

HEALTH NEWS • COMMUNITY NEWS • COMMUNITY HEALTH **COMMUNITY HEALTH NEWS** HEALTH NEWS • COMMUNITY NEWS • COMMUNITY HEALTH

Association of Community Health Councils for England and Wales

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Does the Community Care?

Virtually all CHCs must be at the receiving end of problems being referred to them regarding the provision of care in the community. As you will see later in the newsletter, when we list publications, all kinds of organisations - not least the National Council of Carers - are producing report after report showing that the system is not working because resources are simply inadequate. "Crisis" and "breaking-point" are words commonly used, yet there was no shortage of warnings beforehand.

Nowhere is the situation more critical than for the mentally ill discharged from long stay mental hospitals. In the inner cities we see confused and often elderly people wandering aimlessly around the streets badly clothed, crouched in doorways or, in London, travelling around all day on the underground. In the west country sad derelicts are endlessly being moved on from sleeping in parks. One of the most disturbing of recent reports comes from SHELTER in a recent edition of its magazine, ROOF.

"The dream of community care is becoming a nightmare", says Richard Parker, branch secretary of COHSE at St. John's Hospital, Lincoln, where fifteen current or former psychiatric patients have killed themselves in the last 18 months. Workers at St. John's claim that a policy which was meant to provide more humane ways of treating the mentally ill has turned into one which merely shunts them, uncared for, into communities which don't want them. A Salvation Army hostel warden told Shelter the situation nationwide was now "horrendous". Former patients, without any network of community support, are being placed in multi-occupied slums, claims Shelter and instances cases where landlords claimed full board for patients from the DHSS but gave them only one meal a day, where landlords take the giro from patients but gave them no money back, where patients are placed in small, mixed-sex, multi-occupied bedrooms, where patients are forced on to the streets between 9. a.m. and 5. p.m. each day and the case of one notorious landlord making £1M a year from DHSS payments from registered residential homes to accommodate the mentally ill.

Day Centres are overwhelmed. The families to whom some of these people have been returned have cracked or broken up under the strain and some ex-patients are so disturbed that nobody will take them in at all and they end up like the sleepers in seaside resort parks mentioned above.

Shelter has backing from the Audit Commission in a report to be released shortly which substantiates claims that financial considerations effect the discharge of the mentally ill into often inappropriate accommodation from which they are likely to be evicted and it criticises the funding of the care in the community scheme.

Since the problem appears to be growing, surely it is time for an impartial evaluation of what is happening, what needs to be done and how inadequate the funding is. Unhappily it does seem that all too often the community just does not care.

A Depressing Response

One of the real pluses about Kenneth Clarke's term of office at the Health Ministry was that he was prepared, when necessary, to argue and/or disagree with the medical profession. Would that he were still in place, as the profession's response to Government plans for G.P. services and to improve the Complaints Procedure is almost wholly negative.

GP representatives in the GMSC have rejected virtually all the plans to change their service including that which would pay doctors a "good practice allowance". By a vote of 241 to none with one abstention they rejected this proposal as "unworkable, divisive and unfair". They also rejected Government proposals to make it easier for patients to complain about their GP., plans for "health care shops" and suggestions that doctors should be allowed to charge for routine checkups. While it is unlikely that CHCs would agreed with the latter and would have reservations about the health care shops, such a totally depressing response shows just how far we have to go to persuade doctors that the NHS is an organisation into which the consumer should have crucial input.

Not only this, even the suggestion that doctors should be able to state what specialist services they could offer by putting leaflets in places such as libraries, C.A.B. offices, etc. gets the thumbs down. On this point, the GMSC is at odds not only with the Royal College of GPs, but also with the General Medical Council.

Warning to GPs on Opren

A High Court Judge has threatened GPs and health authorities with financial penalties if they fail to respond urgently to requests for medical records needed in the multi-million pound Opren damages claim. Mr. Justice Hirst, who is trying to ensure that all 1,000 cases come to court quickly, says the response so far has been "disappointing". Despite having called on HAs and GPs in July for a quick response to requests for records, only

150 cases sent in have a complete set of records. In more than 600 further claims registered since, there has only been partial disclosure, a response rate in total of less than 50%.

