate in a whole number of areas (such as training) and did not contain the promised policy statement.

It was agreed that Central Manchester CHC should take a regional initiative to ensure co-ordination among community groups representing ethnic minorities in the various districts and it was pointed out that, at the ACHCEW AGM, the Chair of Manchester Central had offered the resources of the CHC to act as a co-ordination point in the North West. So, Central Manchester is asking for examples of good practice in the provision of health care for ethnic minorities - please send them direct so they can be collated and made available to other CHCs, DHAs and community groups. Also Manchester Central would like lists of community groups representing ethnic minorities to put them on a central contact file. Any CHC which would like to have a discussion - or further discussion - on this issue should contact Kais Uddin,

the Field Officer for Greater Manchester Council for Voluntary Service (GMCVS), St. Thomas Centre, Ardwick Green North, Manchester 13. Tel: 061-273-7451.

Still with Central Manchester, following the worrying ruling by South West RHA about the make-up of selection committees for appointing CHC Secretaries, the North West CHC Secretaries had a meeting with the RHA to clarify its position and were told that there were no plans to change the way appointments are made and that the majority of those involved in the decision will continue to be CHC members.

Central Manchester is also continuing its work with the AIDS problem and has taken the first steps towards setting up a permanent health forum on it. The RHA has granted AIDSLINE £25,000 for three years and steps are being taken to formalise the arrangement by which the CHC has been servicing a medical steering group of consultants, medical officers, and others from the three DHAs, officers from the Blood Transfusion Service, the Public Health Laboratory, City Council and various voluntary bodies. The proposed Forum would have representatives from all these organisations plus the FPC and other city CHCs.

Mid Essex CHC is concerned over the length of time it takes for the results of a complaints hearing to be made known - one such case has still not been resolved although the hearing took place in December 1985! As this appears to be a national problem Mid Essex give below the timetables of this case:

September 1983	Complainant contacts CHC for advice on how to complain about dental treatment.	
"	"	Advised to contact FPC in writing and this was done.
February 1984	FPC Dental Service Committee investigates but does not hold oral hearing.	
July 1984	Complainant told no action would be taken.	
August 1984	Complainant appeals to Secretary of State.	
December 1985	Appeal granted	
No further action.....		

North Derbyshire CHC has heard from a number of women's groups pressing for the removal of VAT from a number of necessary items, including sanitary wear. The CHC asks if this is an issue ACHCEW should take up - what do CHCs think?

Barking, Havering & Brentwood CHC is strongly opposing the closure of the Radiotherapy Department at Oldchurch Hospital. There is, it says in a letter to the Regional General Manager of N.E. Thames RHA "an incredible amount of support for retaining it, spearheaded by the local action committee and supported by

all MPs with constituencies within the Region." The closure will mean long journeys for patients suffering from, among other things, brain tumours and carcinoma of the bladder. The CHC is also writing to Norman Fowler, Barney Hayhoe, the MPs involved, local media and all the members of the local health authority.

Tobacco Crops in the EEC

Liverpool Central & Southern CHC had its resolution condemning the EEC proposal to spend £480M in the coming year on grants to tobacco farmers under the Common Agricultural Policy, while allocating only £5M to the early detection, prevention and treatment of cancer, referred back to Standing Committee.

In support of our taking further action, the CHC produced the following information for Standing Committee:

"The EEC produces 340,000 metric tonnes of tobacco each year, mainly in Italy and Greece. In February 1986 3,803 metric tonnes from the 1983 harvest were sold at 25p per lb to second and third world countries (Bulgaria and Africa); the EEC paid Italian and Greek farmers 77p per lb for the tobacco - a loss of approximately £4 million.

"This loss on sales, together with the cost of subsidies to the farmers to encourage them to switch to production of higher grade 'blonde' tobacco, amount to £480 million over five years. In January 1986 the EEC announced a five year anti-cancer programme funded to the tune of a mere £5 million.

"Given that deaths from tobacco related disease in the UK are estimated at 100,000 per year, and that annual expenditure in Liverpool Health District alone for treating it is nearly £1.5 million, this CHC believes that current EEC policy on tobacco growing should be reversed.

