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Association of Community Health Councils for England and Wales

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... And Again and Again

In our last issue faced with two further reports on the Health Divide (including the last dying gasp of the Health Education Council) we asked how many more reports were needed saying the same thing before anything was done. Now there is yet another. The latest comes from the Health Promotion Research Trust and it reinforces, yet again, the findings of all the previous surveys from Black onwards.

The study, funded by the tobacco industry and carried out by Cambridge University's Clinical School over a period of two years show, the extent to which we are two nations when it comes to health. This survey is the biggest of its type ever undertaken in this country and it showed that low earners are three times as likely to suffer high rates of illness than those earning £10,000 or more... exactly the same ratio as all the rest from Black, through Heartbeat Wales to The Health Divide. A third of unskilled manual workers - which includes most of the unemployed - report ill health compared with 12% of those in professional and managerial jobs.

Middle-aged unemployed men report high rates of psychiatric symptoms too including depression, anxiety, difficulties in personal relationships and suicidal tendencies.

Regional differences are again prominent, with the affluent south east showing the lowest levels of high blood pressure and bronchitis. The highest levels are found in Wales, the west Midlands, the North-West and the North. Overall almost one in three of the population say they suffer from some long standing illness, disability or infirmity.

The researchers interviewed a random cross section of 9000 people, 7000 of whom had a series of health checks to measure height, weight, heart rate, blood pressure, lung function and memory. In spite of criticism that the funding came from the tobacco industry, the researchers made it clear that smokers had worse lung function than non-smokers even at only 25 years of age and that their breathing ability declines steeply with age. Women report higher rates of illness than men at all ages and also take more prescription drugs, although they also tend to eat a healthier diet.

From the conclusions of the survey it appears that the government's "Look after your Heart" programme will have little effect with its posters, leaflets, etc. Researchers found that most people were aware of what to do to stay healthy, what they needed was the opportunity and/or help to do it! The report re-emphasizes the links between poverty and unemployment and poor health and of the widening gap between rich and poor.

"The Health and Lifestyle Survey" is available from the Health Promotion Research Trust, Assets House, 17 Elverton Street, London SW1 2QG. Price £16.

Poll Shows Majority Want More Money Spent on NHS.

A Marplan poll carried out on behalf of NAHA showed that while there is still a general level of satisfaction with the services provided by the NHS, the majority of people - 72% - would like to see more money spent on it. The same percentage thought that the amount of money presently being spent on the NHS was too low. The poll showed an important variation between age groups. In the group 25-44 years there was a much higher percentage of support for more resources (81%) than in the 65+ age group - which is surprising. Regional support also varied with more people in Scotland than in the South favouring increased resources (which might suggest that there are more and better facilities in the South than in the North even in these hard times). London and the North of England were the same (71%) with the Midlands slightly higher (74%).

Nearly half the respondents (46%) thought that extra finance should be raised by central government rather than from increased prescription charges, patients' contributions or increased taxation. 88% of those who had attended hospital as an NHS patient in the last two years - or who had had a member of their household attend - were satisfied with the treatment, the figures being higher for women (89%) than for men (85%). The best aspect of NHS treatment was the care given in hospital and most people felt they had been looked after well. Most complaints were about poor food or being kept waiting while a bed was made ready.

Full results of the poll are available from NAHA Price £5.

"Desperate" Nursing Shortage

The shortage of nurses in London is now "desperate", says a Report from the Royal College of Nursing released at the beginning of April. Vacancies for trained staff are running at almost 25 per cent and some medical units have been forced to close because of lack of nurses. Any worsening of the situation might lead to tragedies occurring for patients. To overcome the high cost of living and working in London, the RCN calls for a big increase in the London Weighting Allowance with short term accommodation available for nurses moving into London while they look for permanent homes, more flexibility in shift patterns and working hours and creche and childcare facilities to enable women with children to return to work. It is now impossible for nurses moving to London to "put a foot on the lowest rung of the property ladder. The £7204 p.a. which a staff nurse in the middle of her salary scale receives allows no possibility of her saving for a deposit to purchase even a modest property in London." (Nursing Standard 2.4.1987).

Extolling General Practice

The General Medical Services Committee is launching its "biggest ever" campaign in the run up to the General Election as an "important counter offensive against the increasing attacks made on general practice by consumer organisations and politicians", says a report in PULSE (28.3.1987). Two million leaflets will be distributed extolling the virtues of general practice at a cost of over £20,000 and there will be special packs to help LMCs brief parliamentary candidates. In a report littered with the word "most", "most of my patients", "most members", "most doctors" it was conceded that "some" members voiced "some" criticism about the value and effectiveness of both aspects of the campaign. On the basis of this report it would appear to be both patronising and likely to be ineffective.