He warned that if the Opren Action Group, which is co-ordinating the claims, was forced to seek court orders to get the records there was a real risk HAs and GPs would have to pay the costs. The matter is now urgent as the selection of test cases must be completed by the summer of next year.

A defeat on Crown Immunity

The Government suffered a major defeat in the House of Lords on 22 October when peers voted to remove Crown Immunity from NHS Hospitals so that they would be liable to prosecution under the Health and Safety at Work Act. This follows the decision by the House of Commons earlier in the year to remove Crown Immunity from hospital kitchens, following the outbreak of salmonella poisoning at Stanley Royd Hospital, Wakefield in 1984. Although the Government could attempt to reverse the Lords' amendment this would be difficult today within the current session of Parliament and even if the House of Commons voted against the Peers' Amendment, there is a possibility that the Lords would then oppose again the second time round.

Equal Opportunities

More women are to be appointed to serve on health authorities as the Government wants to increase the proportion and a number of specific interested bodies will be invited to submit nominations.

Without Proper Consultation

Camden Council is claiming that hospitals are being closed without proper consultation by the use of a legal loophole and it is asking Norman Fowler to investigate. It cites the case of Hampstead's New End hospital for the elderly and a hospital at Hillingdon where local CHCs were by-passed by invoking powers of temporary closure. The Council agrees that this is within the law as it stands but wants the Secretary of State to look at the situation and either amend current regulations or, at the very least, issue a circular "unanimously re-affirming the principle of full consultation". Councillor Richard Sumray said: "What concerns me is that continuous pressure on health authorities to stay within their budgets seems to be overriding the sections of the law designed to ensure adequate consultation."

Waiting Lists

With 78,000 people trapped in waiting lists in the West Midlands it looks as if some may never be treated. The area is among the worst in the country and included in what has been described as the "never, never queue" are those needing varicose vein surgery, and cataract operations. These findings are from a 200-page report undertaken by a research associate at the West Midlands

Health Services Management Centre. Some lists stretch ahead for seven years and delays of more than two years can sometimes mean that treatment will never be carried out.

Research associate John Yates told the RHA that if you take the 20 worst districts for waiting list problems in the country, "we have five of them" and that the RHA has a disproportionate number of people waiting, with Coventry as one of the worst black spots.

Coventry CHC has been actively campaigning for a long time on this issue and has suggested that it should be possible to send patients to other parts of the country for operations. The longest lists in Coventry are for eye treatment - seven years in some cases. Mr. Yates does not think, however, that it is just a question of more money or more efficiency. He suggests there should be radical solutions such as contracting out operations to private hospitals.

Retired but not out!

When Cyril Beales retired from Newham CHC in 1984 at the age of 74 Lord Elwyn Jones said of him: "I've never known a more determined and dedicated campaigner in my life. When he was trying to save Poplar Hospital he was relentless about it. He had a profound sense of personal debt to the hospital and I have never seen anyone who has received a kindness respond so fully." Two years later, Cyril may no longer be on the CHC but he shows no signs of giving up fighting for what he sees are urgent needs within the NHS. Having lost his wife with cancer and with a brother suffering from the disease he is pressing for a nationwide early diagnostic service. He would also like to see longer surgery hours and staggered hours in GPs' surgeries. Doctors' surgeries in Newham, he says, open from 9 to 11.a.m. and 3. to 5.p.m. He sees one result of this as being that attendances at the local hospital's A & E department are more than 70% above the computed population of 212,000 residents, a figure which will shortly rise to 250,000 because of the Dockland Development. Much of the work being undertaken by the A & E Departments at peak times could and probably should be done by GPs, he thinks, and if the doctors continue to tell him that they are only contractually obliged to give twenty hours a week to their patients, then at least they should be able to stagger their hours. "On top of that most close Thursday and Saturday afternoons and, of course, all day Sunday as well." However Cyril has won one fight - there is now to be a cancer diagnostic clinic at Newham Hospital.

