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Complaints about the Complaints Procedure

The so-called "protection" offered to the public by the GMC is, says Jean Robinson "a farce, albeit a smooth-running and gentlemanly farce". Jean Robinson was nominated some years ago by ACHCEW as one of the lay representatives on the GMC. She recently reported back to ACHCEW's Standing Committee on her work.

Of the 1000 or so complaints sent to the GMC each year up to three quarters are screened out, first by the staff and then by the Preliminary Screener - a doctor appointed by the President. No lay member is involved in this process, which eliminates the majority of complaints. The preliminary Screener passes selected cases to the Preliminary Proceedings Committees. This has two lay members, but this Committee only sees one-quarter to one-third of complaints sent to the GMC.

Very few complaints direct from the public get that far. Most which get through to this stage come from the police (court convictions for drunken driving, shoplifting etc) or are referred from the DHSS if a doctor was fined one hundred pounds or more at an FPC hearing. So basically the committee is considering a majority of cases where doctors have already been punished elsewhere.

FPC cases are only referred by the DHSS if the doctor has been fined £100 or more. Even if the doctor has a whole sheaf of complaints, no notice will be taken unless the last case costs him £100 or over. Because of this the original complainant may not even know if the case is being considered by the GMC.

Mrs Robinson can only recall one such case in six years although she is one of the two lay members of the Preliminary Proceedings Committee. The FPC can take no action, send a letter of advice (a warning letter) to the doctor, refer the case to the Health Committee if the doctor seems ill or, as the last resort, send the doctor to the Professional Conduct Committee on a charge of serious professional misconduct. Until Mrs Robinson protested, complainants were not told when doctors had been sent a warning letter. However, as a result of an informal agreement reached years ago between the medical defence societies and the GMC, warning letters are not sent unless the doctor admits the offence, despite a formal finding of guilt by the FPC. Complainants with individual cases have to swear an affidavit, which means the expense of going to a solicitor. The GMC solicitors could do this free but the service is not usually offered unless someone protests as a CHC Secretary did recently. Some complaints never get past this hurdle.

When cases of alleged serious professional misconduct are referred to the Professional Conduct Committee for public hearing, the burden of proof is equivalent to that required in a court of law yet the GMC does not have the investigating facilities of the police.

Our representative compares the difficulties, secrecy and what she described as the "Byzantine" methods of the GMC with the way the Nursing Council (UKCCN) conducts its affairs. The UKCCN has to investigate every complaint made to it, which appears to be

professional misconduct, in fact the relevant Act of Parliament makes it mandatory. It will take up a complaint even when the complainant does not know the name of the individual nurse. Transcripts of any hearing are automatically available and are sent to the relevant health authority to help ensure that such a problem does not arise again. At no stage is there a preliminary screening by a single individual and the committee which considers complaints has a proper input from lay people.

Both the GMC and its PPC are heavily weighted with men although a substantial proportion of complaints are of particular relevance to women. Although the membership of the GMC is elected, the point is made about the kind of platform a doctor stands on when seeking election - hardly on taking a tougher stance with errant doctors.

Currently Labour MP Nigel Spearing is seeking to bring in a Private Member's Bill on the subject, supported by Tory MP Sir Anthony Grant. (It received an unopposed First Reading in the House of Commons on 3rd March 1987, although it is unlikely to progress much further. Both MPs were appalled at the results of complaints to the GMC from the constituents concerning the death of children. In both cases the doctors concerned were found not guilty of serious professional misconduct. Spearing's view is that the GMC sets the standard of serious professional misconduct so that virtually no one can be found guilty. As it now stands the GMC can only charge doctors with the equivalent of murder not manslaughter. The Bill would enable doctors to be charged with the lesser offence of unacceptable conduct as well as with serious professional misconduct. However even should this get through Parliament, the rest of the procedure will remain unaltered.

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A different kind of complaints procedure?

Senior doctors are to look into ways of dealing with complaints from the public which do not come within the remit of the existing complaints procedures. These range from doctors being rude to patients, to long waiting times in surgeries and worries about incompetence. Of the 700-800 complaints received each year by the General Medical Council about a quarter fall outside its statutory responsibilities. Suggested ways of dealing with complaints range from national or local conciliation procedures to a nationwide counselling service.

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Primary Care - Select Committee Report published

The House of Commons Select Committee on Social Services has just published its first report on Primary Health Care. It makes some 62 recommendations, two of them specifically involving CHCs. Much of what the Committee recommends is likely to be welcomed by CHCs

although the record of Government's acting on the advice of its Select Committees is not very encouraging.

Among the recommendations worth picking out are:-

- that the Government brings together the conclusion of its review of primary health care, nursing and community medicines and considers carefully the compatibility of their conclusions before reaching decisions on the future of primary health care;

- that it review the current relationship between FPCs and DHAs and the likely benefits of their amalgamation because, in the long run, it can see no logical reason for their separation;

- that in formulating its plans for primary health care the Government should seek further to develop multi-disciplinary services extending beyond the boundaries of the NHS;

- the Committee endorses proposals for providing greater information to the public on doctors' practices and states that there should be negotiation with the medical profession about the alternative ways of remunerating GPs. It agrees with many of the criticisms made of the proposed good practice allowance.

- with an increasingly ageing population, earlier patient discharge from hospital and the shift to community care, there should be a substantial increase in the number of GPs and a significant sharing of care with nurses and other medical workers;

- there should be far more involvement by nurses, particularly by trained nurse practitioners and a better training and career structure for them. Good primary health care, it notes, will only be a reality if doctors and nurses learn to work together;

- it recommends that CHCs, in conjunction perhaps with patient liaison groups, seek to make available to patients much more information about the services offered by local practitioners and urges GPs to participate fully in putting together useful information for the public;

- it recommends that all CHCs publish information about the health services in their area in the language of the community minorities as well as English.