"Present EEC policy ignores the cost of smoking in terms of suffering and resources and the decision to sell tonnes of low-grade tobacco at knock-down prices is irresponsible. There are now 10,000 metric tonnes in store from the 1984 harvest for which there is no alternative use. To sell it can only contribute towards the premature death of hundreds of thousands of people - the only 'safe' solution would be to destroy it.

"If farmers can receive subsidies to encourage production of higher grade tobacco which is likely to be sold to western nations, similar assistance can be given to encourage growing of less lethal crops."

Standing Committee decided that this was a very important subject and therefore ACHCEW would suggest that any CHC who feels strongly about it should contact and/or use its MEP or any other European contacts it may have to express its concern and press for positive action to be taken.

Ian Webb of South Tyneside CHC will be happy to co-ordinate any action in this field, so interested CHCs please contact him.

S.W. Herts CHC recently visited a number of Community Health Clinics and members were 'startled' to find the kind of problems they did and that they were common to all of them. Standards varied from "highly professional" to "what can only be described as dedicated volunteers. We were constantly disappointed about the amount of time which professional staff were expected to use in administering services, such as making appointments... filling in forms and answering the phone". Most of the clinics were in a poor state of repair or had outgrown their original purpose. It seemed that there was far too much reliance on the sense of dedication and loyalty of individuals working in poor conditions. There was a need for a brochure explaining what services the public can expect to find at each clinic as "it is not clear, even to those working at the clinics, how the services are organised".

NEWS FROM THE DHSS

We have now had a response from the DHSS to our comments on the voucher scheme for glasses, which we thought should be circulated virtually in full:

"Ministers considered carefully your views, together with those received from the many organisations and interested bodies. The consultation showed a good deal of support for the change; and whilst understandable concern was shown that the levels of the vouchers should not disadvantage those people at present entitled to NHA glasses, most of the organisations consulted acknowledged the general advantages of the scheme.

"Six voucher levels have been set to cover patient's requirements; three levels for single vision spectacles and three for bifocal spectacles graduating from simple, intermediate to complicated powers. These are set out in more detail in the attached Hansard extract of the written answer given by the Minister for Health on 3 June. Following that written answer all the major groups representing opticians have supported the scheme and have accepted that the voucher values are reasonable.

"The NHS (Payments for Optical Appliances) Regulations 1986 No 976 have been laid (on 10 June) making provision for the NHS voucher scheme to be introduced on 1 July 1986.

"While most of the proposals in the letter of 13 January have been embodied in the scheme you will be interested in the following points:-

- Patients will be allowed to use their vouchers to purchase glasses from registered and unregistered suppliers, but unregistered suppliers are prevented by law from dispensing to children under 16 and to those known to be registered as blind or partially sighted.
- Detailed instructions are being issued to Family Practitioner Committees to enable them to take action against possible fraud and abuse of the system.

- The question of whether vouchers should be exchangeable as a contribution towards contact lenses was perhaps the single point which produced the most divergent views. The outcome is that such exchangeability will not be permitted.
- Concern was expressed about possible delays if FPC's were to authorise repairs to childrens glasses. The arrangements in fact will be virtually unchanged from the present system which relies on the judgement of registered opticians.
- It has been accepted that the transitional period during which patients will be able to seek a refund to the value of their voucher entitlement if they have purchased spectacles in ignorance of their eligibility for a voucher, should be extended. The period will be six months."

INFORMATION WANTED

South Gwent CHC would like to hear from any CHC which has experience of cook/chill catering systems in any of the hospitals in their locality. "The local HA is considering installing such a system but our concern is that motivation should be to provide better catering services for patients not merely to reduce costs. Any information, especially if patient reaction has been tested would be most welcome." (Note from J. Cook. When this was introduced in some S.W. areas even the doctors complained!).