OPCS project on Maternity Services

The DHSS is sponsoring an interesting research project at the Office of Population Censuses and Surveys. The aim is to produce a handbook to aid 'local management' who wish to carry out surveys of consumers' views of maternity services. It should be available in 1988.

H.E.C. To Go

The Health Education Council is to become a Special Health Authority with general responsibility for health promotion and a special responsibility for co-ordinating the education campaign on AIDS. Their budget will be increased accordingly. This change in status will mean more direct accountability to Ministers. It may also mean a less independent voice on politically contentious issues. Time, of course, will tell. But anyone who believes that there is a need for an independent campaigning body on health promotion policy should be worried by this move.

AROUND THE CHCs

Central Manchester CHC has produced a policy document on the subject of Huntington's Chorea, a disease of the central nervous system which always results in the death of the sufferer within 15 to 20 years and whose effects are physical, emotional and intellectual. It is almost invariably hereditary and affects both sexes. It is incurable and largely untreatable but suitable for good management by professionals and carers. The CHC was approached by the Association to Combat Huntington's Chorea (COMBAT) who were anxious to explore the feasibility of establishing a Family Care and Resource Centre for sufferers in the North West. During discussions, it became apparent that there is considerable ignorance surrounding the disease and COMBAT has become very concerned at the lack of help from community based services. The CHC has, therefore, drawn up a document outlining a policy for sufferers and their families and it is available from Central Manchester CHC.

Cornwall CHC has uncovered what it fears to be the tip of an iceberg with the case of a woman who had already had a mastectomy and was then found to have a positive cervical smear. She was told she would have to wait at least five months to be seen by a gynaecologist and was told by an officer of the DHA that this was the "standard wait" for that type of thing and "in any case the cervical cancer was only slow growing". The woman was quite desperate and finally managed to get an appointment to see a consultant in Devon. As this was being discussed by the CHC, a woman arrived in the office in tears to say she had had a positive smear and that her doctor has told her it was a "waste of time:" even trying to get an appointment for her - unless she was prepared to "go private" As a result of publicity, a third case emerged of a woman who had had a positive smear in January 1986, was not seen by a consultant until May 1986, was sent for a D. & C. in July and told she was at "high risk" and that she would have a bed for a hysterectomy within the next few weeks. She was still waiting at the beginning of November.

Following the publicity about the first case (which a spokesman for the CHC said was "broadly accurate"), the DHA issued an immediate statement saying that it was taking urgent steps to reduce the waiting list for its cervical cancer examinations from five months to five weeks, by diverting resources.

But there is, it seems, dispute now over this. Members of the CHC were asked to meet the senior consultant gynaecologist who was extremely upset and annoyed by the publicity which, she said, would make other patients fearful, but she admitted a very real shortage of resources. She was the only doctor at present undertaking coloscopy and laser treatment although she was in the process of training a registrar. However she disputed that the waiting list could be cut to five weeks whatever the CHC might say as she had herself just been told that although there would now be some further resources - diverted from elsewhere - this would cut the wait down to ten weeks, the national average. Cornwall CHC will be monitoring the situation closely from now on.

Harrogate CHC has written to the Minister for Health, Tony Newton MP, about the varying criteria used by different consultants for including particular patients on a waiting list. They propose that more uniform criteria be developed and introduced, as their absence limits the reliability and usefulness of comparisons between waiting lists. They have also requested that more emphasis be given to the publication of average waiting times rather than just the numbers on the waiting list.

Calderdale CHC would like to raise the following issue:-

Families who are entitled to free milk and vitamin tokens are issued with them regularly when they receive supplementary benefit, FIS payments or when they claim on grounds of low income etc. The CHC is concerned about arrangements for exchanging the tokens for dried baby milk and vitamins. These arrangements are entirely a matter for the health authority and the products are only available through child health clinics. There may be exceptions in the case of rural areas where mothers would have long distances to travel to clinics.

