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Association of Community Health Councils for England and Wales
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CONTENTS

Bristol CHC - muzzling the watchdog?

Bristol CHC have been bullied into accepting new procedures laid down by the South Western Regional Health Authority for the appointment of their CHC Secretary. As Bristol CHC puts it "David has succumbed to Goliath."

The new appointment procedures give the Region the dominant role with half the selection panel and with the panel being chaired by an RHA representative. Only two members of the CHC will be involved in the selection and Bristol CHC feel that their independence is being undermined.

For ten months Bristol CHC resisted the new procedures and were without a Secretary. They have only agreed them now - under duress - because the RHA applied further pressure, involving a restriction on the temporary staffing available to the CHC to tide them over while the Secretary's post was vacant.

Bristol CHC want to thank all the CHCs who wrote in with their support. They say that they wish they could have held out longer to vindicate that support.

In the meantime, ACHCEW has written to the Minister of Health to express the Association's concerns as follows:

(a) The manner proposed for the appointment was unacceptable to the CHC. The RHA refused to support an alternative procedure that would have been acceptable to the CHC. Indeed, they reject a compromise put forward by the DHSS. Accordingly, it would appear that the RHA are refusing to act in accordance with the Community Health Councils Regulations 1985.

(b) The RHA is trying, without consultation, to bring in a new appointment procedure for CHC Secretaries, setting aside the procedures adopted virtually universally throughout England and Wales since 1974.

(c) By seeking to dominate the selection process, the RHA is effectively undermining the independence of CHCs and is making it appear that CHC Secretaries are accountable to the RHA rather than to their CHCs.

The Minister is being asked to give clear guidance to RHAs on the procedures to be followed, so as to ensure a dominant role for the CHC. Watch this space!

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Second Round Re-Play - Inequalities in Health

Sir Douglas Black's report "Inequalities in Health Care" was published on August Bank Holiday 1980. There were only 250 copies and these were roneod. It was almost impossible to obtain. Later, Penguin Books re-published it with a foreword by Peter Townsend.

On the 25 March the soon-to-be-disbanded Health Education Council was ready to publish its own report, "The Health Divide - Inequalities in Health in the 1980s." One hour before the press conference called to launch it, the Chairman, Sir Brian Bailey, made a last minute effort to ban it after private talks with the DHSS. Specialists, headed by Sir Douglas Black himself, side-stepped the ban and held the press conference after all in a room behind a guitar shop on Shaftesbury Avenue. 2,500 copies were printed (at least that was ten times more than Black) and they had all gone by the middle of the day after publication.

The Government's response to the Black Report was that its recommendations were quite "unrealistic in present or any foreseeable economic circumstances, quite apart from any judgement that may be formed of the effectiveness of such expenditure in dealing with the problems identified."

The new report shows all too clearly what has happened since. The pattern discerned by Black has become even clearer. Serious social inequalities in health have persisted into the 1980s. Whether social position is measured by occupational class, or by assets such as house and car-ownership, or by employment status, a similar picture emerges. Those at the bottom of the social scale have much higher death rates than those at the top. This applies at every stage of life from birth, through to adulthood and well into old age.

"Neither", says the report "is it just a few specific conditions which account for these higher death rates. All the major killer diseases now affect the poor more than the rich and so do most of the less common ones too. The less favoured occupational classes also experience higher rates of chronic sickness and their children tend to have lower birthweight, shorter stature and other indicators suggesting poorer health status."

The report is even more damning than Black. "The unemployed and their families have considerably worse physical and mental health than those in work. Until recently, however, direct evidence that unemployment caused this poorer health was not available. Now there is substantial evidence of unemployment causing a deterioration in mental health, with improvements observed on re-employment."

Women's health, it says, varies with social class, employment and marital status in ways which are only just beginning to be understood. "The health of working class women is particularly poor."

All in all it makes depressing reading, the poor still use the preventive services less, the North-South divide not only exists but is getting deeper all the time. Early death rates were highest in Scotland and the North and North West and lowest in the South East. Poverty has worsened significantly since 1980 and even in 1981 3.5 million children were living in poverty.