COMING EVENTS

Conference: Science, Environment, Wholeness and Health

The British Holistic Medical Association's conference this year will focus on these three themes. It will be at City University, London on 18 and 19 October and opens with an address by Dr. Kenneth Pelletier, one of the world's leaders in stress management. It offers a wide variety of lectures and workshops ranging from the latest developments in Diet and Nutrition, a lecture given by Dr. Rudolph Ballentine, to a lecture by Meg Beresford CND, on the nuclear issue, a pertinent topic in the aftermath of Chernobyl. There will also be lectures on personal health and several workshops in which to discuss, listen and share ideas. On Sunday, the spiritual dimension of healing will be the subject led into discussion by Irina Tweedie, Sumedho Bhikku, Matthew Manning and Dr. Patrick Pietroni. All this, in addition to an acclaimed theatre production should provide the balance between participation and stimulation by new ideas. For further information contact the BHMA on 01 262 5299.

There is to be a conference on the Biological Effects of Ionising Radiation to be held at the Hammersmith Hospital on 24/25

November 1985. That's the good news. The bad, if not disastrous, in view of the importance of, and interest in the topic is that the conference fee is a staggering £200 - anybody know of a more expensive one? The Institution of Environmental Health Officers wanted us to advertise this in Community Health News - in view of its importance - and so we have. If anyone can afford to go then contact Dr. Gari Donn, 8 Buckingham Road, Brighton.

There is to be an Alzheimer's Disease Society Symposium on Independence and the Community on 27/28 September 1986 which will look at the extent of the problem and approaches to care, independence for dependants and in the community. This does seem to be a problem which some CHCs have taken on board.

It costs £13 (a further £12 if overnight accommodation is required) and details are obtainable from Peter Marsden, A.D.S. 3rd Floor, Bank Buildings, Fulham Broadway, London SW6 1EP.

The N.E. Thames Health Authority and the World Federation for Mental Health will be hosting an International Conference on "Coming Home - Meeting Mental Health Needs Locally" from 15 - 17 September at the School of Pharmacy of London University.

For details, registration etc. Contact Treasurer's Department, NETRHA, 40 Eastbourne Terrace, London W2 3QR.

Evaluation and the voluntary sector. A one-day workshop organised by the Association of Researchers in Voluntary Action and Community Involvement (ARVAC): to be held on 24 September at Birmingham University. £25 for non-members. Write to Pat Marsen, ARVAC, 26 Queen's Road, Wivenhoe, Essex CO7 9JH.

Community Care: joint finance and joint planning. A residential workshop at Humberside College of Further Education, 5 - 7 September. £85 for residents'; £55 for non-residents. For further details contact: Derek Crothall, School of Applied Social Studies, Inglemire Avenue, Hull HU6 7LU.

The National Children's Bureau, in association with the Royal College of Nursing, are holding a 3-day workshop on Bereavement at the Royal College in London, 19 - 20 November. £60. Contact: The Conference Office, NCB, 8 Wakely Street, London EC1V 7QE.

The Royal Institute of Public Administration is holding 3 autumn seminars on Client-orientated public services: Setting up a social security consumers' committee (Oct 22); Consumer perception and public performance (Nov 20); Consumer complaints in public sector services (Dec 10). Each seminar costs £15 to non-members of RIPA. Write to: Angela Payne, RIPA, 3 Birdcage Walk, London SW1H 9JH.

The Royal Society of Health is holding a Seminar on the Cumberledge Report at the Middlesex Hospital, London on 5 September. Julia Cumberledge will address the meeting. The admission charge is £4. Contact: Conference Department, Royal Society of Health, RSH House, 38a St. George's Drive, London SW1.

The RSH is also having a one-day conference on "Aspects of pre-conceptual and ante-natal care" on 28 November. It will be hosted by the Royal Society in London and costs £30 for non-members. Write to: Royal Society of Health, 13 Grosvenor Place, London SW1X 7EN.

MIND Annual Conference 1986. 13-14 November. £40 for both days. Closing date for applications is 20 October. Contact: MIND, 22 Harley Street, London W1N 2ED.

Congress 86 - Children and their rights. This is the third annual congress organised by the Children's Legal Centre on all aspects of law and policy affecting children and young people. £15 for registration. London, November 20. Contact: Children's Legal Centre, 20 Compton Terrace, London N1 2UN.