The CHC feels that there should be more flexibility so that mothers may exchange tokens at a local pharmacy or shop during normal opening hours, instead of having to go to a clinic at what may be an inconvenient time. The scheme is governed by the Welfare Food Order 1980 so the Council is approaching local MPs to press for changes and would ask other CHCs to consider the scheme in their areas and contact their MPs too. The Maternity Alliance, Child Poverty Action Group and Health Visitors Association all support a more flexible approach to the Welfare Food Scheme.

G.L.A.C.H.C. At an extraordinary General Meeting held on 21 October 1986, the Greater London Association of CHCs decided to become a Registered Charity in accordance with the appropriate Charity Act and Company Act at present in force. A majority decided that there was nothing in the status of GLACHC to preclude this from happening.

Newcastle CHC, in conjunction with the Tyneside Women's Health Project, has produced a A Women's Charter for Cervical Screening. They want the Health Authority and the FPC to announce a firm

date for the establishment of a computerised call and recall scheme; to keep recall intervals under review; to develop an educational programme; to train more women nurses to carry out the tests; to ensure that women are informed of test results within six weeks at the latest. The Charter has been circulated as a one-page leaflet and it calls upon the HA and FPC to make a public response.

IN PARLIAMENT

There are four new Private Members Bills on Health issues currently before this session of Parliament. They are:-

1. A Bill to enable potential adult donors to specify the uses to which their organs may be put.
2. A Bill to require public houses and all other premises licensed for the sale of alcohol to provide a no-smoking area of not less than 40% of the area available to the public.
3. A Bill to establish procedures for eliminating the waiting lists of patients who require dialysis by contracting out the provision of such facilities.
4. A Bill to amend the law relating to human embryos produced in in vitro fertilisation and to make additional provision thereto.

All passed their first reading but this does not by any means ensure that they will end up on the Statute Book.

INFORMATION WANTED

North Warwickshire CHC would like to know of Family Planning Clinics around the country publicising the availability of Natural Family Planning as a matter of course. Is enough training given to doctors and clinic staff on the use of this method? Please contact the CHC if you have any information to offer.

Bexley CHC has been told that their role of observer at JCC meetings is no longer relevant as all such meetings are held in public. Bexley would like to know how matters stand with other CHCs. Do you have an observer on the JCC? Has the 1986 Act made any difference? Please contact Bexley a.s.a.p.

Salford CHC asks if any CHCs have looked into the apparent growth of 'healthlines', 'health call directories' or whatever they are called, where you are asked to phone them up in order to listen to a tape on a health-related issue. Salford CHC has used that of the College of Health on a number of occasions but would like to know of others and:

- a) Who is setting them up?
- b) Are they commercial or non-profit making ventures?
- c) What precise arrangements are made for vetting contents of tapes?
- d) Is the content regularly

reviewed or updated?

Liverpool (Central & Southern) CHC are trying to persuade Liverpool FPC to establish a formal Emergency Dental Service for weekends and Bank Holidays and would like to receive details of such services in other areas, preferably inner cities. Any examples would be welcome.

Cheltenham & Gloucester CHCs are preparing a survey on support services for long-term psychiatric patients discharged into the community. They would be interested to hear from CHCs who have carried out similar work. And so would ACHCEW.

Manchester North CHC would like to know if any other CHCs have carried out surveys into the type of information that patients would like to know about a practice or a doctor both before they make their choice and after they join the practice. Margaret Weller, the Secretary of Manchester North CHC, is convenor of a Working Group comprising CHC members and members of the North West England Faculty of the Royal College of General Practitioners who are looking at three areas of information given to patients by GPs:-

1. Information about the practice and the doctors within the practice.
2. The type of information about practices that could be held by the FPC.
3. Information on specific health issues available for the patients use, e.g. Patient Libraries with Surgeries.

Mid-Essex CHC writes:

"It would be appreciated if other CHCs' views could be forwarded on the difficulties which arise from statutory holidays attached to Bank Holidays, that is, loss of outpatient clinics to the same services."