30% of the population, 16.3 million people were in poverty in 1983, a rise of 5 million since 1979. Life on the dole is linked with both suicide and cancer. Policies deliberately designed to reduce child poverty have not been adopted, a concerted effort to

improve housing conditions has not been made and mechanisms for co-ordinating policies on health in local and national government have not been set up on a significant scale although it is widely acknowledged that health promotion policies need to involve many agencies outside the NHS such as housing, environmental control, transport, food and agriculture "and - above all - the Treasury".

Most CHCs should have received a copy of the Report sent out to you by the HEC (now called the HEA). I am afraid if you have not then it is just too bad - there are none left!!

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A Quota System for Hospital Referrals

The DHSS is spending £20,000 on a pilot study that could lead to quotas being set for how many patients GPs should refer to hospital. This follows evidence from Sir Donald Acheson, the Government's chief medical officer, of wide variations in how often individual GPs refer patients to hospital. Some send only 2% of their patients, other 24%.

Referral rates were one of the criteria suggested by the Government in the Green Paper on Primary Health Care which would go towards making a good practice allowance. The study is being run by North Lincolnshire DHA after it had reported that half the referrals for the rheumatology out-patients clinic came from only three or four GP practices. So it has now been asked by the Department, to see if this is the case across the board. The DHA's General Manager, John Evans, told The Independent (19.3.87) "It may be that a quota system is the answer." GPs would be given an allocation of the number of patients they should refer to hospital, possibly taking account of different patterns of illness in their own areas. This, according to Mr. Evans, would heighten GPs' awareness of the way they were using hospitals and concentrate people's minds on what they were referring. "Given that demand will always exceed supply we are talking about rationing so we ought to try and make it rational rationing."

Dr. David Smith, Secretary of Lincolnshire local medical committee, said it was an "appalling thought" if there were proposals to ration out-patient referrals and the committee would be vigorously opposed to anything like fixed quotas. Patterns in referral could vary for a whole variety of reasons - patients on the borders of different DHAs could be sent to neighbouring authorities nearer their homes, some GPs had specialist skills, such as the ability to treat diabetics, while some did not.

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Profit Leads in Private Care

Private hospital care in the UK is becoming increasingly dominated by profit-making companies at the expense of charitable and religious groups, according to a report in The Independent (18.3.87) based on new figures from the Association of Independent Hospitals. The survey also shows that big business is moving into the long-term care of elderly people in nursing and residential homes. For the first time at the end of last year profit-making groups owned more than half of the 10,025 private hospital beds with American-backed groups owning more than a quarter.

American Medical International is the biggest private hospital group in the UK with 1,366 beds including psychiatric hospitals such as that near Cambridge (see previous issues of Community Health News). About 8,000 elderly people now live in nursing and residential homes owned by large corporate enterprises. From virtually nothing, a few years ago, they now own 5% of a fast growing market.

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Food Irradiation - the Great Leap Backwards

Food manufacturers themselves are now asking the Government to back peddle on legalising the irradiation of food after polls showing a huge majority were against it. Now the British Medical Association's board of science has produced a report urging the Government to postpone it too on the ground that it could pose long-term hazards to health while failing to prevent food poisoning.

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Neonatal Intensive Care

The President of the British Association of Perinatal Medicine (BAPM), Dr. Cliff Roberton, has written to Norman Fowler expressing concern at the shortage of appropriately trained nurses working in neonatal care units. He points out that half of the children who die before they are sixteeen die in the first week of life and adequate provision of care for critically ill newborn infants, both full term and of low birth weight, has resulted in better survival without evidence of neurological handicap. Although clear guidelines for staffing have been drawn up by all the Royal Colleges and BAPM it is exceptional for any neonatal care unit to attain even 60% of the recommended level, says Dr. Roberton.
The Lancet (21.2.87).