But having said that most of its recommendations would be welcomed by CHCs, it is still a somewhat disappointing document. There is very little real mention of consumer input, of finding out from those at the receiving end just how relevant the proposals for improving primary care are to them. It still looks like "them" telling "us" what we need.

The two recommendations on the role of CHCs are pretty peripheral to the main thrust of our work - most CHCs already provide information about health services on offer in their areas and a proportion produce these in ethnic minority languages too.

The Committee noted that ACHCEW expressed concern about the proliferation of yet more organisations and favoured instead increased resources to enable CHCs to give them more information and get more work done. However the committee were "more impressed by the development in some practices of informal patient liaison groups..." However, it recommended caution in setting up a new structure of consumer groups. Notice was also taken of ACHCEW's view of the complaints procedure, noting that we had described it as "a lousy system". It supported the Government's intention to make it simpler, more accessible and more effective and wondered if useful lessons could be learned from that of the hospitals.

On the question of freedom for patients to choose a doctor acting as an effective influence on the quality of services, the Committee found itself in agreement with ACHCEW. It had looked at the Edinburgh GPs' Directory compiled by the Scottish Consumer Association with interest and agreed that ACHCEW "should have done this before now and could and should do it."

However, there is no real mention of the need to link health education and preventive medicine into the system of primary care, although there is surely sufficient documentary evidence now easily available to show that all too many of those requiring primary care do so because they have conditions which are preventable.

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Good Practice

Dr. M.H. Edwards, a consultant surgeon at Friarage Hospital, Northallerton has written to ACHCEW asking for CHC views on a communication service he provides for patients under his care who are facing an operation.
Each patient is given printed information guidelines providing jargon-free details of his surgical condition, what the operation is to achieve, how it is to be done and what the patient can expect before and after it. Details include everything from how to wash the wound, when to drive the car, when to return to work, how to get certificates, etc., - all those things too often overlooked in hospital.

He says that at present there are 55 different sets of guidelines each tailored to the different operations he performs in general surgery. The sets of guidelines are all stored on one floppy disc (which has space for 100 different sets) and are linked to a word processor to allow rapid and easy updating as his surgical regimes change. They are also entirely accessible to surgical colleagues who may wish to edit the guidelines to suit their own particular regime.

Dr. Edwards knows of no similar system in this country and he says patients, parents and relatives have been delighted with the information. His time in Out-Patients can now be better spent discussing residual queries with patients rather than spending time describing the data covered on the guidelines. He feels his

systems would be compatible with the Patients' Charter and it certainly looks to ACHCEW as if it should be encouraged.

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The Sickness of Poverty

It seems almost unbelievable that there are still those who cannot or will not believe that poverty, unemployment and deprivation cause ill health. Two reports within two days have shown the same kind of statistics as the Black Report and Charter 2000.

Heartbeat Wales was a Government-backed project aimed at preventing heart-disease and strokes. It surveyed some 22,000 people living in Wales. It showed that people in manual groups are 32% more likely to die of heart attacks and strokes than non-manual workers and the gap is widening. Manual workers and the unemployed are far more likely to suffer from angina, respiratory diseases and raised blood pressures, their diet is worse and they are more fatalistic about their ill health. A clear health gradient was shown between Class 1 and Class 5 with the long term unemployed suffering most. Nearly half the people in Class 4 smoke while less than a quarter in Class 1 do so with the unemployed smoking most of all and with more unemployed than others drinking to excess.

This Week on ITV on 19 February showed the results of a survey undertaken in Sheffield, street by street, ward by ward, district by district, into morbidity and death. Exactly the same pattern emerged. Of the 100 or so who die each year in Sheffield of unnecessary heart disease twice as many live in the poor areas as in the better off. Three times as many people die of lung cancer in the poor areas and twice as many new born babies die. Three times as many children are admitted to hospital with respiratory complaints from poor districts than from wealthy and five times as many children from the poorer areas go into hospital with gastric and stomach disorders. The spread was easy to see with one of the worst health records being that of a run down estate where one in three of the workforce is now on the dole.

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Infertility & Embryo Research

The DHSS has issued a consultation document on legislation on human infertility services and embryo research (Cmnd 46, HMSO £2.95). Our efforts to have this document circulated to CHCs have come to nought. It sets out various proposals and options emanating from the 1984 report of the Warnock Committee. ACHCEW has a limited policy on this issue; that there should be a legally enforceable code of conduct governing embryo research. We would therefore like to hear from CHCs who have views on human infertility services as well as embryo research. For copyright reasons we regret we are unable to send copies of the document to interested CHCs.

The following issues are dealt with:

Should there be a statutory licensing authority regulating the provision of infertility services? Should conselling be a statutory requirement (except in AIH)? What should be the legal status of a child born to a married couple using either AID or egg/embryo donation? Should there be a formal procedure to assess suitability as parents in such cases (as with adoption)? How should the problems relating to the registration and recording of children born as a result of AID or egg/embryo donation be dealt with? What should be the legal definition of paternity and maternity? Should the law be clarified on the unenforceability of surrogacy contracts?

Should egg/embryo donation be uncontrolled, licensed by the authority or prohibited altogether? Controls on trans-species fertilisation using human gamets - should the Warnock Committee's recommendations be followed? Should legislation allow for the possibility of non-commercial surrogacy agencies? In the case of an unlawful surrogacy arrangement, should anyone other than the party negotiating the contract be liable to criminal prosecution?

Should there be statutory control on research involving human embryos? A 14-day limit? Should only "spare" embryos be used i.e. extra embryos generated by the IVF procedure?

We need to submit comments by the end of July.

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Too Many Children's Hospices?