Accident Legal Advice Service

The Law Society is about to relaunch its Accident Legal Service and extend its current limited areas of operation to cover the whole of England and Wales. Its basic purpose is to help accident victims claim compensation for accidental injury if and when appropriate, and is primarily designed to tackle a recognised and socially unmet need, being particularly aimed at the worse-off sectors of the community who are perhaps ignorant about their rights and the legal remedies available to them. The Society would be grateful for any support and assistance for CHCs and in particular through allowing the display of leaflets and posters outlining the service. They are obtainable from: Jonathan Peel, The Law Society, Law Society's Hall, 113 Chancery Lane, London WC2A 1PL.

Complaints Plans Rejected

That will be the day, one feels, when there will be a truly positive response to something... FPC administrators have come down firmly against a government proposal for patients to have the right to make oral complaints against GPs. This right would lead to an upsurge of complaints and FPCs would have neither the staff nor the cash to cope, says the Society of Administrators of FPCs. The majority of complainants are perfectly capable of putting their complaints in writing or seeking assistance. There was also criticism of the rules allowing patients to decide if complaints should be dealt with by service committees. If service committee chairman took the decision GPs would feel less threatened... The government should "also sort out" whether CHC Secretaries are entitled to represent patients. (PULSE 28. 3. 1987).

Cutbacks hit the Elderly

Although Hounslow and Spelthorne DHA is already further from its 1994 target of beds for the elderly than any other district in its region, the RHA has decided to put back by three years the start of a scheme in the district for continuing care beds for the elderly funded from the region's capital programme. The DHA has also announced that the new geriatric day hospital at Ashford cannot now open until adequate funding can be made available. About 90 beds are blocked by elderly people at West Middlesex Hospital for whom there is no other accommodation. The "Chronicle" group of newspapers quoted CHC Secretary, Isobel Brooks, who has written to the RHA saying she is at a total loss to understand the reasoning behind the delay in the provision of beds for the elderly.

Food Irradiation

The campaign against irradiation has scored some notable successes since its launch on 24 February, says Tony Webb and Tim Lang of the Campaign team. Firstly, as we reported in our last issue, the Food and Drink Federation has declared it is no longer seeking to have the current ban withdrawn until there are methods available that can detect when food has been irradiated - helped no doubt by a MARPLAN poll which said that 93% of those surveyed wanted this information. The Ministry of Agriculture and Fisheries has announced it will be making grants for research into developing such tests, the BMA issued a report expressing concern that safety issues had not been adequately addressed by the government and the European Parliament rejected general authorisation of irradiation on precautionary grounds.

Errors in the Polls

Opinion polls are coming under criticism at the moment both for their differing results and the methodology used to obtain them. We have heard from The Survey Research Centre pointing out how errors can arise, for instance by taking too seriously the proportions of a sample of people who volunteer different ideas, reasons or reactions when asked for "all their views on some issue". Taking such proportions seriously could well lead to a major misdirection of a decision maker, says Dr. William Belson of the Centre. Survey respondents are often asked to read off from a list all the ideas or views or behaviours that are true for them. Here too the proportions so derived can seriously mislead. These are two of the findings which have emerged from a major enquiry into the validity of the open response and check list questioning systems when used in the context of market and social research. The Centre

is to undertake an investigation into the ways in which fallacies and failures come about and into the development of safer and more stringent techniques. For more information contact Dr. Belson at 58 Battersea Park Road, London SW11 4JP.

1987 Consumer Congress

Among resolutions passed at this year's National Consumer Congress this year were two on community care and radiation.

On community care an instance was given of a woman who, after months of sleepless nights caring for an elderly incontinent mother suffering from senile dementia went to her doctor to say she was at the end of her tether. She was offered vitamin pills... Carers needed the three Rs, respite, recognition and reward. A resolution was passed calling, among other things, for a real choice for the consumer, a range of services responding to consumer needs rather than to the perceptions of the service providers, support for organisations developing communication networks for individual consumers, full consultation with consumer organisations in the planning and running of services, the development of a range of realistic and fully resourced alternatives to institutional care and the establishment in each locality of a focal point for advice and advocacy for consumers and their carers.