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Nowhere to Go

Only 15 of the 32 London boroughs have suitable residential accommodation for physically and multiple-handicapped people and 5 boroughs - Greenwich, Kensington and Chelsea, Richmond, Sutton and Westminster - have none at all, according to Disability Now (Feb. 1987). While there are fifteen residential homes for people with mental handicap which have only five places per home, there is nothing similar for those with physical and multiple handicap. Indeed most of them are living in homes with at least 20 others and there are still four London hospitals each of which is a home for over a hundred people. A study carried out by the Spastics Society found that of 222 residential homes in London for people with disabilities, only 64 are for those with physical and multiple handicap of which 25 are for children. Community support services are difficult to assess because they provide care, not just bricks and mortar. While domiciliary support has improved generally, sixteen boroughs have no Crossroads Care Attendant Scheme. Respite care is still mainly provided through hospital beds. The report concludes: "Appropriate care within the local community is not a reality for most people with disabilities in London."

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The Looking Glass World of Glasses

If you go out and buy a magnifying glass to read small print then it is still, as it has always been, quite legal. If, however, you go out and buy two magnifying glasses joined by a wire which rests on the bridge of your nose then, thanks to a High Court judgement in February, you will be breaking the law. The case concerned a company called Magnavision which was selling reading glasses to customers who had not seen an optician and was fined £250. Magnavision had sold over 100,000 pairs of the reading glasses and more had been sold by chemists and department stores. If you buy exactly the same pair of glasses at an opticians then they will cost £30 - just twice as much. So much for free market forces. Some of those selling the cheap glasses say they have been virtually squeezed out by opticians who refuse to issue prescriptions to customers who will not buy glasses in their own shops or by suggesting their patient has a sight defect which may not, in fact, be the case. Magnavision had continued trading by claiming that their glasses were not "optical appliances" within the meaning of the law because they do not correct a sight defect, simply a condition. The opticians disagreed and the courts have upheld their opposition. According to a report in The Daily Telegraph (12.3.87) opticians used to claim that "wrong" glasses could damage our sight - which is true for complex conditions - but even they will now privately admit that there is little reason to test those who need glasses only for reading, other than a simple chart to get the right strength. A leading optician told the Telegraph: "It's a lot of nonsense really. Unless you are a moron there is no way you could damage your eyes with magnifying lenses. To wear completely the wrong sort would be like wearing the wrong size shoes. You just wouldn't do it."

Closures

Edwina Currie has replied to a letter from Camden Council's Department of Social Services asking about the position when a 'temporary' closure becomes a permanent one without further discussion. In her reply she says that it is essential to look at the question within the context not only of the regulations governing consultation but also of the broader departmental guidance available to DHAs and of the individual circumstances.

She points out that the 1979 de Peyer letter sets out a range of circumstances under which urgent closures are considered from 'outbreaks of infection' to 'the need to make savings to avoid overspending.' It is for the health authority to determine the urgency of the situation and what level of informal or formal consultations should be taking place. The management of local resources must remain a matter for the HAs and she does not feel it appropriate that the DHSS should intervene.

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Middle Class, Middle-aged and Male

A CHC member, who is her CHC's observer on the local FPC, was amused by the FPC chairman, a middle-aged and rather bullying gent, who read out a letter from Edwina Currie in explanation as to why the new membership of the FPC had not been sorted out. "This woman", he said, "says FPCs are dominated by middle-class, middle-aged men and she would like to see far wider representation on them, especially of women. Ridiculous!" He laughed. "It seems perfectly all right to me." His Committee, 85% of which was comprised of middle-class, middle-aged men all laughed too...

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Healing Service

In our last issue we mentioned that the Confederation of Healers had offered a healing service to GPs in the Barnet Health District without cost to the NHS and that the local FPC had accepted this. Notices are now being posted to this effect in all surgeries. Now the Confederation is planning to offer a similar service in Bromley and Peterborough and are considering doing likewise in Avonmouth and Brighton. The Confederation points out that healing is legal in Britain and Government policy and the GMC permit healing within strict rules which include a GP suggesting or agreeing to a patient seeking healing, provided the doctor himself continues to give, and remain responsible for, whatever medical treatment he considers necessary. The Confederation is non-denominational and no faith is required of the patient. This scheme will offer the opportunity for controlled trials.

The address of the Confederation of Healers is 113 Hampstead Way, London N.W.11.

Consumer Resistance to the Limited List

A "sizeable minority" (40%) of doctors have found it hard to persuade their patients to accept alternative drugs under the limited list of medicines brought in two years ago, according to a survey out on the 23 March 1987.