Could it be that we are in danger of going in the wrong direction when dealing with the tragic plight of the dying child? This view was put forward at a special conference on 27 January this year on Children Facing Death. Over 100 paediatricians and others concerned with the care of terminally ill children or those with life-threatening diseases, met to discuss the role of children's hospices when caring for such children. H.R.H. the Duchess of Kent, a strong supporter of children's hospices, emphasized that while there was an "immeasurable sea of concern and goodwill", this should be channelled into ways which most benefited the children and their families. She expressed concern that inappropriate and excessive development might occur with too many attempts being made to set up hospices. She felt that four for the whole of U.K. was probably sufficient and she was joined in this view by Mother Frances Dominica, Founder of Helen House, the children's hospice in Oxford. Mother Frances said that the number of children and families needing this care was very small and she found the idea of a big increase in the number of hospices "alarming". A hospice like Helen House was a "whole philosophy of care not just a facility" and it aimed to help parents care for their very sick children at home by offering support and friendship during all stages of the child's illness, respite care at Helen House when necessary, and wider community care including home visits and telephone contact.

The conference agreed that community based care was the best option for these tragic children and it sent a message to the Health Minister asking him to use the influence of his department and that of the health authorities to resist the proliferation of children's hospices and to divert resources to upgrading the existing network of care.

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Crown Immunity

Jack Ashley MP is pressing ahead with his Campaign for the abolition of Crown Immunity for all public buildings. A number of concerns remain for health premises, despite its abolition in relation to food hygiene regulations as applied to hospital kitchens and in respect of the Health and Safety at Work Act. These include the control over emissions from NHS chimneys which are still protected by Crown Immunity. More important it remains impossible to enforce Fire regulations in hospital and other NHS premises. It has been suggested to ACHCEW that there are around 2,000 fires per annum in NHS properties. The burning question is - are fire precautions for patients and staff adequate?

There are also worries about the cost of bringing hospital kitchens up to standard and of implementing Health and Safety requirements. The Government says no resources are needed, as NHS management should have been adopting standards as though Crown Immunity did not apply since 1974. However, the GMBTU says that the costs will be substantial and resources may need to be directed from other services. So more information is required. In a Parliamentary written answer to Jack Ashley on 2nd February, Tony Newton said that there were no plans to allocate extra resources to health authorities to enable them to "meet their obligations" when Crown Immunity is abolished. Nor were they being asked to identify extra costs.

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Dental Charges Hurt

ACHCEW and individual CHCs have been concerned for a long time about the effect of high dental charges on dental health and there has been a good deal of anecdotal evidence from dentists that high charges were putting people off from seeking treatment. Now confirmation has come from the British Dental Association using figures from the Dental Estimates Board. The 25% increase in dental charges introduced in April 1985 led to a five per cent fall in the volume of treatment in the following year, the figures show. The BDA say the current range of charges are not only too high but virtually incomprehensible to most patients. People are just not turning up as often for regular checkups or are actually saying when they are told what a particular treatment will cost that they are sorry but they cannot afford it. Perhaps the Government now recognises this as dental charges are not to rise when prescription charges go up on 1 April.

GPs oppose domiciliary plan

GPs are opposed to a plan of the Pharmaceutical Society for pharmacists to provide a domiciliary service. The Society is submitting proposals to the DHSS for pharmacists to extend their role by visiting elderly housebound patients. Prescriptions could be collected and delivered, advice given on treatment and storage and out-of-date medicines removed. The Society does not see this as an intrusion into the role of the GP but doctors say they will oppose it. It is too difficult to draw the line between the use of medicine and prescribing.

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Deputising Services

Women and elderly GPs are making unprecedented use of deputising services in inner city areas where they feel they are at risk. Doctors have been asking their FPCs to give them exemption for out-of-hours work in areas where there is urban violence. In Leeds the FPC has authorised 40 of its 400 doctors, who have practices in rough areas, to use deputising services every night. Mr. John Knighton, Secretary of the Society of FPCs said that Leeds had taken the exceptional measure of disregarding Government policy on doctors undertaking their own night work. He was aware that violence against doctors was increasing but thought it unlikely that other FPCs would be following the example set by Leeds.

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It's Official

It appears that the clusters of leukaemias and cancers near to nuclear plants can now - officially - be considered as more than coincidence. The Government had been sitting on a Report from the Office of Population Consensuses and Surveys since last June. Following Commons' pressure it was finally published on 19 February in full. (It had at first been decided that only a one-part summary would be published). The most detailed survey ever carried out in Britain shows a pattern very similar to that already picked up by a number of other researchers - that there is an increase in the number of cancers above the national average around Aldermaston, Harwell, Burgfield, Sellafield, Bradwell, Hinkley, Dungeness, Wylfa and Capenhurst.

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AROUND THE CHCs

Haringey CHC has successfully prevented the closure of the last remaining children's ward in the London Borough of Haringey. The DHA's scheme would have led to a marked deterioration in health provision to the most deprived parts of Tottenham. Haringey's

counter-proprosal was given thorough consideration by N.E. Thames RHA in January, persuading members to reject the DHA's plans. This unusual result may have been influenced by the fact that - for the first time in N.E. Thames Region - a CHC has been able to take up a recently won right to support its case with a verbal presentation and to participate fully in the ensuing debate. Haringey CHC was impressed by the quality of the discussion which this seemed to produce as well as by the result itself. Haringey asks if other Regions allow CHCs to present their own case to the RHA? If not, it would be worth fighting for.