CHC PUBLICATIONS/SURVEYS & REPORTS

Rochdale CHC has been concerned over a number of years that the "Domino" option of delivery for mothers, which involves low technology and a relaxed approach to hospital confinements, is insufficiently advertised and therefore not taken up by all who might wish to use it. So, in association with the Natural Childbirth Trust, the CHC has produced a simple and well set out paper explaining what it is and how it works. For those interested in the subject or who might think it a good idea for their own CHC, the paper is available from Rochdale.

Richmond Twickenham & Roehampton CHC held a public meeting on 15 November 1986 to discuss the Government's proposals on primary health care, and the Cumberledge report. Invitations were sent to every voluntary organisation active in health/welfare issues, as well as other local groups and bodies both statutory and voluntary. Each person attending was provided with details of the

proposals on primary health care, a precis of the Cumberledge report, and some comments on both documents gleaned from various sources. Most people attending had this information several weeks before the seminar itself and the majority seemed to have given the documents careful consideration beforehand.

The format for both morning and afternoon sessions was that of speakers followed by discussion groups. The total attendance was about 170, with over 100 staying all day. Groups had six topics to consider in each session plus opportunities to make further points.

The CHC learnt a lot about how to target an audience and get active participation. Anyone who would like further information can telephone Christine Browning on 01-878-0265.

Hampstead CHC's Woman's Health Care Group has reported on the abortion services in its area. It discovered that there was still a disproportionate number of abortions carried out in the private sector and recommended that the level of NHS service should be regularly reviewed. Other recommendations included asking that a range of different strategies be introduced to reduce the need for abortion in the first place, i.e. health education and publicity for family planning services; that health professionals, especially GPs, should be given more information on the NHS abortion service along with ways to facilitate early referral; that publicity about these services be improved; that there should be an increase in day care abortions and, most importantly, that there should be far more counselling, as some women found this to be quite inadequate. A lay trained counsellor should be available to all women seeking an abortion before the decision to have the abortion is taken and post abortion counselling should also be part of the structure.

Torbay District CHC has published a report on the one day workshop on Health and Help for the Elderly within its community, organised earlier this year. This is an area with a high proportion of elderly retired people. Subjects covered include follow-up on discharge from hospital and private residential homes.

Copies available from Torbay CHC.

Plymouth CHC has published a Report on a Mental Health Conference held in the city last June along with the recommendations made by the CHC. As the problems raised are common to many areas it would be worth reading the report and noting Plymouth's thoughtful and useful recommendations.

Nottingham CHC has produced two booklets, 'Short-term Care for People with Mental Handicaps in Nottingham Health District' and 'What Parents Think - Reports of a series of meetings with parents of mentally handicapped people'. Both are available from Nottingham.

Care of the Dying in Bolton is the report of a survey of 51 bereaved relatives of cancer patients, published by Bolton CHC. This is a detailed and unusual report and would repay study as it is a subject from which many of us shy away. The importance is

emphasized not only of support for the patient but for the family who need all the help they can get.

Wirall CHC has produced a report on accident and emergency attendances at Arrowe Park Hospital which concludes that while most patients were satisfied with the treatment they received, many - to judge from their replies - had fairly low expectations of the department!
Report available from the CHC.

JOURNAL UPDATE

There are four interesting papers to which we would like to draw your attention but it is impossible to do justice to them briefly as they are fairly complex.

Are the Needs of Mentally Handicapped Adults Being Met?

This paper reports on the apparent inadequate level of primary medical care provided to many of the 151 mentally handicapped people who attend an adult training centre in Swansea. A large number of common medical problems were identified that were not known to the GPs and/or were not being properly managed, including problems known to be associated with Down's syndrome. Many trainees were further handicapped by unmanaged defects of hearing and vision. Contact rates with GPs showed that the mentally handicapped adults did not place a greater burden on the doctor than the rest of the population. Comparing these rates with those for other vulnerable groups such as those aged over 75 and under four, it showed that only 28% of the trainees had an adequate consultation rate with GPs. It was thought that there was a lack of awareness among GPs of the special needs of this group but the major fact was one of communication and ways of improving the situation are discussed, along with the desirability of increasing co-operation between primary care and community mental handicap teams and the increasing importance of voluntary organisations.