On radiation, the Congress passed a resolution calling for an independent consumer inquiry to be set up to collect and consider evidence on radiation from all sources and to:

- * recommend acceptable levels of radiation exposure for members of the public -
- * establish protective measures which should be taken - and when - in exceptional circumstances such as the Chernobyl disaster (for instance withdrawing milk supplies) with high risk groups (such as pregnant women and children) particularly in mind -
- * consider whether a completely new organisation, a National Radiation Consumer Council - and new local systems for independent monitoring of environmental and epidemiological data are needed.

Informed Consent

At the last Royal College of Nursing Congress in Glasgow it was decided to ask the RCN to establish a working party on informed consent. This arose out of a number of cases where elderly men with cancer of the prostate were being castrated (a recognised form of treatment) without being fully aware of what they had consented to. It is possible that the working party may move on from the issue of informed consent to a more general Bill of Rights for patients.

Patient Satisfaction in Primary Care

Dr. Colin Smith, a member of a group practice in the Medway area, has written to ACHCEW, to say how exciting it is to see CHCs taking the initiative in trying to assess patient satisfaction with the services they receive; however the problem of finding fair, reasonable and representative opinions is difficult enough and interpreting the responses given is even worse.

"My particular interest is to try and produce an instrument that would enable a GP, with the help of a third party such as a CHC, to define areas in the practice which patients feel need attention, as part of a wider effort of the Royal College of General Practitioners to improve the quality of care.

"Once the methodological problems have been straightened out I will be asking selected CHCs for help. Judging by the response to the presentation at Canterbury last year, this will not be a problem."

If any CHC would be interested in helping, please contact Dr Colin Smith at: Findhorn, Gad's Hill, Higham, Rochester, Kent, ME3 7PE

Well Women

Labour MP Jo Richardson has published a survey of well women centres in the UK which highlights the diversity of provision and the severe lack of it in many areas. From the 220 DHAs and Health Boards in the UK asked to return questionnaires, 196 did so revealing that of these 103 have some form of well women clinic or centre but the rest have none.

Labour's Shadow Health spokesman Frank Dobson has published a report which says that of the nine Health Districts in Wales, only two are operating a computerised call and recall system for cervical cancer screening. Even in those districts the schemes are not operating the latest guidelines which are considered to be the minimum necessary for the provision of an effective

service. On trying to find out the future plans of the other seven health authorities, two said they were still considering schemes and had no firm plans and the other five said they planned to introduce schemes later in the year.

PARLIAMENTARY NEWS

Health Authority Debts

Evidence collected nationwide indicates that at the end of the current financial year, the great majority of the 201 DHAs are in heavy and growing debt, says Shadow Health Spokesman Michael Meacher MP. "The cumulative picture is one of technical bankruptcy among HAs as a whole with overall debts throughout the country amounting to £50 to £100 million. His report highlights Salford DHA - £2M, Merton & Sutton DHA - £1.25M and the biggest Welsh HA, Mid-Glamorgan - £2.5 million, among others. He goes on to list the cuts now being made by health authorities because of the debts.

Access to Personal Files Bill.

Archie Kirkwood has written to ACHCEW explaining that the only way he could receive government support for his Bill was to drop the provision for medical records coming within it. An attempt to re-instate the clause when the Bill was in Committee was defeated. Mr. Kirkwood says that the Bill is much more limited than he would have liked and that under other circumstances he would have proceeded differently but because of government opposition and the ever-nearer General Election, the shorter and amended Bill stood the best chance of reaching the statute books before a possible June Election.

Amendments to the Medical Act 1983.

CHCs will now know that the effort by Nigel Spearing to amend the Act to enable the Professional Conduct Committee of the General Medical Council to exercise greater discretion in respect of conduct which they judge cannot be regarded as acceptable professional conduct failed, on 3 March due to Government opposition.

Colour Codes and Additives

Concern is being expressed by various bodies that while food manufacturers and retailers have announced that they are withdrawing some additives from food, there are still serious problems. A cross party Early Day Motion in Parliament calls for all additives to be banned in food eaten by babies and children under five. Current new bans apply only to babies, i.e. for these purposes children under twelve months. Also it seems to have been overlooked that with the exception of the yellow 2G dye, every dye classified "B" in 1979 has now been reclassified "A" in order to be acceptable and will continue to be used in our food without any requirement for more safety testing. And in sharp contrast to most other countries, British food manufacturers are still allowed to add as much of any permitted dye as they like to most processed food. (The Times 9 April 1987).

