CHC NEWS

A newsletter for community health council members and staff

Proposed changes to Legal Aid

The Lord Chancellor, Lord Irvine, has retreated from his intention to remove eligibility for legal aid from civil claims arising from medical negligence, at least for two or three years. This is important to CHCs since, if legal aid is withdrawn, they may be asked for quasi-legal advice by people using the NHS complaints system to establish that their case has enough merit to persuade lawyers to take their case on a no-win-no-fee basis.

Lord Irvine has issued a consultation document, *Access to Justice with Conditional Fees*, which contains proposals for the availability of legal aid in medical negligence cases (deadline for comments: 30 April). ACHCEW has some concerns about the proposals:

- Proposals to limit the numbers of solicitors able to carry out medical negligence work under the legal aid scheme may mean that some areas of the country have no solicitors who can offer the service.
- Proposed stricter "merit tests" for granting legal aid may cause problems since, in medical negligence cases, evidence required to establish a strong *prima facie* case may not be disclosed by the defendants until proceedings have started.

Those wishing to contribute to ACHCEW's response to the consultation document should send their observations to Marion Chester, ACHCEW's legal officer.

Guardian/Independent 5 March

Prescription charges

The government has attracted accusations of hypocrisy by announcing that NHS prescription charge will rise by 15p to £5.80 in April. In defence, the government has pointed out that the rise is less than inflation.

Daily Telegraph 3 March

Mixed-sex wards

Official returns show a third of health authorities (HAs) do not expect to have eliminated mixed-sex wards by April 1999. HAs have been given three objectives in this area (see below). Last year all HAs which had set target dates after 1999 were asked to review their target dates and to consider scope for bringing them forward.

Objective	HAs expected to achieve objective
Arrangements for good standards of privacy and dignity for patients	80% by the end of 1999
Patient's Charter standard for segregated washing and toilet facilities	70% by the end of 1999
Safe facilities for hospital patients who are mentally ill, while safeguarding their privacy and dignity	75% by the end of 1999
All three objectives	65% by April 1999

Healthcare Parliamentary Monitor 2 March

Trust board meetings

Legislation requiring NHS trust board meetings to be held in public is now in place. Boards are required to ensure that:

- meetings are open to the public, though there are provisions enabling boards to exclude the public in order to discuss confidential business.
- three days' notice of the time and place are given
- agendas and papers are provided
- newspapers are enabled to report on meetings

DoH press release 10 February

ISSUE 19, APRIL 1998

In this issue:

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALES
Earlsmead House, 30 Drayton Park, London N5 1PB. Phone: 0171 609 8405 Fax: 0171 700 1152

Waiting lists

The health secretary, Frank Dobson, admitted "there's no point in me pretending that these are not bad figures" as he commented on the latest NHS waiting list statistics (to the end of December 1997). Waiting lists have risen by 100,000 since Labour came to power, to reach 1,250,000.

Independent/Guardian 20 February

Keep it or cancel it

A campaign has been launched to persuade patients to cancel NHS appointments if they are unable to attend. It is estimated that 3% of GP appointments and 11% of hospital appointments are missed every year without being cancelled. Speaking at the launch of the campaign, Toby Harris, the director of ACHCEW, said that, while patients ought to be responsible about letting staff know if they cannot attend, NHS systems could also be improved to reduce the problem. He called on hospitals to send reminders, particularly for appointments that are made months in advance. He also called for dedicated phone lines for cancellations so that patients don't have to make repeated calls.

Daily Telegraph 18 February

Anger over GMC hearing

Parents of children who died following heart surgery at Bristol Royal Infirmary have called for a public inquiry. They gathered in London on the day that the paediatric cardiac surgeon, James Wisheart, appeared at a General Medical Council hearing in which he and two others face disciplinary charges. The three doctors deny charges of allowing operations on children with complex heart defects to continue after evidence of higher than normal death rates should have led to their being stopped. The parents, who have formed the Bristol Heart Children Group, are angry that the GMC has decided to look at the evidence for only two types of operation and covering only a five year period. The parents say that at least 55 children have died following other heart operations at the hospital and others were brain damaged. They have called for an inquiry into all child deaths due to heart surgery at the hospital since 1983. The GMC has said that its inquiry has to be restricted because it does not have the legal power to investigate wider organisational issues. It has also said that an investigation had concluded that questions of serious professional misconduct arose only in relation to whether the three doctors should have acted on warnings from colleagues. The GMC hearing is expected to continue until April.