You win some and lose some, it seems. Wandsworth CHC has just won some concessions but the hospital it was fighting to save has still had to close. At its meeting on 28 January S.W. Thames RHA gave the go-ahead for the closure of St. James' Hospital, Balham. At the same time it made a major concession to the arguments put forward by the CHC following threats of legal action. The RHA agreed only to the transfer of in-patient services from St. James' to St. George's Hospital and instructed the DHA to draw up a Consultation Document on the future of the out-patient services and put this out for full and formal consultation. During the initial consultation the CHC had drawn attention to the devastating effect that closure would have on patients and recognising the strength of the CHC's arguments, the DHA had amended its proposals on the closure to the effect that it would transfer out-patient services to a number of unspecified sites. Since neither the RHA nor DHA would make any concessions on this, Wandsworth CHC took legal advice and wrote to the RHA saying it would take it to court if there was any rubber-stamping of the decision without proper consultation. CHC chair Alan Mathewson said the concessions were a vindication of the stand taken by the CHC as the community's watchdog.

Hampstead CHC is extremely concerned at the current uncertainty over the sale of New End Hospital and its replacement by other facilities since delay will seriously and adversely affect the future provision of medical care for the people of Hampstead. The CHC is calling for the return of two wards at the Royal Free for the use of acute medicine at the earliest opportunity.

Rochdale CHC has called on DHSS Ministers to intervene in the battle between Rochdale Health Authority and its RHA. The RHA blames the DHA for not being able to cope within its budget while the DHA says its problems stem from the allocation of cash from Region. Whatever the reason the DHA is now some £2M adrift with the threat of a further 132 beds being cut. Already children are put into adult wards and vice versa, women patients are put in a male orthopaedic ward with shared toilets, there are many last minute admission cancellations, there are no empty beds for admission at the Accident Hospital, there is no longer any plastic surgery undertaken, there are increased complaints of patients being discharged too early and the refusal to fill community nursing posts is leading to the failure of the service to cope with its patients.

Cornwall CHC, which has been taking up complaints by women who have had to wait up to five months between being told they have a positive smear and getting an appointment with a gynaecologist, is now exploring what is likely to happen when its FPC starts its

own call and recall service at the end of May. It does not seem likely that there will be any extra facilities either in the way of clinics or laboratory staff although it is likely that the new system will turn up even more women with positive smears. What will happen when more women need urgent appointments?

Dartford & Gravesend CHC has written to its DHA accusing it of not following the proper consultation procedures for its proposed "rationalisation" of acute in-patient services. The CHC has spelled out to the DHA the consultation procedure and takes particular exception to being told by the DHA that it was late with coming up with counter proposals when, in fact, the CHC replied within eight weeks. The Secretary writes that the accusation that the CHC was only offering counter proposals at a late stage would be deeply resented by members and has told the DHA that it is drafting its document, which will be presented within the statutory time, and finds it quite "unacceptable" for the Council to be "instructed" to produce it at an earlier date to suit the convenience of the DHA, especially in view of the fact that the DHA was in error in submitting the proposals to the RHA without waiting for a response from the CHC.

The Vale of Glamorgan CHC has taken up with the DHSS the question of discretionary bonuses for managers, especially when this means getting a bonus for a closure. The reply from the Welsh Office side-stepped the main issue although it did confirm that one of the factors to be taken into account when determining a discretionary bonus was "a substantial closure programme", though bonuses would be given for other savings as well. The CHC remains unhappy and has pointed out to the Welsh Office that any bonus should be given to those managers who broaden and improve services to patients within existing financial constrictions.

Bristol CHC has still not resolved the issue of how its new Secretary should be appointed and the delay is adding to its problems. Ann Coia, who is at present Acting Secretary, requested proper secretarial assistance as currently she has to use an agency which means a different person in the office every week and one efficient part-time person. Ms Coia asked the RHA to let the CHC have the kind of secretary who could cope with the by no means routine work of a CHC but it seems that the RHA is as obdurate over this as it is over the method of selecting a new Secretary and she has been told that under no circumstances will the RHA agree to either increased hours by the part-time secretary or to any form of locum appointment. Somewhat ominously the RHA adds that it appreciates "the difficulties that the staff are working under at the CHC offices and can only repeat that the RHA is unlikely to allow the present position to continue very much longer before taking some appropriate action."

Weston CHC took up with the DHSS the question of powered wheelchairs for outdoor use. In its reply the Department confirmed that at present they only provided one type, the Model 28B and admit that the design is now dated. "But there is little likelihood of our purchasing any more even of the latest available design". It was also noted that at the time the CHC wrote in October 1986 (the reply was dated February 1987!) Bristol Artificial Limb and Appliance Centre had been experiencing

difficulties in meeting demands for the 28B but it was hoped the situation had now improved.

The Department says that over the last two years disabled associations have been campaigning for the provision of occupant-controlled indoor/outdoor-powered wheelchairs which are not yet supplied by the DHSS and this is an area "which has aroused a great deal of interest, particularly since the publication of Professor Ian McColl's report on the services provided by the Artificial Limb and Appliance Centres." However the issues relating to the supply of wheelchairs are "complex and costly" and there has been a sustained and substantial growth in demand over the last ten years.

Professor McColl "estimated in his report that the cost of providing enhanced equipment, which includes powered outdoor wheelchairs, to only the 24,000 in greatest need would be in the order of £30M. The current budget for the entire wheelchair service is only £27M. The Department is awaiting a Ministerial statement on powered wheelchairs "but as you will see from the foregoing, the financial resources required are huge." Quite so...

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PARLIAMENTARY NEWS

Access to Personal Files

Archy Kirkwood's Access to Personal Files Bill, which would allow people access to certain types of manually held records about themselves, obtained an unopposed Second Reading in the House of Commons on Friday 20 February 1987. That's the good news.

The bad news is that the Government has made it clear that the scope of the Bill must be severely limited if it is to become law. In particular, they have indicated they may be prepared to allow a measure to go forward that was restricted to education, housing and social work records. This would exclude medical records.