AROUND THE CHCs

East Herts CHC has publicised the fact that the percentage increase in funding to its HA was only 3.28%, one of the lowest increases in the N.W. Thames RHA, despite the fact that of all the fourteen districts, this DHA has the lowest expenditure per head on health care in the region. While the CHC acknowledges that some extra funding has gone to the hard-pressed community services, there is no extra money at all for the acute services to enable wards to be re-opened at the Queen Elizabeth II Hospital in Welwyn. The CHC feels the facts should receive the widest publicity.

Northumberland CHC has taken up the question of severe overcrowding at the Prudhoe Hospital in its area. The hospital is for the mentally handicapped. At the end of the 1914-1918 war it had 415 residents, thirty years later there were 900 and in the mid-1960s, 1700. There are now 900 again. 400 people sleep in beds only 2'6" wide, in some cases only inches apart. The key problem, says the CHC, is underfunding and money is actually being withdrawn from Prudhoe to go towards "care in the community".

Cambridge CHC is concerned at the problems facing the Outpatients Department at Addenbrookes Hospital which treats nearly 1000 people every day. This requires an extremely complicated system of appointments, clinics, changes to medical records and the provision of tests such as X-rays and blood sampling. Such a complicated system can only work well when staffing is sufficient. The CHC says that at the moment there are major problems in recruiting staff. There should be eleven staff dealing with the appointment system alone but at present this is reduced to four plus one part-timer. Inevitably such a crisis will mean delays in

patients being seen and is keeping going only because of the commitment of the staff to work many extra hours.

Medway CHC has made a last plea to the RHA to stop the closure of the radiotherapy unit at the District Hospital in Rochester. There is very strong local opposition to this, not least because it will mean those needing such a service will have to travel to Maidstone, a journey which it is not possible to do direct either by train or bus. This will also mean long ambulance journeys which will be particularly hard on older people receiving treatment for cancer. There are two ways of looking at the problem, said Jane Smith, CHC Chair at a meeting held by the RHA. "That of the Administration with its bureaucratic and technological arguments, compared with the direct experiences of local people."

Paddington & North Kensington CHC is opposing the DHA's proposal to close the Peter Pan Children's Ward at St. Charles Hospital. The local community, it says, is totally opposed to closure and this has already been shown in extensive previous consultations.

Shirley Linden, Chair of Paddington and North Kensington CHC says: "It is a mockery for the DHA to ask the community to engage in yet another consultation on the same proposal when the views of the community are well known to them. The service being developed at Peter Pan is an excellent one and ripe for further development. Promises made following the last consultation have never been kept and it is clear that the intention is to close the Unit regardless of the repeatedly expressed opposition of the community and the CHC."

Bexley CHC are publicising the fact that the South East Thames RHA have decided against considering proposed permanent cuts in Bexley health services until after a later meeting. Original plans include cutting family planning clinics, community dental services and two full clinics. Regional Officers feel, apparently, that further discussion is still required and that this has not been possible. If the RHA does decide to go ahead then it will have to refer the proposed cuts to Norman Fowler for approval. The CHC hopes the RHA will think positively and think again.

Islington CHC has taken up with British Telecom problems arising from the emergency telephone repair service. This follows letters sent out by British Telecom to those who have been entitled to free emergency repair arrangements, including out-of-hours response to reported telephone faults because of illness or handicap. "I am writing to advise you", says the Service Manager, Grahame Smith, "that because of the regulatory requirements placed on British Telecom in a liberalised and competitive telecommunications environment,

we are having to withdraw from most customers the free emergency fault repair arrangements. " However there may be some exceptions made for those who are particularly at risk but these will have to prove need by medical certificates. The CHC is very worried. Doctors can charge any kind of fee for providing such a certificate and for many of the chronic sick they cannot pay anything extra. And what happens to all those people who will now fall outside the new guidelines but who need emergency repairs but who cannot afford the £41.80 a year it will cost them? Have other CHCs considered this problem?

Hounslow & Spelthorne CHC wrote to its three local MPs asking them to support Archie Kirkwood's "Access to Personal Files" Bill. The reply received by one, Sir Humphrey Atkins, from David Waddington states: "The Government at present feels that progress on these lines" (i.e. on a voluntary basis) "would be preferable to the bureaucratic procedures and heavy costs which would be likely to arise with formal rights of access provided by legislation". The CHC comments that this seems strange as it would seem that more costs would be involved if courts were involved because patients did not have access to their records.