Independent/Times/Daily Telegraph 19 February

Faulty hip replacements

Up to 4700 patients may have received faulty hip replacements manufactured by 3M Health Care. They were supplied in the UK between 1 August 1991 and 31 March 1997. In some patients, the implant erodes the bone where it is inserted. This loosens the joint and can lead to fractures among other problems.

Corrective action

Patients and their GPs are unlikely to know which hip replacement they have had. The Medical Devices Agency has told hospitals to recall all patients who have had the relevant implants. They should be offered an X ray and long-term follow-up. 3M had said that it will meet the costs of identifying, reviewing and following up patients and of any necessary corrective surgery. 3M has set up a helpline on 01509 613038, or worried patients can phone the Department of Health helpline: 0800 665544.

Early warnings

The hip replacements were withdrawn from the UK market in March 1997 "for commercial reasons", though they continued to be sold in other, mostly Commonwealth, countries. Evidence from three hospitals has shown that one in five of the hips failed within five years (compared to an expected rate of one in ten failing within ten years). Concerns about the high failure rate had arisen two years earlier but, according to the Department of Health, the reports were only anecdotal. Because of this, the Department says, it could not issue a warning about the failure rate since it could have been sued by the manufacturers.

Future safeguards

The hip replacement was not required to undergo clinical trials before it was supplied in Britain. Under new European Union regulations to be implemented in June, all devices will have to be licensed before they are marketed. However, this may not solve the problem: in 1995 the 3M hip replacements underwent and passed the tests set out in the EU directive. The Department of Health is also considering setting up a national register of orthopaedic implants to keep track of devices.

Times 20 February, Independent 20 & 21 February, Medical Devices Agency Hazard Notice MDA HN 9801

Welcome for nurse advice line

The public has welcomed the proposals in the NHS White Paper for a telephone health advice line to be staffed by nurses. A MORI poll of 4900 people found that 59% said they would be likely to call for advice.

Nursing Times 11 February

Merit awards

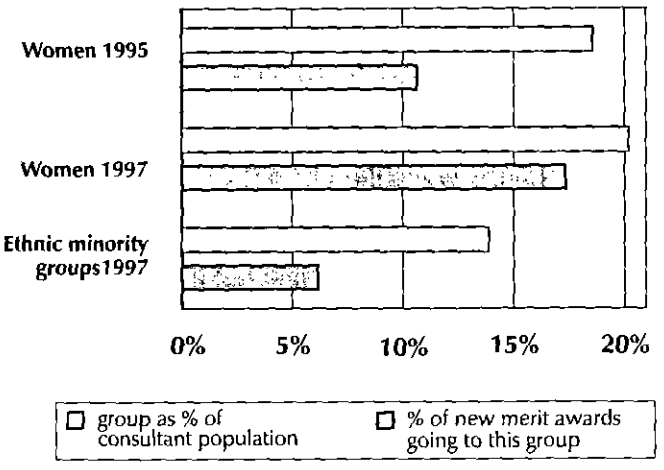
The system for giving NHS consultants "merit awards" is to be improved in relation to consultants from ethnic minority groups, perhaps as a prelude to a wider overhaul of the system. Consultants can be given awards ranging from £22,590 to £53,645, for "outstanding professional work". Critics of the system believe that it operates as an old-boys' network and that it rewards academic merit rather than contributions to the NHS.

In 1997, the ethnic status of award recipients was monitored for the first time. This revealed that although 13.9% of consultants are from ethnic minority groups, they received only 6.2% of new merit awards. Action has been announced to improve the system's fairness, including fairer representation on regional committees which recommend awards, better ethnic monitoring and working with the Commission for Racial Equality.