The British Foundation for Age Research and the Health Education Council are jointly organising a conference on "The Agile 80's". It will be held in London on 12 November. Registration fee is £22. Further details from: BFAR, 49 Queen Victoria Street, London EC4N 4SA.

The British Conference On Anorexia and Bulimia Nervosa will be held at the University of East Anglia on 25 - 26 September. Organised by Anorexic Family Aid; it's called "Help and self-help" and costs £45 for non-delegates. Contact: Anorexic Family Aid and National Information Centre, Sackville Place, 44 Magdalen Street, Norwich NR3 1JE.

INFORMATION SERVICES

Children & Parliament is an information service produced by the all-party parliamentary group for children. It issues a fortnightly bulletin when Parliament is sitting and costs £30 per year. Contact: Judy Liston, National Children's Bureau, 8 Wakely Street, London EC1V 7QE.

MENTAL HEALTH-ON-TELEVISION 1986-7

From September to December 1986 Channel 4 is presenting a season of programmes on mental health themes. These include: SCHIZOPHRENIA AND THE COMMUNITY, RACE AND MENTAL HEALTH, MUSEUMS OF MADNESS, WE'RE NOT MAD, WE'RE ANGRY. Further information in magazine form will be available to people who write in after the programme.

From January 1987 BBC will transmit a series of eight 10 minute films, YOU IN MIND on Sunday between 6 and 6.30.p.m. This series aims to prevent ill health and will encourage coping strategies and self help. The BBC Continuing Education Department will prepare further information which will include a list of contact addresses for national organisations which might help them. It is intended to encourage people towards control over their own mental health and will feature mostly organisations other than the psychiatric and social services.

The Mental Health Film Council is preparing a further sheet of information, probably by English Counties and Scottish regions, on local organisations such as CHCs, MIND Associations and Samaritans. The appropriate local list will be sent to everyone writing in to both Channel 4 and the BBC.

CHCs would be well advised to ensure their relevant information is up-to-date and easily accessible. It might also be helpful for CHCs to liaise with other agencies in their areas about which agency is best able to be an initial contact. Elizabeth Garrett of the Mental Health Film Council, 330 Harrow Road, Lond W9 2HU would be glad to hear what you decide.

CHCs PUBLICATIONS

Star billing and full marks to North Tees CHC's beautifully laid out and explicit booklet - Your Health Service - which puts translations into Chinese and Urdu alongside the information in English. Any CHC who would like a copy should contact Tony Garratt at North Tees CHC. The booklet, which was expensive to produce, costs £2.

Herefordshire CHC has issued a study of the maternity services in the Herefordshire Health District. This is a descriptive report rather than a patient satisfaction survey, although some "users' views" are noted. GPs and consultants were also asked for their views. The services are shaped by the rural nature of the district. The CHC took the DHSS reports on "Maternity Care in Action" as a baseline and made recommendations accordingly. More staff and facilities are needed and one service is absent altogether; there's no Abortion Counselling Service. This is a very thorough report, though perhaps more information could have been given on the way the study was carried out. Contact Herefordshire CHC.

East Dorset CHC produced two reports last month, on infertility services and the district maternity services. The survey on infertility services is timely; Frank Dobson, the Labour Party front bench spokesman on health, recently had a survey undertaken of infertility services in England. It concluded that they were very inadequate, if not effectively unavailable. In April 1985 the CHC was approached by the National Association for the

Childless, who expressed concern at the poor facilities in East Dorset. As a result, the CHC undertook a survey of satisfaction with existing services and the need for more. The report analyses the survey results in detail, describes existing services and makes recommendations for a level of service appropriate to a district the size of East Dorset.

The report on maternity services is based on a survey of 500 mothers, and like the Herefordshire survey, uses "Maternity Care in Action" as a standard for its recommendations. The questionnaire is included as an appendix and the report is liberally peppered with useful comments taken from the replies. Contact East Dorset CHC for further information.