It is now being openly admitted that social workers are not always informed of the circumstances of elderly patients when they are discharged from hospital according to a senior official of Wolverhampton DHA. The admission came during a meeting called by Wolverhampton CHC to discuss the question of discharges of the elderly from local hospitals. The CHC called the meeting because of concern over the number of people discharged without anyone to look after them, often into cold and empty houses with no food and no relatives to meet them. Procedures, therefore, need to be tightened up. However the DHA's director of nursing services, Mr. J. Aspel, said that once the patient had been treated then they had to be sent home. "Hopefully" any special circumstances would be picked up by nursing staff or through relatives but he admitted that it was possible that social workers might not be informed of the circumstances. He agreed to look into the possibility of improving a discharge slip sent from the hospital to the patient's GP and also of conducting a small survey of recent discharges.

Oxfordshire CHC says that four years ago it agreed to the proposed closure of a small, rural community hospital serving mainly elderly people. This was agreed to on condition that the DHA provided a similar unit elsewhere. The DHA have now broken their side of the bargain. The site they had proposed to use for the alternative development has been sold to a private buyer who will be using it to build a private nursing home. Is breach of promise a regular occurrence?

Walsall CHC has been told that efforts to make services more efficient and provide more staff training have still led to a shortfall in funding. One way of dealing with this was to stop supplying incontinence pads to private rest homes and this has now been extended to cover the free supplies to Part III Social Services accommodation. The CHC felt that if care in the community was to work basic support services such as incontinence pads should be provided at an adequate level and it would ask the DHA for the necessary funding. It was unrealistic to talk about care in the community when there was not even sufficient funding for such a basic service.

CHCs and Private Nursing Homes

North West Region RHA has written to all CHC Secretaries in its area on the above subject noting that there had been a number of visits to private homes as a result of which the RHA took legal advice on the matter. The letter states that while such visits might be of interest to CHCs, the statutory role and function of CHCs is confined to NHS matters and property. Thus, unless there are NHS patients in such a home, then CHC members and employees would be acting "ultra vires" in visiting such establishments "even if this was at the invitation of the proprietors". CHCs have no more right to inspect these homes than any other private property. CHC members are, therefore, advised that visits should not be made to such homes by persons in their capacity as CHC members or employees, nor should such visits be funded in anyway by NHS resources either in the way of travelling expenses, staff time or literature. If CHC members or employees do visit such premises then they must do so only as members of the general public and make this clear to the owners. The letter ends by quoting the Health Minister when he said last July that he saw no reason for extending CHC powers to cover such homes.

CHC PUBLICATIONS, REPORTS, SURVEYS, ETC.

Tameside & Glossop CHC has undertaken a survey of its Primary Health Care Services. The study was designed to be related both to an earlier one carried out by Tameside Metropolitan Borough Council which picked out areas of deprivation and poverty and to the Green Paper on Primary Health Care. The result is a list of twenty-six recommendations ranging from better access to doctors by those seeking urgent treatment to the need for a special interpreter/advocate to be available to aid communication between doctors and ethnic minorities.

Plymouth CHC has published a report of its survey into Children with Special Needs. Survey forms were distributed through the Special Schools. It sought to discover parents' views of the Beckley Unit, which provides day, overnight, weekend or holiday respite care or the Family Link Scheme which offers care for a child in another home. Half the parents who responded used the Beckley Unit and two thirds of those were satisfied with it. A fifth of those who replied said they had no idea that short term care existed and the CHC emphasizes that all parents of children with special needs should be made aware that they can obtain respite care when necessary. Half of those who replied had no positive ideas on how to make short term care more effective in the future which, said the CHC, was a pity.

Weston-Super-Mare CHC has published a report of a seminar on Transport for the Disadvantaged held last March in association with Avon County Council. It points out that while we are considered to be a car-owning society, large numbers of people do not have one - 30% of households in Avon and 39% in Weston-Super-Mare. This can cause very real problems and the report looks at Social Car Schemes, Running a Minibus and Community Transport and pleads for an integrated transport system.

Islington CHC has published a paper on Quality Assurance. Tony Evans writes that it is an "impressionistic sketch" of the subject and that he has not tried to give an exhaustive account or enter into the many technical questions around it. He has concentrated on what quality assurance means for users of the service. It is an interesting paper which might be useful as the basis for discussion by other CHCs. It must be the users of the NHS, says Tony Evans, who judge the quality of care. "In Sainsbury's managers don't tell their customers what food they need - rather they provide an environment of choice."