After similar measures were introduced to tackle discrimination against women, the proportion of women receiving merit awards rose to more closely reflect their proportion of the consultant population (see graph).

DoH press release/Independent 3 March

Minority groups of NHS consultants and merit awards
Source: Department of Health press release 3 March 1998



Mixed messages

Having encouraged the public to stock up with medicines to relieve the pressure on GPs at busy times, health professionals are now warning people not to use over-the-counter medicines without taking professional advice. The British Medical Association, the Royal College of Nursing and the Royal Pharmaceutical Society have issued a joint statement saying that advertisements giving information on medicines should not be used as a substitute for professional advice and that medicines should only be on sale if there is proper advice at hand.

Independent 9 February

Awake during surgery

A study of patients in German hospitals has identified 45 who said that they were conscious during surgery, although none succeeded in alerting staff. A few patients reported being in great pain. Others reported being able to see and hear what was going on although they could not feel anything. The consequences for some patients were serious: three developed post-traumatic stress disorder, many felt panic, suffered from nightmares and anxiety, and were upset about overhead comments such as "How can a man be so fat?"and "This woman is lost anyhow". Of 40 patients who told staff what had happened, 10 said they were disbelieved, while 19 were treated sympathetically. The authors comment that, although the situation is rare, operating theatre staff should be careful what they say during surgery – treating people as patients even when they are unconscious – and should reassure patients that they will watch for any sign of consciousness during surgery.

Times/Independent/Guardian 17 February

Praise for CHCs

We are not going into detail about the review of London Health Services. The report and government response have been sent to London CHCs. Two major conclusions were that in the long-term there should be a single London Regional Office and that "London probably has fewer beds available to its population than the average and that further bed closures should not be planned". One result of this is that St Bartholomew's Hospital will not, after all, be closed.

Of general interest to CHCs will be the positive comment on CHCs and the concern about how they are treated:

> We received evidence from a wide variety of London based voluntary organisations and groups representing patients' and carers' interests. We were greatly struck by the high degree of expertise and understanding that many of these groups, particularly Community Health Councils (CHCs), exhibited with respect to both local issues and the wider debate.

> It is a matter of concern to us that many of these groups reported that they felt that their views were often ignored by health authorities and NHS Trusts and that decisions were taken with little reference to the local community.

> The statutory requirement to consult seems often to be carried out in a perfunctory manner.

From The Journals

Genetic testing: Do you want to know?

Over the coming years, the availability of genetic testing will face more and more people with difficult decisions. Genetic tests are likely to become available which can inform people of whether they have a faulty gene, but many factors need to be weighed up in deciding whether to seek this knowledge. If people know that they are at risk of a gene fault, they may want to know the truth even if it is to confirm bad news. Others may prefer to live with the hope that they are unaffected. In addition, a positive test could have serious implications for future employment and insurance (and hence for getting a mortgage). In some conditions, such as haemochromatosis, early knowledge of a faulty gene can lead to early treatment to reduce the problem. In other conditions, such as Huntington's disease, there is no treatment to prevent the condition, so that people with a positive test know that they are likely to develop the condition, but do not know when or how severe the condition will be. For many conditions, a faulty gene may indicate that there is an increased risk of a problem, such as heart disease, but not a certainty that the problem will develop.

Genetic tests also have implications for other family members – both for their health and their future life choices. In some conditions, such as Duchenne muscular dystrophy, a woman with one faulty gene will not develop the condition, but it could affect male descendants. In conditions such as cystic fibrosis, a person with one faulty gene will not develop the disorder, but children of a man and a woman who both have a faulty gene could do so.

All these issues need consideration before an individual decides to go ahead with a test. Support and counselling can be provided by an NHS genetics centre or a charity or support group. It is of concern that under a third of respondents to a recent *Health Which?* survey had received counselling before having a test. Over 95% of those who had had counselling found it useful. The need for counselling will become even more of an issue if more genetic tests become available over the counter – people may undergo testing in the hope of getting a negative result and be unprepared for the implications of a positive test. Although voluntary controls are in place, there are no licensing requirements for new genetic tests. The *Health Which?* report advises people to get more information before deciding to go ahead and provides a list of contact addresses for specific conditions.