From the report of the debate it appears that most of those taking part did actually agree that there should be access to medical records. Some of those who did not pointed to the vote at last year's BMA Conference against such access but this was countered by the fact that the BMA's Ethical Committee and full council were in favour. A number of examples were given of incorrect or even libellous medical records that had only come to light by chance.

Archy Kirkwood believes that if the Government is made aware of the very substantial public support for a right of access to medical records, there is still a real chance of achieving this. We shall see. In the meantime, ACHCEW has participated in a press conference with the Royal College of Nursing, the Royal College of Midwives, the Health Visitor's Association, MIND, RADAR, the RNIB, the College of Health and the Patients' Association to urge the Minister of Health to support the

inclusion of medical and health records.

The Bill goes in to Committee later this month, so watch this space.

Health Ombudsman

Complaints over matters of clinical judgement in NHS hospitals could be investigated by a Health Ombudsman in future. Currently the Ombudsman can only investigate complaints about hospital administration. The parliamentary committee responsible for overseeing the Ombudsman's work is to press for the change and the response from Government is that it will be "seriously considered". The demand for the change came during the debate on the Parliamentary and Health Commissioners Bill on 4 February which extends from three to twelve months, the period in which an HA in England and Wales can refer complaints to the Ombudsman and allows him to pass on to MPs full reports on investigations of complaints in which the MP has been involved. The suggestion met with broad cross-party support.

Maternity and death grants

The Social Fund (Maternity and Funeral Expenses) Bill has now had its second reading. This empowers the Minister to prescribe the "circumstance" in which maternity and funeral payments may be made but does not provide, as had previously been understood, a specific power to prescribe the amount of such payments which is why the Bill was introduced. Shadow Health Spokesman Michael Meacher pointed out in the debate on 22 January that the Bill had had to be rushed through due to a blunder over the regulations governing payments for maternity and funeral expenses brought in under the 1986 Social Security Act. There was strong opposition to the new measure which means that payments for both maternity and death grants are now discretionary. The proposed maternity grant will be £80 for those who qualify, replacing the existing universal grant of £25. (It is worth noting that apart from the fact that the Government has never explained the basis for putting the figure at £80, other European countries pay far far more - in Belgium all mothers get £395, in Luxembourg £627 and in France there is a pregnancy allowance of £70 a month!)

Disabled Persons Act

Alfred Morris asked the Secretary of State for Social Services if he would make a statement on progress on the implementation of the Disabled Persons (Services, Consultation and Registration) Act 1986. The Minister replied that he hoped to implement sections 4, 8, 9 and 10 of the Act by April this year and section 11 later on. The Government was currently discussing with local authorities how to implement the Act's provisions, including sections 5 and 6 "which have significant resource implications. At present I am unable to give any indication when these can be implemented", said the Minister.

School Meals

The London Food Commission is backing a Private Members' Bill to be introduced by Tony Lloyd, MP for Stretford, calling for the

reinstatement of nutritional standards in school meals. The aim of the Bill is to ensure that all school meals meet the minimum standards based on the recommendations of NACNE and COMA and it recommends its own minimum standards. Unfortunately the Bill is unlikely to receive sufficient Parliamentary time to become law.

CHCs

Next time you CHC Secretaries are lounging around on the couch in your office eating marshmallows and buffing your nails, or your CHC gets through its business in half an hour and then plays whist, you will be happy to know that MP John Taylor is thinking of you. Recently he asked Edwina Currie if she would make a statement about the role of CHCs as "some CHCs are actually struggling to find a role for themselves and are resorting to casting around to find things to complain about. "You might well ask John Taylor - Who He? as Private Eye would put it. John Taylor, Clubs: Carlton and MCC; Recreations: Golf, Cricket and "Fellowship" was returned as the Conservative member for Solihull in 1983. All credit to Edwina that she told him that she hoped Hon. Members would deplore the suggestion that CHCs were looking for something to do or opposing for opposing's sake. CHCs had proved themselves extremely useful and "we have no plans to abolish them or change them in any way."

Mobility allowance

This March, a Private Members' Bill will be introduced proposing an extension of the criterion for entitlement to mobility allowance to include people who cannot walk out of doors "without continuous physical effort or control from another person". John Major, Minister for Social Security, has given an assurance to the Bill's sponsor, Jerry Hayes, that the "right" amendment will be accepted. Concerned CHCs should write to their local MP asking them to support the Bill.

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MEDICAL PRESS

Drug advertisers

CHCs may well have noted the conviction on 19 December of Roussel Laboratories on a charge of issuing a misleading advertisement. There had been substantial press coverage, particularly in The Guardian, earlier in the year. Roussel are to appeal. The BMJ of 14.2.87 draws attention to the case in some detail. Roussel, a subsidiary of Hoechst, was found to have misled those reading the advertising material as its claims that its drug offered "gastric protection and selective postglandin inhibition" were not justified or substantiated by clinical or other appropriate studies." Only four previous prosecutions have been brought for breaches of the advertising provisions of the Medicines Act.

During the course of the trial the DHSS told the court that the drug in question, SURGAM, was "considered a useful non-steroidal

anti-inflammatory drug and that its safety was not in question." In spite of this accolade on behalf of the drug company the Judge said he did not consider the offence as trivial and fined the company £20,000 and ordered Roussel to pay £93,000 against prosecution costs of £123,000. The BMJ asks why the DHSS has, until now, been content to allow the drug industry to police itself through the code of practice committee of the Association of the British Pharmaceutical Association, but then decided to prosecute in this particular case? The BMJ notes that regulations implementing the EEC's Misleading Advertising Directive are to be laid by 1 May and these will give the Director General of Fair Trading backstop powers to apply to the High Court for an injunction to stop further appearances of a misleading advertisement.