Harrow CHC has carried out a survey of people attending Well Persons Clinics from January to March this year in two different venues. This took in four men's and five women's sessions at one clinic and eight women only sessions at the other. Appointment times varied from 12 weeks to nil for men (with an average of three and a half weeks) and 36 weeks to nil for women (with an average of 18 and a half weeks) at one clinic, and from 24 weeks to three weeks (with an average of 13 and a half weeks) for women at the second clinic. Attenders were unanimous in their praise of the service referring to the thoroughness of the checkup and pleasantness of the staff. This was especially true at the all-women's clinic where one woman told the CHC she "had never been treated with such kindness and consideration before."

Plymouth CHC has published the results of a survey into the quality of life and services for fifteen people living in the community and their carers. The conclusions are worrying. There appears to be a two-tier system with those living in sheltered housing tending to get other support services too while some of those living at home get nothing at all. Day care is not generally available, is part time and not necessarily related to patient need. Social Workers and Community Nurses were reported not to be in regular contact with a high proportion of those interviewed. Social Work was seen as geared to crises and the Community Nurses to medication. Intervention too was geared to crisis and then tapered off. First contact with the service was usually through a crisis admission rather than referral from a GP. There was general confusion about plans for care and little evidence that patients or carers were involved in making them. Lastly, the most valued support was the day to day contact with the carer - everyone listed their family or the project workers in the housing project as the most beneficial part of community care.

Two CHCs, Warrington and North Staffs have surveyed visiting arrangements at local hospitals. Warrington CHC looked at its DGH and discovered a number of problems. Some visitors had to travel a long way by public transport and found visiting hours inconvenient. Noting the case of one elderly man who could not get home until 10 p.m. because of transport difficulties, the CHC suggested that there should be greater flexibility in such cases. All public transport to the hospital appeared to be inadequate. Changes in visiting times which had been made were not altered in the booklets given to patients on admission. On the other hand nurses had a real problem trying to enforce regulations about the number of visitors allowed at any one time. The Hospital Management Committee is proposing to make changes and the suggestion of the CHC will prove useful.

North Staffs CHC was asked to undertake a survey into visiting hours by the Unit Management team of the local Maternity Unit to see how changes in the system were working out. On the whole patients were satisfied with the arrangement (although, significantly, some of the mothers who had had their babies said they would be happy with less!). Mothers in hospital waiting the arrival of babies felt the need to be allowed more than two visitors if possible while those already delivered did not. Again flexibility seemed to be the answer.

JOURNAL UPDATE

Food Intolerance

In a study of about 7,000 children, parents' perceptions were used to examine the prevalence of food intolerance, the types of food implicated, the association of intolerance with diseases and the social background of those identified as being food intolerant. A strong association was seen between the mother's level of education and the child being perceived as being food intolerant. Between 20% and 30% of children with a disease associated with food intolerance - for example eczema - had currently or previously avoided some types of food.

(British Medical Journal 4 April 1987).

GPs and Health

The Medical Research Council has undertaken a survey to collect information on alcohol consumption, physical exercise, smoking, diet and weight and found that few of those questioned had received advice on any of these problems from their doctors. The survey also found that the patients were concerned about their health problems and that they would welcome relevant counselling from doctors.

(British Medical Journal 11.4.87).

The Effects of Unemployment

The effects of unemployment feature again in two major articles in the British Medical Journal (25 April 1987. Volume 294). One looks at what health authorities are doing about problems caused by unemployment.

It points out that it has been suggested that HAs should produce a comprehensive response to the problems caused by unemployment so a survey was undertaken by the BMJ and a researcher from University College London to find out how many had done so. All RHAs and DHAs, the health boards of Wales, Scotland and Northern Ireland and FPCs were asked by letter what they were doing to respond to the health problems of the

they were unemployed and a list of suggestions of what they might be doing was enclosed.

The overall response rate was 77% and 50% of the respondents were doing something - 33. 3% of RHAs, 64% of DHAs and 26% of FPCs. It was clear that DHAs were doing most. Action undertaken varied from taking on people under the Manpower Services scheme to help push positive health promotion or to assist with the encouragement of groups such as mother and toddler groups. Unemployed people are working as carers in some districts. One DHA is planning to employ a community psychiatric nurse, a health visitor, a health education officer and a community health worker to work in areas of high unemployment. Some run health courses for the unemployed. Apparently, though, the picture is different when it comes to RHAs who are generally doing little and "clearly do not see responding to unemployment and health as their responsibility". (1) A few have provided health profiles of their areas which include data on unemployment and some have undertaken specific studies of the impact of it on the work of particular hospitals or departments. FPCs, too, are doing less than DHAs and are only doing anything at all, says the BMJ, because of recent changes in their intended function. "Most FPCs would have felt no obligation even to reply" says the BMJ. Nevertheless, now some are taking interesting initiatives and Kent and Leeds are singled out as being the most positive. Leeds hopes by the end of the year to produce a practice profile of unemployment and Kent is hoping to correlate results of the first national workload study from GP practice with local socio-economic analyses.