Health Which? February 1998

Feeding in user views on treatment

The NHS White Paper, *The New NHS*, proposes setting up a National Institute for Clinical Excellence to produce national guidelines on the clinical and cost effectiveness of medical treatments. The White Paper says that there should be "specialist input on specific issues" and refers to the Institute's membership including "patient interests", but it is not clear how patients will actually be involved. An article in the *Health Service Journal* argues that, if the system is to be perceived as just, patients who have experienced drug treatments must be able to feed their views into the Institute's evaluations. The article suggests that the best way of obtaining user perspectives is by "determining important outcomes for users, from users, when designing clinical trials". Further work is needed on this, for example by developing the work on consumer involvement in the NHS R&D programme. In the meantime, people developing the guidelines should listen to the experiences of trial participants while on a new drug. Such experiences, even if they are not statistically representative, will provide insights which would never find their way into traditional clinical trials or evaluations of cost-effectiveness.

Health Service Journal 12 February

General Publications

First class delivery: a national survey of women's views of maternity care

Audit Commission Publications, Bookpoint Ltd
39 Milton Park, Abingdon, Oxon OX14 4TD
Phone: 0800 502030. 110 pages, £9.49 (inc p&p).

Last year the Audit Commission published *First class delivery: improving maternity services in England and Wales*. It was based in part on a national survey of 2406 women who gave birth in 1995. This book is based on the same survey, giving more space to women's views and experiences and presenting both quantitative and qualitative findings. There are four main sections: "The care received"; "Women's evaluation of their care"; "Women's experiences of neonatal care" and "Implications for practice and research". Although, inevitably, the picture is varied, some areas stand out as needing attention, for example that 24% of women who breast-fed their baby on a postnatal ward said that they did not receive consistent advice about breast feeding. The book is aimed at health professionals, managers and those campaigning for improvements in maternity care.

General Publications

As others see us

Relatives Association
5 Tavistock Place, London WC1H 9SN
Phone: 0171 916 6055; Fax: 0171 916 6093
Report, key messages and training/development manual £29 (inc p&p)
Report and key messages £12 (inc p&p)

As others see us is a study of social and emotional care, and the "drama triangle" formed by residents in care homes, their relatives and staff. The project brought together all three groups – and held separate group discussions – to explore relationships. The project team found that group discussions tended to begin with horror stories about impossible relatives and callous or incompetent staff, but gradually moved on to a more diverse and discriminating picture. The bulk of the report is taken up with findings from the discussions and subsequent feedback. Arranged under ten headings (for example "Lack of awareness"), it analyses problems identified by the three groups and identifies action that is needed in the development of good practice. There is also a brief presentation of practical suggestions for working together which came from project participants.

An 11-page booklet **Key messages** summarises what relatives, residents and staff had to say on topics such as "What makes visiting difficult?"

From **Key messages**
What Makes Visiting Difficult?

A relative: Not knowing best how to fill up the time.
A resident: Only having a bedroom where we can entertain in private.
Staff: Relatives who do not keep in regular contact often find visits difficult.

Having identified the need for work on the triangular relationship, the Relatives Association has also produced a **training manual** which can be used by staff and relatives who want to find ways of working together. Some material can be used by groups of relatives or by relatives and staff together, while other material for staff is linked to Scottish/National Vocational Qualifications in Care, Management and Customer Care. The manual provides wide range of material including structured exercises, role playing, questionnaires and quizzes. The end products of the exercises are designed for use in homes on notice boards, good practice manuals, guidelines and policy documents.