Few doctors had any difficulty in choosing alternative tranquillisers, but about 40% found it hard persuading their patients to take them, says the Consumers' Association report. Drugs & Therapeutics Bulletin 23.3.87.

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NAHA's Thumbs up for Fluoridation

"Support for Fluoridation Higher than Ever" says NAHA in a press release of 18 March. "Nearly eight out of ten people now think fluoride should be added to water to reduce tooth decay, according to a Gallup Poll". This, says NAHA, is the highest level of support ever recorded. NAHA Director, Philip Hunt, commented: "These results show that the public are more enthusiastic than ever to see health authorities taking action on fluoride." Support was high in all parts of the country and in all age groups. "Studies show that the adjustment of fluoride in water to the level of one part per million is capable of halving tooth decay." While not taking sides in the argument it is perhaps worthwhile pointing out that NAHA do not give the size of the sample poll or say what questions were asked. Also the statistics regarding the halving of tooth decay are not accepted by all authorities.

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PATIENT COMPENSATION SCHEME. Third time lucky - with your help!

The ACHCEW Working Group looking at the possibility of introducing a Swedish type compensation scheme in the NHS have recommended a new name for it - for the second time!

Initially the term used was "No Fault Compensation" - but some people read into that an implication that staff could get away with shoddy standards however unacceptable they might be.

That was not intended, so the group recommended the use of a new term "Patient Insurance Scheme" instead. But some people took that to imply that individual patients would have to pay insurance premiums. That was not intended either. The group now recommends use of the term "Patients Compensation Scheme". As Wyn Pockett, Chairman of ACHCEW who also chairs the Working Group, said, "I hope we've got it right this time."

Work is now continuing on two fronts - the question of financial compensation for patients and the need to ensure effective and impartial investigation of any complaints about the exercise of professional responsibilities by Health Authority staff.

At present substantial compensation is normally payable in Britain only if legal action is initiated and if it can be proved that staff performed their duties in a negligent manner. The Working Group feels that the two issues should not be linked in this way. If things have gone wrong patients should be entitled to compensation without taking costly legal action and without having to prove anyone was negligent.

On the other hand, there should be an effective and impartial system of investigating any allegations of negligence without having to resort to legal action.

The Group is undertaking further work in both of these areas but would very much welcome specific examples from the experience of individual CHCs. They would like to hear of patients whom you feel should have received compensation but lost out - either because they were afraid of the financial gamble of taking legal action or because they failed to prove negligence. The Group would also like to hear of any allegations of professional negligence or incompetence which you feel was not properly investigated or where no appropriate disciplinary action appears to have been taken following an investigation. Please send brief summaries of any such cases to ACHCEW as soon as possible.

No personal details will be published of course but it may be useful to be able to quote specific instances in confidential negotiations with other bodies. Perhaps you could ascertain whether the persons involved in any examples you may give would be prepared for specific details to be used in this way if necessary.

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AROUND THE CHCs

Representation of local authority minority groups

In our July/August 1986 issue we referred to the practice in some districts where only the majority party in the local authority is represented on the CHC and asked for further information. We have heard now from Wakefield, Barnsley and Manchester North CHCs on the subject.

Wakefield CHC says that since 1984 representatives from Wakefield Metropolitan District have all been nominated by the majority party although before this date the CHC had had one minority representative. Then the MDC ruled that all the representatives should be from the majority party. The minority representative became a co-opted member but has no vote. Wakefield would like to know if this situation is commonplace or if Wakefield is in the minority?

Barnsley CHC says that the practice mentioned in our previous newsletter applies in Barnsley where the majority Labour party nominated all ten members in the local authority seciton of the CHC. However, Barnsley does point out that the minority parties in Barnsley represent only a very small proportion of the total number of councillors and also that the local authority has, in

recent years, adopted the practice of nominating several non-councillors on to the CHC although these non-councillors are also closely associated with the majority group.