Finally the BMJ describes as "complacent" those health authorities who said they had no plans because local unemployment was "low" as only three areas of Britain have unemployment lower than 6%. A small number of those approached were positively "hostile" to taking part in such a survey.

Unemployment and Child Abuse

The second BMJ article reported on research to see if there was any correlation between unemployment and apparently growing child abuse. It was based on children admitted to hospital in the Sheffield area. From the data collected in this case there was no evidence that the recent increase in unemployment, mainly through sudden redundancies, has had any appreciable effect on the numbers of children abused although, because the study was hospital-based, it was possible - but unlikely - say the researchers that a more widely collected sample would produce a different result.

Still with Food

The National Food Survey records a continuing decline in sales of whole milk and butter, while sales of standard white loaves are also continuing to decline, offset by the sales of wholemeal and wheatmeal bread. (The Lancet 21.2.87)

Sickle Cell Anaemia

A few patients with sickle cell disease may experience little or no pain, others have a history of frequent acute crises and bouts of severe pain, according to a survey by a local branch of the Sickle Cell Society in Newham, East London. The report calls for a special centre in Newham for the families of those suffering from the disease where they can obtain specialist care and advice. Most of the people surveyed had experienced a lack of professional understanding at one time or another. (The Lancet 21.3.87).

GENERAL PUBLICATIONS

"The Front Line of the Health Service" is a response by the Royal College of GPs to the Green Paper on Primary Care. It costs £5 and is available from the Press Officer at the College, 14 Princes Gate, London SW7 1PU.

Berkshire Social Services Department is launching a series of leaflets on the caring range of services it provides. It is attractively packaged and presented and could well be copied elsewhere. Available from the County Public Relations Unit, Shire Hall, Shinfield Park, Reading RG2 9XD.

The British Fluoridation Society noted that we listed Anti-Fluoridation leaflets last time and ask us to point out that they also produce literature and a booklet on Fluoridation and Human Health. Available free from the Society which is at 63 Wimpole Street, London W1M 8AL.

The Prison Officers' Association does not always get a very good press so it is gratifying to report something very positive - their document on their "Campaign Against Crown Immunity - the POA Case", which argues for Crown Immunity to be removed from prisons. "The conditions in Her Majesty's Prisons range from the acceptable to disgusting and would not be tolerated by the HSE in the private sector", says this important report. The POA argues that if Crown Immunity were removed then something really would have to be done about the overcrowding, appalling sanitary conditions and

general squalor which is, in itself, a health hazard. Copies from the POA, Cronin House, 245 Church Street, Edmonton, London N9 9HW.

The Health Service: Sick or Healthy? is the title of the Alliance document on health which will form the basis of its Election Manifesto. Available from: 4 Cowley Street, London SW1P 3NB.

Coronary heart disease is costing the health service in England and Wales around £390M a year according to a report from the Office of Health Economics*. With well over 160,000 deaths a year, the UK is becoming "increasingly isolated" at the top of the international league of heart disease. England and Wales, Scotland and Northern Ireland occupy three of the top five places for heart disease death rates in both men and women. In 1984 Dewsbury in Yorkshire had the highest death rate, other blackspots include Bradford, Durham and Manchester while Richmond, Camberwell, Waltham Forest and Bloomsbury are among the lowest. There is a definite "health divide" between north and south. The government is now launching a £1.5M "Look After Your Heart" campaign with the new Health Education Authority which will suggest that big companies provide healthier canteen food.

*"Coronary Heart Disease: The Need for Action." OHE, 12 Whitehall Place, London SW1A 2DY. £1.

Sweet Hazards

Health workers and educators should continue to emphasize the importance of reducing the frequency of exposing teeth to sugary foods and should encourage the use of products that help avoid dental caries including those containing approved non-carcinogenic sweeteners, says the British Nutrition Foundation.* There should also be further research into the relative potential of various food and drinks to produce caries and efforts should also be made to evaluate the effectiveness of health prevention programmes. *"Sugars and Syrups" available from the British Nutrition Foundation, 15 Belgrave Square, London SW18 8PS. Price 5.