Self help groups: getting started, keeping going

2nd edition, Judy Wilson and Jan Myers
160 pages. Available from bookshops or RA Wilson, Publisher, PO Box 1, Nottingham NG5 2EB; phone: 0115 985 8534. £9.49 (inc p&p)

Judy Wilson is director of the Long-term Medical Conditions Alliance and Jan Myers is director of Self Help Nottingham. They have written this book for people in a particular kind of self help group – "mutual support groups" which are based on sharing a personal situation which could concern health, a serious illness or a disability. It gives advice on starting a group, attracting and keeping members, fundraising, campaigning, how groups work and how they relate to other groups, the community and professionals. There are also chapters on how groups change, how to wind one up with dignity and how to evaluate progress. The book, based on the authors' long experience in the field, contains plenty of practical advice and useful summary boxes.

Patients influencing purchasers

The Long-term Medical Conditions Alliance
Published by The NHS Confederation, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ; phone: 0121 471 4444.

The introduction to this report describes the pressure over recent years on health authorities to find new ways of involving patients which move beyond formal consultation through the single mechanism of CHCs. As part of this shift, the *Patients involving purchasers* project was set up to find a practical method for health authorities, user groups and voluntary organisations to work together on user involvement at an individual patient level and at the service development level. The project involved six health authorities, 15 national user organisations and 200 patients with a range of long-term medical conditions. In Hillingdon, the CHC was actively involved in facilitating focus groups, but in other areas the projects did not actively involve CHCs.

The report analyses the methods used to involve patients, lists lessons from the exercise and presents national recommendations on improving health services and on patient involvement. One recommendation, for example, is that there should be a Patient's Charter standard for fast-track self-referral for long-term patients. Another is that focus group programmes should have access to an independent person, possibly someone from the local CHC, acting as a broker across organisational boundaries.

CHCs: How effective are they? Do they have a future?

From Chris Dabbs, chief officer of Salford CHC

While recognising that "CHCs and local health councils in Scotland have an important part to play in representing the views of patients and the public", the NHS Confederation concluded in its 1997 consultation paper, *Towards the 21st Century: a way forward for the NHS* that "the quality of contributions varies considerably ... If CHCs are unable and unwilling to improve their performance, then urgent consideration will need to be given to more effective ways of utilising the current resources spent on CHCs." This lays down a challenge that CHCs should take seriously.

What is the future of CHCs?
Do they have one, at least in their present form?

These questions have been given new impetus since the publication of the NHS White Papers in December. The English White Paper mentions CHCs only once, but places considerable emphasis on direct involvement of patients and the public, the quality and effectiveness of services (including from the patient's perspective) and improving the health of the population. These are all issues of direct relevance to CHCs, but there is as yet no guidance about how they should address them in "the New NHS".

Chris Dabbs, chief officer with Salford CHC, is on secondment for 1998 to the new School for Social Entrepreneurs, with support from the NHS Executive. This is a "business school" for the voluntary and community sector. It aims to improve the innovatory capacity of people (and thus organisations) working in the sector.

Chris's main project is on the effectiveness and future of CHCs. This aims to look, in particular, at:

- the assessment of CHC performance and effectiveness in bringing about improvements in health services and the health of local people;
- identifying the internal and external influences on CHCs, including their strengths and weaknesses;
- identifying ways of enhancing the effectiveness of CHCs and alternative approaches to fulfilling their current roles and utilising the resources currently spent on them.

The project is still at an early stage. Chris wants to ensure that as many CHCs, members and staff as possible have an opportunity to contribute and influence the outcome, which will be presented in a report to government ministers and the NHS Executive.

Do you, your CHC or your regional association have any views on the following?

- What are the strengths, weaknesses and opportunities and threats for CHCs, especially in the light of the NHS White Papers?
- How effective are CHCs in improving the quality of NHS services for, and the health of, the population?
- What are the best ways of measuring or assessing the performance and effectiveness of CHCs? What work is currently being undertaken on this?
- Do or should CHCs have a future? If so, what changes are required from them or others? If not, how might the resources spent on them be better used to the benefit of patients and the public?

If you have any views, please contact Chris at the address below. He will also be happy to meet with groups of CHCs, members and/or staff or to facilitate workshops and seminars on these issues. Similarly, if you know of any work by CHCs or others that might be relevant, please sent details or reports to Chris.