Manchester CHC has produced a directory of services for those caring for the elderly mentally infirm. Copies of "Can we help you?" are available from Manchester's CHCs.

In line with our policy of making information more accessible, Nottingham CHC has produced a comprehensive guide to all local medical services, along with the names and addresses of everyone from doctors and chiropodists to district nurses.

A Smear Campaign is the Report of the Mobile Cervical Screening Campaign held in Chorley and South Ribble last summer. A multipart van was loaned to travel the district offering this facility and all kinds of people and organisations assisted, from the publicans who allowed it to be sited in their car parks to Chorley Well Women's Center who helped with advice and the staffing of the unit. There is no doubt that the campaign and screening were successful with capacity attendances. It seems an excellent idea for any rural area. Copies of the Report from Chorley and South Ribble CHC.

There is never any shortage of reports from Exeter CHC. "What, Where and How?" - Is the final report of its Study Group set up to look into information for patients about the availability and use of the health services. Although, obviously, the study deals with Devon many of its findings would be applicable anywhere.

Locality Planning - Power to the People is a Discussion Paper from Exeter whose Health Authority has developed a radical new planning concept which seeks to decentralise the planning of local services. The district has been divided into a number of localities and a multi-disciplinary team established in each. The CHC believes that locality planning is of benefit to the patient and this well-reasoned document is essential reading.

Copies of both the above from Exeter CHC.

South Lincolnshire CHC conducted a survey on out-patients at a District Hospital between 2 - 4 December 1985. On the whole patients were satisfied, although a proportion expressed the need for more information; but there was an interesting spin off -

when questioned about the obvious delays in ambulance transport home, some elderly patients said they were quite happy to wait in the hospital as it was warmer and more comfortable than their own homes and at least they had company!

GENERAL PUBLICATIONS

Prevention and the Primary Care Team, published by the Royal College of GPs is the result of a Joint Working Party in conjunction with the Royal College of Nursing and Society of Primary Health Care Nurses. It deserves consideration by CHCs. Health and welfare services, it says, are incomplete unless they include a preventive approach which is not wholly viable without interprofessional co-operation. Professionals need to adopt a more mature approach if they are to overcome interprofessional rivalry and encourage unity around defined objectives.

When you sit down to a good meal you are probably eating along with it the residues of the hormones, pesticides and antibiotics fed to cattle and sprayed over plants. Antibiotics are now so widely used that virulent bacteria which affect humans are becoming resistant to them and therefore make us more vulnerable to infection. On top of that, one billion gallons of pesticides are sprayed onto U.K. crops and soil as farmers are applying more and more of them to counter the pests which are becoming more resistant - a vicious circle.

If you want to know more, read Gluttons for Punishment by James Erlichman. A Penguin Special Price £2.95.

Within Reach of Health Care? Is a Report by the Welsh Consumer Council outlining the findings of a qualitative survey on access to health care facilities undertaken to provide the basis of selecting an aspect of patients' access problems to study in greater depth. As a result, the Council will be looking at outpatients attending hospitals in different parts of Wales with the intention of publishing the results next year. They will be happy to hear from anyone who can help.

Copies available from Welsh Consumer Council, Castle Buildings, Womanby Street, Cardiff CF1 2BN.

The Alternatives to Cigarettes booklet is an amusing and helpful guide to those who have given up but become overtaken with the need at times of stress or even times of habit (i.e. on the telephone, after work, after dinner, "the reward" cigarette.... (There's no space for one we heard of recently - the prospective father who gave up and would, he said, have given anything - but anything - as he struggled through those long hours at Guys!)

Available from Trafford Health Promotion Unit.

Mental Handicap - Partnership in the Community - emphasizes how slow progress has been in providing better services for the

mentally handicapped in Britain, partly, says the report "through lack of political will". 50% of people could be cared for in the community, it says, if - but only if - adequate resources were made available.

The report, by Jean and David Taylor, is available from MENCAP, 122 Whitehall, London SW1A 2DY £1.50.