Alternative medicine

A number of CHCs have expressed interest in alternative medicine and they might like to know that the Journal of the Royal College of GPs in its issue of February this year has an original paper on GPs and alternative medicine. Of the 222 GPs who replied to a survey 31% said they had a working knowledge of at least one form of alternative medicine and 41% had attended classes or lectures in alternative medicine. 12% had received training in it, 42% wanted further training and 16% actually practised it.

On a similar kind of subject, three trials of healing are presently underway, testing the benefits of healing in patients with cataracts, rheumatoid arthritis and horses with intestinal parasites and the Confederation of Healing Organisations proposes to undertake a series of further trials, according to The Lancet of 7.2.87. The Confederation hopes to prove sufficient benefit from healing that it will eventually be used as standard therapy under the NHS. In Barnet healers are being offered to hospitals and GP practices without cost to the NHS for the sake of experience and doctors interested in the experiments are asked to contact the Confederation.

A Common Market in medicines

There has been a call for a "rational cost effective" medicines policy by the Brussels-based consumer organisation BEUC, at the end of a Forum called A Common Market in Medicines held in Berlin on 27 January. Such a policy, BEUC stated, should give far greater weight to consumers and patients than they now receive, bearing in mind that because it is doctors who take the decisions on the supply of medicines, consumers have less influence on manufacturers than in other areas where normal market mechanisms prevail. (Lancet 7.2.87).

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CHC SURVEYS AND REPORTS

Camberwell CHC has published its report of a survey into maternity care. It concludes that most women at the hospitals surveyed during the period of the investigation had a

satisfactory experience and that useful information was obtained which showed that a similar exercise could be organised regularly to give a feedback on improvements. Evidence of dissatisfaction was noted on specific issues such as waiting times in ante-natal clinics, food in hospital, consultation and services for ethnic minorities. To obtain the views of non-English speakers, the CHC notes that the questionnaire should be presented by an interviewer using the interviewee's first language. Regarding ante-natal clinics the overall satisfaction appears to mask fairly serious problems as women complained not only of long waits but of inconvenience, understaffing, late first time appointments, lack of continuity of staff, split first appointments, mix-up over specimens, lack of interest in minor problems, an uncomfortable scanning department, classes not being offered and dirt, especially in toilets, along with insufficient information and lack of privacy. In view of this the 'satisfaction' rate seems remarkable.

Croydon CHC has produced a report on the Information Needs of Carers of Elderly People which is not only obviously useful but is quite moving. The opinions of those surveyed varied from their task being "a labour of love" to seeing the elderly parent as a "weight around my neck." The report concludes that a new approach is needed to carers and caring, with carers seen as a group needing support in their own right. "Having spoken to many carers, one can only have the utmost respect and admiration for the job that they do and the sacrifices that they make. Yet one's respect is tinged with sadness and regret that people have to make these sacrifices, that they have to give up years of their life to care for another person, often with little recognition or respect from other family members, professionals or sometimes even their elderly dependents."

South Birmingham CHC has sent us a report of a survey of professional and child welfare health centres undertaken in 1985. It showed that the level and type of service provision was patchy and variable and that there appeared to be no systematic attempt to comprehensively screen or monitor all under-five patients.

Essex CHC has produced a simple guide to using local health services which it is now distributing, asking those who read it to contact them if they have any ideas on further information which might be included in a later edition.

Housing and Health - A Preliminary Study of Elderly Owner Occupiers in Bolton is self-explanatory and has just been published by Bolton CHC. Not surprisingly, the CHC found, among other things, how fragile was the system of community care.

The Cervical Smear Test is a practical simple leaflet aimed at telling women just what this entails and why it is necessary. It was produced by the DHAs, FPCs and CHCs of Suffolk and would be a good pattern for a similar leaflet which could be distributed nationally.

Hull CHC has published a Guide to Statutory and Voluntary Bodies in the Hull Health Care Services in the Holderness Area. It covers hospitals, health centre, clinics, chiropody, community nursing, doctors, dentists, chemists, opticians, DHSS offices,

environmental health, social services and healthline.

Bexley CHC has produced a paper on services for mentally handicapped people entitled A Paper of Concern. Having looked at the problems, the CHC lists its conclusions and makes recommendations which should be carried out straight away - not least the need to spell out what medical and nursing respite facilities are, and will be, available to those coming out into care in the community, what support systems are going to be available and the need to establish at least one more Community Mental Handicap Team. The CHC also points to a real meanness, the cutting back of disposable nappies for mentally handicapped children from six a day to three. The CHC asks that this decision be rescinded.

Kidderminster CHC has just published its report of a survey into ante-natal care within its area, some 700 women responding to the CHC's questionnaire of whom 400 wrote additional comments on to it. As with other, similar, surveys this one showed that while most women were satisfied with the services there were many problems that needed tackling such as the quality of information given to prospective parents, the need for choice in maternity care and the need for better organisation of ante-natal clinics to cut down waiting times - this seems to be a nationwide problem which surely could be solved! The report also noted that GP maternity services for mothers in the Kidderminster District were provided by the DHA and local GPs but that there was no consultant maternity unit locally which meant women having to go to hospitals in the Bromsgrove and Redditch, Worcester or Dudley District Health Authorities. "The involvement of so many authorities obviously complicated the problems highlighted in the study, some of which apply to some Districts but not to others."

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PUBLICATIONS

The Vision

If there had been any doubt that the question of "high tech" being routinely used during labour was a contentious issue, then the Wendy Savage case and its attendant publicity would have confirmed it. Side by side with pressure from those women who want more control over how they deliver their babies, there has been an outcry from midwives.