As the prime minister wrote in his foreword to the White Paper, *The New NHS*, "in a changing world, no organisation, however great, can stand still. The NHS needs to modernise in order to meet the demands of today's public." How should this approach be applied to CHCs? This is your chance to give your views!

Please get in touch as soon as possible:
Chris Dabbs, School for Social Entrepreneurs
c/o 62 Montonfields Road
Eccles, Manchester M30 8AW
Email: ChrisDabbs1@compuserve.com

CHC Publications

The right to breathe fresh air and open a window in Hayes

Hillingdon CHC

Two years ago, Hillingdon CHC published a report on the health of people who live near Heathrow Airport. A similar survey of the households closest to the M4 motorway in Hayes and Harlington has produced a depressingly similar picture. People in 37.6% of households reported a breathing problem (13.9% of all people surveyed). Of these, 65.9% had *never* smoked. The report presents people's views of their health and the impact of environmental problems: noise and fumes from the motorway and airport. The CHC remains firm in its opposition to proposals to build a fifth terminal at Heathrow.

Challenging health authority decisions

A number of CHCs have been involved in challenges to cuts and other changes in local health services:

Barnet CHC has successfully applied for leave for a judicial review of Barnet Health Authority's plans for cuts of £7 million. The CHC argues that the Health Authority failed to consult the CHC about the cuts. However, at the hearing which granted leave, Mr Justice Moses refused to issue an injunction to stop the temporary closure of 48 acute beds at Barnet General Hospital.

Merton, Sutton & Wandsworth Health Authority has decided to "defer" the transfer of paediatric neurosurgery from Atkinson Morley Hospital to King's College Hospital after a threat of legal action. A parent of a patient at the hospital had threatened action over a failure to consult about the move. The transfer had been due to take place on 1 April, and King's has already spent £500,000 on new facilities. The health authority argues that statutory consultation was not needed since the changes do not amount to a substantial change of services. However, it is now reviewing "whether consultation should be pursued and what form it should take". Some campaigners want the service to move to St George's Hospital, although this could not happen until after the turn of the century. Lesley Stuart, the chief officer of **Wandsworth CHC**, has said that unless good clinical reasons justify an immediate transfer to King's, the decision to transfer services to King's rather than St George's Hospital should be reconsidered.

Mid Essex CHC has submitted two appeals to the secretary of state against local bed closures. North Essex Health Authority has decided to close GP maternity beds in Braintree and Maldon,, despite local opposition. The CHC argues that the beds should be redesignated as midwifery beds and that midwifery beds should also be made available in Chelmsford, thus relieving the strain on high risk beds.

North Essex Health Authority has also decided to close William Julian Courtauld Hospital in Braintree with a loss of 25 GP beds. The CHC believes that the loss of these beds will have a knock-on effect throughout Mid Essex and is concerned that arrangements for the reprovision of the services involved have not been agreed. It argues that the present services should remain until a promised new hospital is built.

Several organisations in North and Mid Bedfordshire, including **North Bedfordshire CHC**, are to launch a campaign, *Save Our Health Services*, to protest against proposed cuts to the local NHS and to lobby for increased funding. The CHC submitted a formal objection to the Bedfordshire Health Authority's draft *Service and Financial Framework* which proposed wide-ranging cuts, amounting to £3.3 million in 1998/99. Although it seems that the HA is making some changes to its proposals, it is doubtful whether they will go far enough to satisfy local groups. The CHC had earlier complained to the secretary of state that the health authority was failing formally to consult over certain cuts, such as £1 million for out-of-county referrals. As a result of this objection, the health authority has extended the areas over which it is consulting. The CHC is awaiting the revised Service and Financial Framework before deciding how it should best defend local services.

Drug services in Bradford

Ruth Wilson for Bradford CHC

This is a substantial piece of work which aimed: to describe local agencies that work with drug users, to report on the concerns of service providers and policy makers, to document the experiences and perceptions of service users and to enable the CHC to contribute to the development of local drug services and strategy. It is based on interviews with 28 representatives of projects, services and policy making bodies and with 28 service users. Detailed findings from these interviews not only provide a snapshot of a rapidly changing environment, but also back up specific recommendations, for example that there should be a local detoxification centre and that Bradford Health Authority should develop protocols for consistent prescribing in the treatment of drug users.