Poverty and Food. There is plenty of evidence now that a growing number of people are just not getting enough to eat or, if they are, not enough of the right foods. Particularly vulnerable are teenagers who have an insufficient vitamin intake, elderly people - 70% are estimated to suffer from malnutrition, and women who bear the brunt of poverty, all too often cutting back on their own food to prevent their children and menfolk from going without. The extra needs of pregnant and breastfeeding women are difficult to meet.

Tightening Belts - A Report on the Impact of Poverty on Food by Isobel Cole-Hamilton and Tim Lang is available from the London Food Commission, PO Box 291, London N5 1DU. Price £5.00.

The Report of the Working Group On Services for People with Epilepsy is self-explanatory but, a rarity in a report for the DHSS, well written and attractively designed. It makes sensible recommendations. Available from HMSO Price £5.80.

Physical Disability and Beyond is a report by the Royal College of Physicians set up in part because of the changing attitudes towards long term care in and out of the community. The Royal College emphasizes the need for the setting up of agreed standards of care and audit along with a number of basic requirements. For example, it recommends that every health authority has a written policy for physically disabled school children and each HA should have a district handicapped team for children.

Available from the Royal College of Physicians.

The Advisory Committee on Dangerous Pathogens has published revised guidelines on LAV/HTLV III, the Causative Agent of AIDS, which sets out the measures to be taken to safeguard the health and safety of people who, because of their work, come into direct contact with AIDS or AIDS-infected patients or specimens from them.

Copies available free from DHSS Store, Health Publication Unit, No. 2 Site, Manchester Road, Heywood, Lacs OL 10 2PZ.

Institutional Care for the Elderly: the geographical distribution of the public/private mix in England. Available from the Centre for Analysis of Social Policy, University of Bath, School of Humanities and Social Sciences, Claverton Down, Bath BA2 7AY. Price £4.

Caring for Cash: the issue of private domiciliary care. Written by Eric Midwinters, Director of the Centre for Policy on Ageing, this book reviews yet another new private care sector and offers it a cautious welcome. Available from Bailey Bros., Warner House, Folkstone, Kent CT19 6PH. Price £7.15 inc. p & p.

"In safe hands": Home Care Relief Schemes. This is a report from Age Concern York of a short term care scheme for the elderly. It evaluates the scheme, looks at "users'" views and offers recommendations, which can be applied to similar projects elsewhere. Available from Age Concern, 70 Walmgate, York YO1 2TL. Price £1.

The Law and the Vulnerable Elderly. This is a substantial new report from Age Concern England, which argues the case for a consolidated legal framework to promote the welfare of elderly people. Many of the proposals are similar to those contained in the recent Disabled Persons (Services, Consultation and Representative) Act, i.e. they would impose duties on local authorities to assess needs etc. They also suggest an avenue of appeal to the courts by way of an Intervention Order, such as currently exists for children under the Children and Young Persons Act 1963. This would be a way of requiring a local authority to take action. Available from Age Concern England, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL. Price £6.50.

One Birth In Nine: a survey and discussion papers on caesarean section trends since 1978. The Maternity Alliance received replies from 135 obstetricians and 82% of all maternity hospitals in the survey conducted for this report. Caesarean rates increased by 29% between 1978 and 1982. Available from Maternity Alliance, 59-61 Camden High Street, London NW1 7JL. Price £4.

The Association of Radical Midwives has issued a discussion document on the future of midwifery. It's called "The Vision" and contains proposals for change over the next ten years. 80% of women have pregnancies which are classified as "normal". Complete responsibility for the care of these women should be taken over by midwives working from community-based practices. It is envisaged that over half of all midwives should work in this way; the rest would be based in hospitals in a team headed by a consultant. Available from A.R.M., c/o 8a The Drive, London SW20. Price £1.

The Future of Social Services. The Voluntary Organisations Personal Social Services Group (VOPSS), a consortium of 30 or so voluntary organisations, have published their own "Green paper." Their proposals include" a proper community care allowance to top up existing benefits; monitoring of voluntary and private sector activity; advocacy services in all local and health authorities. Available from VOPSS, MIND, 22 Harley Street, London W1N 2ED. Price £2. plus postage.