Manchester North CHC says that representation in itself has been no problem. Manchester City Council is virtually all Labour with one Liberal and a few Conservatives but there has always been a conservative appointee. However, there are two aspects of the situation which do concern Manchester North, first the poor attendance record of many of the nominees (something which must also be commonplace elsewhere) and expresses disappointment that a resolution pressing for a change in the number of local authority appointees fell at our last AGM. Secondly, is the view that the City Council has of the rule of their appointees on both CHCs and DHAs where, it would appear that party politics are too often put before patient need. "There was the ludicrous situation recently where local authority members of the DHA had not had time to be briefed by their party whip on how they were meant to vote on a Consultation Document which had been under discussion for nine/ten months. They ended up abstaining because they were not sure how they were meant to vote. I found this situation ludicrous", said Secretary Margaret Weller, "it makes a mockery of people such as those sitting on such a body." She also recounts how on occasions weeks of work by some CHC members, visiting, interviewing, etc. for a consultation paper can be negated when such nominees turn up for their one meeting in six months purely to move a one-line rejection of the document!

Hounslow & Spelthorne CHC is concerned over more postponements and cuts. The DHA has just put back by three years the start of a scheme in Hounslow and Spelthorne for continuing care beds for the elderly funded from the Region's Capital Programme. At the same meeting the DHA decided to close further beds at the West Middlesex University and Brentford Hospitals. The first has already had 30 beds for the elderly closed and approximately 60 more across a wide mix of specialities will now close as they are vacated. Brentford has 22 beds, all dedicated to care of the elderly and six will now close until, says the DHA "adequate funding is available."

Rochdale CHC has written to Norman Fowler asking what its rights are regarding visiting the new "group homes" being set up by the DHA for patients discharged from large institutions. The CHC considers it appropriate to make a brief visit to the houses selected for the purpose, together with receiving a formal statement of the staffing of each house. It would like confirmation that this is within its rights. With regard to the monitoring of the patients in the homes the CHC feels that its right to visit should also be confirmed by a higher authority. This is, in part, because of differences in the way such homes can be staffed - in some cases by non-health service employees. Rochdale points out to the Minister that it feels that it is important that the continuing role of the CHC is recognised with respect to mentally handicapped people living "in the community."

South Manchester CHC has discovered a strange muddle in the procedures for making a complaint about ambulance services. When a patient is unhappy about the treatment they receive, the ambulance officers are so concerned they visit the patient to try and resolve the problem. But the question worrying the CHC is what happens if the patient is not satisfied? There does not at present appear to be a further step within the region and the RHA and Ambulance Services are now looking into this to see if a procedure can be drawn up.

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PARLIAMENTARY NEWS

On 4 March a first reading was given to Robert Wareing's Bill "to outlaw discrimination against disabled people on the grounds of their disability". He said it was necessary since he introduced his Chronically Sick and Disabled Persons (Amendment Bill) in 1983 as there is irrefutable evidence of widespread discrimination against the disabled and a number of reports have supported this view. He quoted an advertisement by an American company asking for workers for a Welsh factory which said "all persons applying must have no physical disability." It now awaits a second reading.

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CHC REPORTS, SURVEYS etc

When we held our Well Women's Centres seminars some time ago, one of the subjects which kept cropping up was the attitude of doctors and nursing staff to miscarriage. Now South Manchester CHC has produced an excellent report on the subject - excellent but most disturbing as it has turned up a range of behaviour from the appalling to the insensitive.

Some stories were very sad, such as the husband told to "get rid of" the foetus miscarried at home, of women presenting symptoms which their GPs did not take seriously, (one woman told how her GP obsessed with paperwork, spent time on the phone discussing another patient and an even longer time trying to find forms for her to sign before he even examined her). Women told of being left to get on with it on admission ("it'll be over quickly when in reality it was a 13-hour labour"), of a woman taken into a Casualty Department who sat unattended for three hours until she lost the baby, of insensitive remarks of the "well you can always have another" variety. The use of the term "abortion" upsets many women even though it is technically correct. There were also complaints of insensitivity to different religions and customs - one Muslim woman asked what would happen to her baby and was told it would be incinerated. She said it must be buried in her religion but the nurse said it would be "cut up first" anyway... One woman saw six different doctors, got two conflicting reports of why she miscarried and is still confused.