London as a Healthy City: Demystifying the current agenda

Vicky Nicholls for the Greater London Association of CHCs

It is easy to get confused about, or bogged down in, the many initiatives related to "London as a Healthy City". To clarify matters, GLACHC has produced this briefing which gives short explanations of Health for All, Healthy Cities, Agenda 21, London as a Healthy City, Health Action Zones and the implications of the proposed Greater London Authority. It also discusses plans for a Civic Forum which would bring together representatives from the diversity of London's civic society. The briefing comments that the Greater London Authority will need to have mechanisms for communicating with health planning bodies – something which should become easier if the government goes ahead with the recommendation in the London Health Services review that the city should have a single regional office.

Special General Meeting

ACHCEW's Standing Committee has called a Special General Meeting to consider and approve the Association's responses to the White Papers on changes in the NHS and the Green Paper, *Our Healthier Nation*.

Date:
27 April 1998

Time:
registration at 9:30 a.m. for 10:30 a.m. to 3:30 p.m.

Venue:
New Connaught Rooms, London WC2

Cost:
(inc. lunch) £55 per delegate

Forms, which have been sent to CHCs, should be returned to ACHCEW by 17 April.

The draft responses to the White Papers and the Green Paper and a fuller agenda are being circulated to CHCs.

Meeting with Baroness Jay

The honorary officers and director of ACHCEW had a meeting with the minister of state for health, Baroness Jay, at the end of January.

The main subject for discussion was the English White Paper, *The New NHS*. Baroness Jay made it clear that English CHCs should not expect early guidance on their role either in relation to any partnerships they may develop with primary care groups or in relation to their status at health authority and trust board meetings. (ACHCEW's honorary officers had pointed out that some CHCs are being treated as members of the public and are not being given the opportunity to contribute.) Baroness Jay said that it is up to CHCs to develop effective working relationships and to demonstrate that these are of benefit.

Other topics for discussion included:

- Casualty watch
- The Green Paper, *Our Healthier Nation*
- CHC representation on national NHS bodies and advisory groups
- The implications of health authority mergers for CHCs
- Legal issues and CHCs

Brief details have been sent to CHC offices.

Jennifer Elliott, Chair of ACHCEW, writes:

Congratulations to Toby Harris, who has been appointed as a non-executive member of the London Ambulance Service Trust. This will provide him with first-hand experience of current issues within the Service, particularly in relation to the operation of the complaints system. This sort of interchange should prove very helpful to the work of ACHCEW.

Enquiries officer

Frances Presley has joined ACHCEW staff as a part-time enquiries officer. Frances will be available to take calls from CHC members and staff on Mondays, Tuesdays and Wednesdays. Before coming to ACHCEW, Frances worked with the King's Fund SHARE project, which was concerned with improving health services for black and ethnic minority people.

Publications

Training resource packs

ACHCEW's most popular training courses are *Understanding the Changing Health Service and the Role of the CHC* and *Understanding the CHC*. In order to meet demand, and to bring down the costs for CHCs, ACHCEW has produced a training resource pack which can be used by trainers in running the course locally. It includes step-by-step instructions on arranging and delivering the programme and handouts for course participants. The pack, which ACHCEW will update each year, can be used to deliver any number of training days locally. ACHCEW is also arranging some "train the trainer" days aimed at guiding suitable trainers through the course material. Details have been sent to CHCs.

Bibliography on CHCs

John MacKeith, member of Darlington & Teesdale CHC, has prepared this bibliography which has been sent to CHCs. It includes lists of statutory provisions and NHS Executive guidance relating to CHCs and reports about CHCs published by ACHCEW and others. It does not list individual CHC reports, which are included in an annual bibliography published by ACHCEW.

Consultation: an aide memoire for CHCs

This Health News Briefing, prepared by Cherry Hunter, chief officer at Huddersfield CHC, has been sent to CHCs. It complements the Briefing on legal aspects of consultation which was distributed last month.