The College of Health has produced a Consumers' Guide to Health Information. It is a "how-to-find-out" guide to sources of information on health matters, covering both organisations and documentary sources. The idea is to enable the consumer to be as well informed as possible. It could be useful for CHC members, secretaries or assistant secretaries. Available from the College of Health, 18 Victoria Park Square, London E2 9PF. Price £3.95 (£2.95 to members).

Whose Needs Count? Community Action for Health. This book has been written by Charmian Kenner for the Community Health Initiatives Resource Unit. It gives some background information on the nature of community projects on health and describes ten local schemes in detail. The schemes chosen cover a wide range of issues: unemployment, women's health, mental health, ethnic minorities etc. It's good to see that CHCs have played a positive role in most of the projects looked at. Available from: Harper & Row Distributors Ltd., Estover Road, Plymouth PL6 7PZ. Price £5.57 inc. p & p. (Cheaper from bookshops).

The Association of Optical Practitioners has brought out two new leaflets for the elderly, both endorsed by Age Concern. "Eye Care after Sixty" and "Making the Most of Your Sight" are both in large print, answer most of the common questions that the elderly will have about their eyesight and also have lists of useful addresses. Available free of charge from: Eye Care Information Bureau, Susan Conrad Public Relations, CMT Group plc, 4 Ching Court, Shelton Street, London WC2H 9DG.

Charter Mental Health 2000: Action Programme for a World in Crisis. Brighton Declarations on the Rights of Mentally Ill People (&) the Promotion of Mental Health. Available from MIND, 22 Harley Street, London W1.

Better Visiting: Improving the Effectiveness of Visiting by Health Authorities; by Michael Drummond. This is a new "members" information pamphlet from the National Association of Health Authorities. It strongly recommends close liaison with the local CHC. Available from: NAHA, Garth House, 47 Edgbaston Road, Birmingham B15 2RS. Price £4.50 for non-members (of NAHA).

NAHA has also published its annual economic review of the NHS "The NHS Economic Review 1986". £6.50 for non-members; same address as above.

Within Reach of Health Care? is a report on access to health care published by the Welsh Consumer Council. It's a piece of "exploratory" research based on a telephone survey of DHA and FPC officials, CHCs, and voluntary organisations. "People living in rural areas, on new housing estates or in areas of social deprivation are likely to suffer from acute problems in getting to the health services they need....Community specialists do not want to work in Wales because training opportunities are limited

and career prospects poor." Available from: WCC, Castle Buildings, Womanby Street, Cardiff CF1 2BN.

Action for the Under Fives is a Channel 4 publication arising out of a series of programmes over Winter 1985. It includes a directory and a very brief description of various services, which are or should be available. If you only want one copy, it's free. Write to: Action for the Under Fives, PO Box 4000, London W3 6XJ.

Good Practices in Mental Health has published "A guide to organising local studies". Available from GPMH, 380-4 Harrow Road, London W9 2HU. Price £2.75.

Unhealthy Lives - Being a woman in London. This report explores the impact of social and economic influences on the health of women in London. The first part traces the ways in which women's health has improved since the 1840s, while the second part examines the statistical evidence of the health status of women and then explores the reasons for continuing health problems.

Available from Women's Studies Unit, Polytechnic of North London, Marlborough Building, 383 Holloway Road, London N7 ORN. It is free.

Health in the Round is a look at what voluntary organisations and volunteers are doing to promote good ante-natal care and how they can influence and improve it. It was originally published three years ago by the Bedford Square Press and NCVO at £4.95 but they are offering us the remainder of their copies free. Any CHC who would like one, please contact us.

Effective Health Education in the Inner City. This report is the result of a one year feasibility study funded by the Health Education Council to study the potential of community development methods for Health Education Departments and officers using the practical experience of Paddington and North Kensington Health Education Unit.

It is available from that unit at 287 Harrow Road, London W9 3RL. Price £4.50.

The Voluntary Euthanasia Society has produced a card for those who wish to have it so that there is an opportunity to express one's personal wishes in the event of becoming an accident victim.