Journal of the Royal College of GPs. October 1986. pp 449 - 453.

Mortality of Workers at the Sellafield Plant of British Nuclear Fuels

As may have been noted in the media this is a contentious report with strong views being taken on its findings and it is extremely detailed and very complex. It concludes that there is no evidence that workers at the Sellafield plant have had a death rate from cancer substantially in excess of that of people of similar age and sex in Cumberland or elsewhere in England and Wales. Further, among radiation workers there was no strong evidence of an association between mortality from all kinds of cancer combined and the external radiation dose accumulated up to the time of death or up to two or fifteen years before death. There were, however, positive associations between recorded radiation doses and deaths from multiple myeloma, leukaemia, all lymphatic and haematopoietic neoplasms combined and bladder cancer and were strongest when mortality was related to radiation accumulated more than fifteen years previously. Therefore it

seems to be saying that while the general cancer rate is no worse than that in the country as a whole there is an association between radiation and specific forms of cancers those which, in fact, are already known to be radiation related.
British Medical Journal Volume 293. 4.10.86. pp 845 - 854.

Does breathing in other People's tobacco smoke cause lung cancer?

This concludes with the view that there is no safe threshold for the effect of carcinogens and that breathing other people's tobacco is a cause of lung cancer. About a third of the cases of lung cancer in non-smokers are among those who live with smokers, and about a quarter of the cases in non-smokers in general may be attributed to such exposure.

British Medical Journal Volume 293. 8.11.86. pp. 1217 et seq.

The DHSS waiting list is a poor indication of the number of patients awaiting hospital admission, says an article in the British Medical Journal entitled DHSS Waiting List Statistics - A Major Deception? The article, by P.A. Sykes, a consultant surgeon at Park Hospital, Manchester, says that the true number of patients awaiting admission to a hospital selected to test out DHSS figures was 79.9% higher than the official figure. The magnitude of the difference varied from one speciality to another. If this reflects a nationwide pattern then it is very worrying.

British Medical Journal Volume 239. 18.10.86. pp 1038 - 1039.

PUBLICATIONS

Family Practitioner Committees could play a far more positive role in promoting primary health care improvements and the key to that is collaboration with family doctors and health authorities. That is the conclusion of a study published in October. Its authors, Judith Allsop and Annabelle May, note that while FPC collaboration with GPs and HAS has flourished in some areas of primary care, elsewhere it has failed to take root and they argue that FPCs now need guidance in setting goals and objectives and that resources must be made available for management education and training.

The Emperor's New Clothes published by the King's Fund.
Price £10.95.

Further evidence of the serious strains being imposed on community resources by shutting long term mental hospitals has come from two reports, one from MIND and the other from the National Association of Voluntary Hostels. NAVH is particularly critical, saying that resources for severely mentally ill adults and emotionally deprived adolescents and most serious ex-criminal offenders are inadequate to provide these groups with a settled place in the community. MIND criticises Riverside DHA in particular saying that it is giving insufficient priority to the needs of those with mental illnesses. Both reports speak of an "imminent crisis" for all agencies providing specialist accommodation.

When the Talking had to Stop: Community Care in Crisis MIND

Publications, 4th Floor, 24 Stephenson Way, London NW1 2HD.
Price £1.50.

NAVH Annual Report available from 33 Long Acre, London WC2E 9LA.

Civilised care for elderly, sick and disabled people today in Britain is dependent on relatives who care for them at home. This system is labelled "care in the community", says the National Council for Carers in its 21st Anniversary Report. But the whole system of loving care is threatened in the very near future by the breakup of the traditional nuclear family at a time when Britain is more in need of such carers than ever before.