South Manchester CHC recommends that women who are threatening to miscarry should be given very clear and explicit instructions as to what to do and what can be expected - possibly backed up by a clear and simple leaflet. In hospital, miscarrying women and their partners should be looked after by specially trained and sympathetic staff. They should be nursed away from mothers and babies and the term "abortion" should be avoided. On discharge from hospital women should be told to visit their GPs, given a hospital follow-up appointment and put in touch with local voluntary and self-help groups. Information about women who have miscarried should be scrupulously disseminated. There were a number of cases where the community midwife had not been told what had happened and had turned up on a regular pregnancy check visit. This, says the CHC, should never happen. "Miscarriage is the supreme casualty of the medical model on which our Health Service is based. Because women who miscarry are unlikely to die or suffer long-term physical illness, very little is invested in their care. This takes no account of the personal tragedy and family and marital stress miscarriage can cause."

The CHC is suggesting to its DHA and to other CHCs in the North West that Maternity Services Liaison Committees be asked to formulate a policy on miscarriage similar to the one that resulted from Esther Rantzen's programme on stillbirth.

"A Death in the Family" Report of a seminar on miscarriage held in November 1986. Available from the CHC.

An Uncaring DHA? is the title of a report from Central Manchester CHC giving guidelines on how health authorities can improve facilities for people with sensory impairment. It looked at the facilities for the visually handicapped, the hearing impaired and similar problems and makes sensible recommendations.

East Dorset CHC has published the report of a survey into Health Visiting Services, taking the experiences of mothers with children under five. Overall the services were perceived to be of a high standard and the CHC did not want to make recommendations where there was no obvious need, but pointed to two areas which might be considered. There seemed to be diminishing enthusiasm for the "clinic" as presently set up, mothers in some cases merely attending to have their babies weighed. They should be more inviting, comfortable and hospitable if mothers are to be encouraged to attend regularly and make sure their children have check-ups such as the hearing assessment test. There also seemed to be problems in communication and there appeared to be a lack of discussion on a whole range of areas of health care. This was put down to information not being requested, mothers being unaware that health visitors could provide the information, failure on the part of health visitors to convey the information properly (possibly on the assumption that it had already been conveyed) and failure on the part of mothers to recall whether or not they had received such information. The CHC feels that the potential of health visitors, therefore, is not being exercised to its full.

Southmead CHC has produced two new publications. "Choosing a Nursing Home" is a leaflet published by the CHC because it is very concerned that in its district, where there are no continuing care beds/NHS nursing homes, people have no choice but "to go private". It is an attempt to contribute in a positive way by offering people a check list of questions to ask when visiting homes to help them make a choice. They are being distributed via libraries, health centres, CABs and other information centres. The other Avon CHCs are also using Southmead's leaflet.

The second publication is the report of a Pilot Study of the Out-Patient department of the district general hospital. This bears out the findings of other CHCs who have undertaken similar surveys - that while some clinics regularly seem to run fairly smoothly, others regularly give patients very long waiting times. A number of issues, therefore, arose which the CHC will be taking up shortly with the Managers.

Clwyd North CHC has undertaken a 'Patient Satisfaction Survey' at the H.M. Stanley Hospital which proved that, on the whole, patients did find it satisfactory but it is a rather thin document and one is left wondering what "the problem areas" are which will be looked at later, especially as the answers to some of the questions appeared to be just one word, without any qualifications.

Hysterectomy - The Facts. Much needed publication from the Manchester CHCs. Explains simply what the operation entails, the main reasons why it has to be done and its effects. It gives a reading list and addresses of local support groups.

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GENERAL PUBLICATIONS

Getting Better all the Time? from the King's Fund looks at issues and strategies for ensuring quality in community services for people with mental handicap. It is a collection of workshop papers and reports from professionals and researchers on achieving, maintaining and improving good quality community care. Copies: King's Fund Centre, 126 Albert Street, London NW1 7NF. Price £3.

Hospital In-Patient Waiting list for England 30.Sept. 1986

This gives the full statistical analysis of waiting lists on a national, regional and district basis. The very short introduction pointed out that on 30 September 1986 there were 681,900 patients on the in-patient waiting list in England; that industrial action in 1975, 1979 and 1982 had caused the list to rise rapidly on each occasion and that the latest figure is nearly ten per cent below the highest ever recorded figure on 31

March 1979. The brief test suggests that really things are pretty good and getting better all the time. (Title as above), available from the DHSS at Hannibal House, price £10.50.