It is obtainable from the Society at 13 Prince of Wales Terrace, London W8 5PG, free to members, £1. to others.

PARLIAMENTARY PUBLICATIONS

Aside from the Social Services Committee report on the Prison Medical Service, three important reports have emerged from Parliamentary committees since our last issue. The Committee for Public Accounts has looked at both preventive medicine, in particular, the cervical cancer screening programme, and at the costs to the NHS of treating private patients. The NHS is quite simply failing to recover full cost; the subsidy is around £13,000 per private patient. The Social Service Committee, in their now regular review of public expenditure on the NHS and Personal Social Services, takes the DHSS severely to task over its presentation of financial statistics. Real growth in overall NHS spending has been 3.2% per year since 1978-9. However current spending on hospital and community services has increased, in real terms, at less than half a per cent per year. Even taking into account efficiency savings, which the Committee is dubious about anyway, the figure is still only 1% per year since 1980/1, half of what Barney Hayhoe admitted to be necessary.

NHS: Level of Charges for Private Patients/46th Report from the Committee of Public Accounts. HMSO £4.

Preventive Medicine/44th report from the Committee of Public Accounts. HMSO £5.10.

Public expenditure on the Social Service/4th report from the Social Services Committee, Session 1985-6. HMSO £5.10.

DIRECTORY CHANGES

Page 4: South West Durham CHC. Secretary: Pat Hindmarsh.

Page 8: Hounslow & Spelthorne CHC. Tel. No. 0784 295548.

Page 13: Aylesbury Vale CHC. Secretary: Mrs. Jenny Hunt.

Page 18: Merthyr & Cynon Valley CHC. Tel. No. 0685 4023 Ex.219.

Correction: New telephone number for:

Nation Council for Carers and their Elderly Dependents is:

(01) 724 7776.

LATE ITEMS

CHC Membership

Barnet CHC is faced with the problem that the majority party in its local authority is nominating all the local authority representatives on the CHC without any provision for local representation by the minority parties. We know that this occurs in, hopefully, a small number of other districts. Ministers have on several occasions expressed their concern. The Standing Committee discussed the issue at its meeting on the 6th of

August and decided to canvass the views and experiences of all member CHCs. Over to you.

Royal College of General Practitioners

The Patients' Liaison Group on the RCGP is looking for new members (ACHCEW was asked to provide a representative for the selection committee). If you have not seen the circulars or advertisements and are interested in nominating members to the PLG please contact the office for further details.

ACHCEW's Responses to Consultations

ACHCEW has submitted evidence on:

- 1) The Review of RAWP Formula
- 2) The Lord Chancellor's Review of Personal Injuries Litigation
- 3) The Committee of Inquiry into the Future Development of the Public Health Function and Community Medicine and
- 4) The consultation on the Hospital Complaints Procedure.

As we go to press, the very tentative consultation document from the DHSS on Complaints, Investigation Procedures in Family Practitioner Services, has been received. In preparing a response to this and for the Primary Care Review Hearing which will be held concerning complaints procedures, the office would appreciate advice and information.

Brent CHC has produced a fantastic booklet on "Having a Baby in Brent".

Association of Directors of Social Services

ADSS met a team from ACHCEW at our offices on 13th August. We discussed areas of mutual interest, including CHC access to local social services provision. The result was a practical recognition that care boundaries are becoming more blurred and that SSDs and CHCs have to work together more closely.

Sandwell CHC would appreciate any information about the use of linkworkers/interpreters by DHAs or Social Services Departments. Sandwell are very concerned that language and cultural barriers might be the cause of poor take up of services and feel the use of linkworkers might alleviate the situation. Evidence is needed to help combat the entrenched views of various professional groups, hence the appeal for information.

PATIENTS RIGHTS

Copies of Patients Rights are still available from ACHCEW as follows:

10	copies (minimum order quantity)	£2.00
25	"	£4.00
50	"	£7.00
100	"	£12.00
250	"	£27.50
500	"	£50.00
1000	"	£90.00

*** Please note that these prices are exclusive of postage