Those of us fortunate enough to have home deliveries years ago with an expert midwife know not only how special the experience was but how we valued our midwives. Midwives feel they have been downgraded and the "The Vision" is a paper from the Association of Radical Midwives setting out how it feels the service should develop and asking for views from interested bodies.

The Association firmly supports the ideals of the NHS - provision of care should be free at the point of need and that midwifery care should be equally available to all users.

It feels that midwives are grossly underpaid and undervalued at present and makes a number of recommendations on pay, conditions and how midwives should fit in with hospital teams. But the most interesting section is on the idea of a Group Practice of midwives within a locality who would be available right from pre-conceptual advice to health care after the baby is born. The midwives would be part of the community, not wear uniform and become an integral part of local health care. All women would be given a comprehensive list of group practices in the district as well as the telephone number of the local Supervisor of Midwives with the advice that any problems would be dealt with by her in strict confidence. Midwives in group practices would deliver women in hospital or at home according to individual circumstances and individual choice. There is much more and the document is worthy of careful consideration by CHCs. It is available from the Association, 62 Greetby Hill, Ormskirk, Liverpool, Lancs L39 2DT. Comments on it will be welcomed.

Community Health Information

The King's Fund has published a report of a workshop held last September on 'Making Use of Community Health Services Information'. It gives two practical examples of how computerised community information services work. One is the Glasgow Health Board's information programme to help Health Visitors screen children, the other is in Newham and is to assist the community nursing and paramedical services.

The report discusses how to make information usable, accurate and easily accessible, how to establish an information system and make it work properly and successfully and much more in the way of practical help in setting up such systems. The Report also contains a bibliography of information services already operating in the health services. CHCs are mentioned only as a source of information rather than as being integrated into a health authority's overall plan.
It would seem that this is an idea which could be developed. All the various health services, CHCs, voluntary groups, etc. have so much information on file. Very often we overlap in what we do. This Report should at least provide the basis for discussion on how localised information services could be set up which would be of use to a wide range of groups working in the area of community health. It is available from the King's Fund Centre, 126 Albert Street, London NW1 7NF. Price £1.50.

Caring for People

This is the title of the Labour Party's "Charter for Community Care". It recognises that community care is far from being a cheap option and that to prove it properly requires the integration and flexibility of a wide range of services provided from various sources. Proper care in the community will need adequate and adaptable housing, proper home help services, aids for people with disabilities, educational programmes, rehabilitation and a wide range of health services. It also needs to recognise the problems of the carers (a statistic it does not quote is that more women are presently looking after elderly people at home than they are young children). Carers should be given the choice of whether they should care for

elderly or disabled relatives full-time. Even when they opt to do so there should be adequate support services and respite care.

The Charter looks at how the disabled should have input into housing design and how they should be helped to achieve maximum independence; jobs in social services, health care and in community centres would help take people off the dole queues, there should be more research into aids and adaptations to improve their design and efficiency and a new look given to essential services, not least transport, to help meet the needs of the elderly and disabled.

Rightly the Labour Party seeks to involve a wide range of bodies in the planning of care in the community, such as the health and local authorities, voluntary organisations and, not least, those being cared for in the community and their families. However where you might ask, do Community Health Councils come in? You might well, since we are not mentioned nor were we in the last Labour document of this kind. It's not so much answers on postcard please to Labour Party headquarters in Walworth Road but the question....

Making the Most of your Doctor by Drs. Jennifer King, David Pendleton and Peter Tate is published by Thames Methuen at £1.95. Available from bookshops.

Partnership in Care, A Strategy for the Support of Carers of Frail Elderly People is a new publication available from Age Concern, 54 Knatchbull Road, London SE5 9QY. Price £4.

Social Work Videos is the overall name of a series of video tapes prepared jointly by Community Care and the Joint Unit for Social Services Research of Sheffield University. The cost is £50 plus VAT for a set. Details from Joint Unit for Social Services Research, Sheffield University, Sheffield S10 2TN.

Children and Society is a new quarterly publication from the National Children's Bureau. It will cost £25 for an individual subscription, £20 for the introductory offer. Information from the Subscription Manager, Whiting & Birch Ltd., 90 Dartmouth Road, Forest Hill, London SE23 3HZ.

A Review of Hospital Catering in London is published by the King's Fund. Price £2.50 and is the result of a survey by an independent committee appointed by the Hospital Caterers' Association.

The Greatest Medical Fraud of the Century is an anti-fluoride pamphlet from the National Anti Fluoride Campaign. It costs 20p and is available from them at 36 Station Road, Thames Ditton, Surrey KT7 0NS.

Warding Off the Bottle is another excellent report from the London Food Commission, this one backed by the Baby Milk Coalition. While it is expressly forbidden by the World Health Organisation Code to hand out samples of infant formula feeds, twenty hospitals, including ten London teaching hospitals, do so. The report is available from the Commission, PO Box 291, London N5 1DU. Price £2.50. It makes bleak and necessary reading.

The Radical Statistics Health Group (affiliated to the British Society for Social Responsibility in Science) has produced The Health Information Network, a photostated booklet giving names and addresses of people with an interest in health information together with their particular interests and experience. For copies contact Radical Statistics at 25 Horsell Road, London N5 1XL.

Black Like Me is the series title of a number of workbooks by Jocelyn Emma Maxime. Each workbook - on subjects such as "Black Identity" and "Black Pioneers" - is available from the National Children's Bureau, 8 Wakley Street, London EC1V 7QE. Price £4.50. Also available from the Bureau are, The Orthopaedically Handicapped Child, The Child with Cerebral Palsy, The Child with a Chronic Medical Problem, The Child with Epilepsy, The Child with Asthma and The Child with Spina Bifida, all priced £5.