The above contrasts somewhat with the report put out by shadow health spokesman Michael Meacher which is also based on DHSS statistics and is culled from answers to Parliamentary Questions and the Government's own publications. The document gives details of all beds lost to the NHS since 1979 and covers every RHA in England and Wales and the Scottish Health Board.

Available from the Labour Party Press Office, 150 Walworth Road, London S.E.17.

The Politics of Health Information by Wendy Farant and Jill Russell. The title suggests a far more comprehensive survey than is, in fact, the case. It takes one publication, the Health Education Council's booklet 'Beating Heart Disease' and examines how effective it is. Overpriced at £3.50. from Bedford Way Papers, Institute of Education, University of London, 20 Bedford Way, London WC1H OAL.

AIDS Survey - Initiative and Plans for Public Education. This report is in two volumes and is published by the Health Education Council which has contacted all the regions, special AIDS groups, voluntary bodies etc. to find out just what facilities and information are available nationwide, what kind of literature, etc. there is, what sort of support groups there are and what they do, etc. Within the time limit available the HEC says the information could not be comprehensive but it would appear to be the best currently available.

It emphasizes what all of us know in the regions - that there is not a penny available for AIDS from Central Government. This would appear to be a must for CHCs not least because of its contact lists. Available from the HEA. 78 New Oxford Street, London WC1A 1AH.

Mental Health Act 1983. The DHSS has published a new explanatory memorandum to this Act. HMSO £4.95. Command No. 0188(a).

Women and Health is the Labour Party's booklet on their plans for better health care for women. Available from the Labour Party Press Office, 150 Walworth Road, London S.E.17. Price 80p.

Decentralisation and Democracy. Edited by Paul Hoggett and Robin Hambleton. Available from Publications Dept., School for Advanced Urban Studies, Rodney Lodge, Grange Road, Bristol BS8 4EA.

The Oxford Centre for Management Studies has published the first of nine reports commissioned by the NHS Training Authority following a two year study of District General Managers. It examines the relationships between DGMs and DHAs and there are great variations in what the DGMs see as the role of the Chairmen.

Chairman and their District General Managers: A Productive Relationship, is published by the NHSTA Media Development Unit, Eastwood Park, Falfield, Wooton-under-Edge, Glos. GL12 8DA. Price £3.00.

The Role and Education of the Future Midwife in the U.K.
This report reaffirms the district professional identity of the midwife and recommends that the current trend towards community-based care be encouraged and strengthened. Specific proposals for the development of the role of the midwife include: self-referral to a midwife rather than a doctor in the first instance and the development of teams of midwives providing total client care in the community and the hospital. The report should be seen in the light of the UKCC recommendations in Project 2000. Available from the Royal College, 15 Manfield Street, London W.1.

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INFORMATION WANTED

Trafford CHC would like to know of any existing District Services for chiropody for non-priority category patients. Trafford provides a "priority" service to elderly people, children and pregnant mothers and is at the moment in discussion about providing other services following the closure of a nearby Foot Hospital.

Bloomsbury Health Education Department is in the process of considering production of a directory of health information in the district, and would be most grateful to hear from any CHCs which have produced one in the recent past. Contact Ruth Stern, Health Education Officer, Bloomsbury H.E. Department, St. Pancras Hospital, 4 St. Pancras Way, London NW1 OPE.

Manchester North CHC wants information on prescription collecting schemes, their organisation, pitfalls and effectiveness.

Eastbourne CHC asks if any CHCs have done "patient satisfaction surveys", relating to inpatient services? Any information on file would be welcomed and if any CHC has any thoughts on the best way to tackle this, Eastbourne would be grateful for the assistance.

Bolton CHC asks if any CHCs have heard of any adverse effects being reported from the addition of fluoride to water?

Winchester CHC wants to know if any CHCs have been instrumental in setting up users' groups for Mental Illness Services. They are looking into the possibility of doing this themselves and would appreciate advice.