21 Years of Caring is published by the National Association of Carers, 29 Chilworth Mews, London W2. 3RG.

The Fuel Rights Handbook is exactly what it says and offers a comprehensive guide to fuel supply, payment and disconnection and is designed for use by all caring agencies. It is available from: SHAC, 189c Old Brompton Road, London SW5. Price £4.95.

SENSE, the National Deaf-Blind and Rubella Association, has produced a teaching pack on rubella for 10-13 year olds. The Rubella Action Pack costs £4.95 each (10 or more £4.50 each) and is available from SENSE, 311 Grays Inn Road, London WC1X 8PT. (Tel: 01 278 1005).

Are they being served? is a new (and rather expensive) collection of essays and papers on "quality consciousness in service industries." It includes an article by Judith Cook and Tony Smythe on CHCs, as well as four papers on measuring quality in the NHS. Published by Philip Lane, it costs £14.95.

The Department of Employment, in conjunction with the Health and Safety Executive, is distributing a leaflet on A.I.D.S. and employment to 400,000 employers. The aim is to put to rest groundless fears by providing the facts about A.I.D.S. and to prevent discrimination against particular employees. Free copies are available from: A.I.D.S. and Employment, The Mailing House, Leeland Road, London W13 9HL.

The "Your Right to be Warm" training and information pack focusses on the needs of older people and people with disabilities. Produced by the Health Education Council and the Leeds Health Education Service, it provides a flexible and comprehensive approach to the issues and problems of keeping warm in winter.

The pack contains information and advice aimed at raising the awareness of the importance of keeping warm in winter and developing practical "warm-up" schemes. Designed for use at a number of levels (carers, managers, policy-makers and users) the pack also contains training materials and ideas for self-help.

"Your Right to be Warm" costs £15.00 and is available from:

Age Well Campaign Unit, c/o Age Concern England, Bernard Sunley House, 60 Pitcairn Road, Mitcham, Surrey CR4 3LL.

A video, "Cold Comfort", compliments the pack. It costs £10.00 and is available from: Television North, 500 Leeds Road, Bradford, BD3 9RU.

Community Care - Self-Help in Practice by Stephen Hatch and Teresa Hilton, examines the work of Contact a Family, a national charity with an extensive network of self-help groups for parents and families of handicapped children. It is published by the Joint Unit for Social Services Research department at Sheffield University, Sheffield S10 2TN. Price £4.00.

Something to Look Forward To evaluates a travelling day hospital for elderly mentally ill people operating in the non-city parts of the Portsmouth and S.E. Hampshire Health District and it is suggested it could be a model for other areas. A multi-disciplinary staff team - nurses, social worker, occupational therapist, with clerical support and medical cover, provide care on four days a week, for 15 patients each day in a different locality. The Report is available from the Secretary, School of Social and Historical Studies, Portsmouth Polytechnic, Milldam, Burnaby Road, Portsmouth. Price £3.20.

A catalogue of what it sees as performance failures is given by the TUC in a recent report on competitive tendering. The report cites cases of catering companies being taken to court over allegations of unhygienic food handling, of contractors who quit a hospital cleaning contract after three months and then went into liquidation and instances South Cumbria HA who was forced by the Government to accept a private tender even though the in-house NHS bid was 10% cheaper. It also claims the use of child labour, unacceptable standards of cleaning, lack of supervision, poor weekend and evening cover and high staff turnover, resulting in health authorities imposing financial penalties on companies withdrawing from contracts. The allegations cover 50 contracts. The report, More Contract Failure is available free from the TUC, Congress House, Great Russell Street, London WC1B 3LS.

Solvent Abuse - guidelines for professionals, parents and educators is a practical booklet covering all aspects of this subject including a list of substances abused, their effects, how addictive they are and a list of helping agencies throughout the U.K. It is an updated version of a previous booklet prepared by a London social worker. It is available from NCASA, 245a Coldharbour Lane, London SW9 8RR. Price £1.20. inc. p & p.