MIND is bringing out a series of briefing papers on housing, benefits and residential care, also a booklet "When the Talking Has to Stop". This idea arose following an investigation by MIND researchers into the closure procedures for mental hospitals. MIND noted that Edwina Currie said that no mental hospital would close unless replaced by adequate community services. Details

of the briefing papers and booklet from Jack Coy, MIND, 22 Harley Street, London W1.

Beds not Bombs is a series of leaflets and posters published by the Medical Campaign Against Nuclear Weapons. The campaign is pressing for resources to be diverted from nuclear weapons to the health service and gives a number of statistics, including the fact that 20 per cent of patients in need of major surgical treatment must wait over a year for a bed to become available. The Campaign has produced a number of leaflets, books and briefings and a list can be obtained from them, MCANW, Tress House, 3 Stamford Street, London SE1 9NT.

Self Help in Practice, a study of "Contact a Family" community work and family support by Stephen Hatch and Teresa Hinton has been published by the Joint Unit for Social Services Research, Sheffield University, Sheffield S10 2TN. Price £4.

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COMING EVENTS

March 11 is National No Smoking Day. The Health Education Council estimates that 2.6M smokers took part in last year's Day of whom 400,000 either cut down or gave up for at least three months afterwards. Possibly as many as 50,000 people gave up permanently. The HEC asks CHCs to publicise the day as much as possible.

AIDS - Whose responsibility? is the name of a one-day seminar to be held at Salford University on 8 April. For further information contact Ms Denise Rennie, Environmental Sciences

Division, Department of Civil Engineering, University of Salford, Salford M5 4WT (tel: 061 736 5843).

Making a Reality of Community Care is the overall title of five seminars to be held by the School of Advanced Urban Studies in Bristol. They will be held in London, Manchester, Birmingham, Newcastle and Bristol beginning in London on 16 March. Details from the School which is at Rodney Lodge, Grange Road, Bristol BS8 4EA.

The Survey Research Centre is running a training course on how to set up surveys, formulate questionnaires, etc. They will run throughout May and June at The Podium, Nine Elms Lane, Vauxhall. For further details and also to arrange for the special fee offered to CHCs, contact Dr. William Belson, 58A Battersea Park Road, London SW11 4JP. (Tel: 01 720 4800).

There will be a Conference on the early prediction and prevention of Child Abuse and Neglect run by the Society for Reproductive and Infant Psychology on 25/27 March at Leicester University. Details from Christopher Macy, Department of Psychology, Rauceby Hospital, Sleaford, Lincs. NG34 8PP.

MIND and RADAR are jointly organising a series of conferences, as we have mentioned before. The first on Disabled Persons Act 1986 - Benefit or Burden? will be held at the Albemarle Centre, Taunton, on 13 March. Details from either MIND, or RADAR who are at 25 Mortimer Street, London W1N 8AB.

Postive Health - Looking Forward from 40 is the overall title of a series of six public lectures to be held at Goldsmiths' College, London by the Department of Extra Mural Studies, London University, 26 Russell Square, London WC1B 5DQ. Further details from the department.

There will be a National Day Conference on the Transition to Adulthood for those with Severe Physical Disability. It will be held on 18 March at the Tara Hotel, Kensington, London W8 by the Further Education Unit. The fee is £25. Details from The Conference Secretary, Further Education Unit, Elizabeth House, York Road, London SE1 7PH.

NCVO is organising a conference on Problems and Perspectives in the Voluntary Sector on 10 April at the King's Fund Centre. It is particularly aimed at all those who have a point of view on Registration, whether residential care providers or not. NCVO would like to hear views from CHCs. Write to Christine Peaker, Residential Care Development Officer, NCVO, 26 Bedford Square, London SEC1B 3HU and also for conference details.

Consumers and Quality in Health Care is the title of a series of afternoon seminars to be held at the Royal Institute of Public Administration, 3 Birdcage Walk, London SW1, beginning on 4 March. Fee per session £25 members, £30 non-members. Details from RIPA at the above address.

The Need for Asylum in Society for the Mentally Ill or Infirm is one of a series of conferences run by the King's Fund on consensus and controversies in medicine. It will be held on 8, 9

and 10 April at Regents College, Inner Circle, Regents Park, London NW1. The overall fee is £50 including refreshments on 8 and 9. Enquiries to Jackie Spiby, King's Fund Centre, 126 Albert Street, London NW1 7NF. Tel: 01 267 6111.

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DIRECTORY CHANGES

Page 8. Riverside CHC.
Secretary - Ms. Rosemary Nicholson.

Page 11. Wandsworth CHC.
Secretary - Mrs. Alison Richardson.
Post Code - London SW12 9SG.

WOMEN AND SMOKING

A handbook for action

HEALTH EDUOATION COUNOIL

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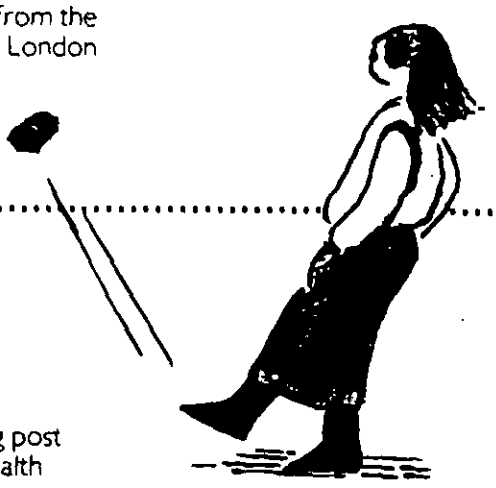
Format: A4, 32pp, Illustrated. ISBN 0 903652 09 9

Copies of **Women and smoking: a handbook for action** can be obtained from the Supplies Department, Health Education Council, 78 New Oxford Street, London WC1A 1AH. Each copy costs £2.00 including post and packing.



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