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COMING EVENTS

AIDS and HIV - To Test or not to Test? is the title of a Terrence Higgins' Trust leaflet which paves the way to a second conference on AIDS which will be held at Imperial College over the weekend of the 21/22 November next. The Trust is interested to know at this early stage how best such a Conference can serve those wishing to attend and welcomes suggestions, especially on areas and topics for discussion. Details and suggestions to AIDS '87, Terrence Higgins Trust, BM AIDS, London WC1N 3XX. The leaflet, too, is a good one and is available from the previous address.

The Second National Community Health Action Conference will be held in Salford from 4-6 September. It is aimed at those who are already active in community health and will focus on developing tactics, strategies and skills for change. There will be a major focus on workshops and a creche for those with children. Ideas from CHCs on topics for workshops, etc. will be welcomed and these should be sent to Jan Smithies, or Lee Adams, Salford Health Promotion Service, 34 The Crescent, Salford. Details and forms also from the above.

The Annual Conference of National Children's Bureau. Theme is "Risk and Children". No further details but those interested should contact the Bureau at 8 Wakeley Street, London E.C.1. "Re-Thinking Public Health" is a two-day conference organised by Lambeth Council and 'Health Rights' to be held at the Paradise Centre Complex in Birmingham on 14/15 July. There are only 280 places and applications must be received by 1 June. Special reduced fee for CHCs is £30. Details from Health Rights, 344 South Lambeth Road, London SW8.

Health Concern's Annual Conference will be held on 10 July. It is called "Targets for Health for All" and is based on the Charter 2000 document. Details from Christine Hogg, Health Concern, 11 Studd Street, London N.1.

The London Food Commission is offering three one-day courses on food irradiation on 16 and 30 April and 15 May. The course costs £35 - details from the Commission, PO Box 291, London N.5.

The Role of Work: Planning for the Needs of People with Mental Health Problems. Organised by MIND, 22 Harley Street, London W.1. at the Westminster Room, Central Hall, Westminster on 28 April. Conference fee £25 and details from MIND.

The Disability Alliance is running a series of training courses from 10 to 25 June on aspects of disability allowances. They will all take place at the 336 Conference Centre, 336 Brixton Road, London SW9. One day course costs £40. Details from 25 Denmark Stret, London WC2.

The British Holistic Medicine Association is holding a special day on 9 May which will launch the first of a series of half-day Conferences. It will be looking at multi-disciplinary teamwork, preventive medicine, participatory healthcare, burn out, self help, a broader spectrum of therapy within the NHS, the use of support groups and the whole person approach. It is aiming its conferences at both health care professionals and the general public. The BHMA offers open membership to those members of the public interested in the future of health care, in how it is taught and organised and delivered, and who wish to give the professionals valuable feedback. There will be half-day conferences going on on the 9 May in different parts of the country and those interested should contact the BMHA at 179 Gloucester Place, London NW1 (01-262-5299) for details.

The Mental Health Film Council is holding a seminar on community care to view and discuss video material which may be used in various educational contexts. It will take place on 30 April at the Health Education Unit, St. Pancras Hospital, St. Pancras Way, London NW1. The seminar fee is £19.55. For further details contact: The Mental Health Film Council, 380-384 Harrow Road, London W.9 2HU.

Responding to Social Change is the title of a conference organised by the Henley Centre for Forecasting on the 26/27 May 1987 at a cost of £275.00 plus VAT! Further details can be obtained from Sarah Taylor, The Henley Centre, 2 Tutor Street, Blackfriars, London EC4Y OAA (Tel: 01-353 9961).

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ADDRESS CHANGES

Page 5: Huddersfield CHC - New address:
12 New North Parade
Huddersfield
HD1 5JP.

New telephone no. (0484) 544676.

Page 9: Barking, Havering & Brentwood CHC

New telephone no. (from: 19.5.87).
Romford (0708) 766412.

Page 9: Islington CHC

New Secretary - Penny Garnett.

Page 12: Isle of Wight CHC - New address:
14 High Street
Newport
Isle of Wight PO30 1SS.

Telephone no. remains the same - (0983) 525095

Page 18: Cardiff CHC
Telephone no. is now (0222) 377407