AIDS - How Drug Users Can Avoid it. This leaflet spells out how drug users can avoid AIDS and how they can protect themselves and others. The back of the leaflet contains further information for help and advice, with a space for overprinting to give local contacts which might be helpful. The first 100 leaflets are

free, thereafter it is £2. for 100. £8. for 250. They are obtainable from the Standing Conference on Drug Abuse, 1/4 Hatton Place, Hatton Garden, London EC1.

FPCs are mounting a publicity campaign to tell patients what to expect from their GPs - and what a doctor requires of them. To do this they are using a 20-minute video film produced by Lancashire FPC called Everyday Care. It shows how to choose, change and register with a GP, emphasizes the safe keeping of accurate medical records and advises on organisation, home visits and available clinics. It costs £12.50 and, according to Doctor magazine, will also be available to CHCs. For more details contact Lancashire FPC.

Unemployment: a challenge to public health has just been published by the University of Manchester's Department of Community Medicine. The topic has attracted quite a lot of debate in the medical journals of late, the most recent contribution coming in the latest issue of Health Trends. For those who want a full discussion of the available evidence (methodological pitfalls included) and an analysis of the policy implications of accepting the conclusion that unemployment does indeed cause ill-health, this is an important book. Available from: Centre for Professional Development, Dept. of Community Medicine, University of Manchester, Stopford Building, Oxford Rd., Manchester M13 9PT. Price £6.

COMING EVENTS

Food and Chemical Sensitivities in Children. A seminar organised by the National Children's Bureau and the Allergy and Environmental Medicine Department of The Lister Hospital, will be held at the NCB, 8 Wakely Street, London EC1 on 15 January 1987. The cost is £20.98, details from Conference Office at the address above.

Primary Health Care for Homeless Single People in London is the title of a conference organised by the King's Fund to be held on 23 January 1987 at the King's Fund Centre. The cost is £20, including lunch and refreshments. Details from the King's Fund Centre, 126 Albert Street, London NW1 and places are limited to around 80 participants so early applications are requested.

RCN Conference on Caring for AIDS Patients in the Community
The Royal College of Nursing is to hold a national conference on the care and support of patients with Acquired Immune Deficiency Syndrome in a community setting.

The conference will be held at Kensington Town Hall, London W8, on 26 January 1987 and will cover nursing responsibilities, ethics, the virus and its effects, support services and voluntary organisations for patients with AIDS.

For further information, please contact Sandra Phillips or Alison

Baldock on 01 409 2585.

A two day conference on Exercise and Coronary Heart Disease will be held on the 3/4 February 1987 and organised by the Coronary Prevention Group. For further details contact: Mike Rayner, Research Officer, CPG. 60 Great Ormond Street, London WC1N 3HR. Tel: (01) 833 3687.

The Third National Conference of Cancer Self-Help Groups will be held at Owen's Park, Manchester over the weekend of 10/12 April 1987. The fee is £55.00 but grants are available on request. Details from Tom Brown, Conference Secretary, 107 New Mills Road, Birch Vale, Stockport, Cheshire. Tel: 0663 47428. *Stockport 43379*

Training Opportunities: Ashorne Hill Management College are running courses for middle managers in the NHS. The course is divided into three parts with a total training time of 5 weeks. The first four courses are being supported financially by the National Health Service Training Authority and therefore costs £190 per week. For further details contact: Dr Barbara Morris, Ashorne Hill Management College, Ashorne Hill, Leamington Spa, Warwickshire CV33 9QW. Tel: 0926 651321

Judith Cook writes: My apologies to readers, colleagues and everyone else but I have been struck down with acute hepatitis just as I was about to put the newsletter together. I trust that normal service will be resumed - with our new Director - in the New Year. Please forgive any deficiencies in this issue.

We all wish Judith a speedy recovery.

DIRECTORY CHANGES

Page 7: Great Yarmouth and Waveney CHC.
Secretary: Lynda Wigley.

Page 10: South East Kent CHC.
Secretary: Miss J.L. Burgess.

Page 11: Croydon CHC. New Address:-
90 London Road,
Croydon
CRO 21B.

Page 17: Wigan & Leigh CHC.
Secretary: William T. Cawley.