Strategy for the Disabled

DIG, The Disablement Income Group, has produced a new strategy which explains how the acute financial hardship suffered by disabled people in Britain can be prevented. There should be a national disability income to meet the expenses and other difficulties of daily living experienced by disabled people and to provide an alternative to earnings. This would result in increased expenditure on social security but it would only be small and research by DIG carried out by Gallup in 1987 indicates that a

majority of taxpayers consider that the introduction of a national disability income would be worth any increase in taxation it might cost. Research also showed that an overwhelming majority of people interviewed felt that benefits should be paid at the same rates not, as at present, at widely varying rates depending on how the disability was caused. The Disablement Income Group, Attlee House, 28 Commercial Street, London E1 6LR. Tel: 01 790 2424.

VDUs And Health

According to the findings of a survey published in the Workers' Rights Conference Report, VDU workers take more sick leave and complain of more muscular aches and pains, headaches and stress than other workers. Over 80% of VDU workers reported eye and vision problems. There appeared to be a direct correlation between the incidence of health complaints and the amount of time spent on a VDU. The Campaign is calling for a maximum of 50% of the working day only to be spent on VDUs, the right of prospective parents to transfer off them and for changes in the design of jobs, machinery and the office to protect workers' health. Available from: VDU Workers Rights Campaign, City Centre, 32/35 Featherstone Street, London EC1Y 89X. Tel: 01 608 1338.

Supportive Communities for Former Drug Addicts from the Elizabeth House Association gives advice on the setting up of rehabilitation units. Available from the Association at Elizabeth House, 94 Redcliffe Gardens, London SW10 9HH.

Women's Health in the Community edited by Jean Orr looks at a wide variety of women's health issues including hysterectomy, childbirth and Well Women's Centres/Clinics. Published by John Wiley & Son. £6.50.

Still on women's health, the W.E.A. North Western District Health Education for Women Project has published a pack for those who want to teach and learn about women's health called "Women and Health". It includes worksheets, notes, resource lists, etc. It is available from: W.E.A. Publications Dept., 9 Upper Berkeley St, London W1H 8BY. £6.50.

Health Care UK 1987 is the fourth in the annual series of commentaries on health care, edited by Anthony Harrison and John Gretton, the editors of "Public Money". Each issue looks not only at NHS funding but how the NHS treats its consumers. It is available from: Policy Journals, The Old Vicarage, Hermitage, Newbury, Berks. RG16 9SU. £19.50.

Primary Health Care for Homeless Single People in London: A Strategic Approach looks at the inter-acting roles of primary health care teams, DHAs, CHCs, the acute services and social needs. It is available from Roger Davies, SHIL Health Sub-Group, c/o Chief Executive's Office, Hammersmith & Fulham Town Hall, King Street, London W6 9JU.

The Health Fair Handbook is one of the last publications of the now defunct Health Education Council. It is packed with good advice on how to make positive health fun by using methods such as Health Fairs which can include anything from Fun Runs, static displays, the serving of wholesome food to fitness testing, drama and quizzes. Available from the old offices of the HEC at 78 New Oxford St, London WC1A 1AH.

COMING EVENTS

The 1987 Mobility Roadshow is taking place at the Transport and Road Research Laboratory, Crowthorne, Berkshire on 12, 13 and 14 June. The Department of Transport point out that the last two shows were extremely successful and it is now established as the biggest motor show of its kind for disabled people and one of the most important events in the disability calendar. Further details from Ms. Susan Claris, Room S10/21, Department of Transport, 2 Marsham Street, London SW1P 3EB.

The Mental Health Film Council is running a seminar on "Self Help" with examples of relevant films and videos and opportunities to discuss with other participants the value of the material. For further details contact: The Mental Health Film Council, 380-384 Harrow Road, London W9 2HU. The cost is £19.55 (with meals) or £12.65 (information service subscribers).

Health Concern is running a seminar on "Training in the NHS. Professional Roles - Are We Too Rigid?" It will take place on 19 May at the Policy Studies Institute, 100 Park Village East, London NW1. Further information contact Christine Hogg, c/o 11 Studd Street, London N1 0QJ.

Good Practices in Mental Health in association with the King's Fund, is organising a conference and study day on 21 May on Housing and Support Services. Later in the year there will be two more on Day Care and Work and Crisis Intervention Services. Details of the first from: The Administrator, Good Practices in Mental Health, 380/384 Harrow Road, London W9 2HU.

The second National Community Health Action Conference will be held from 4 to 6 September. The subject is "Tactics, Strategies and Skills for Change" and it will be held in Salford. Details of programme and cost from Lee Adams, Salford Health Promotion Service, 34 The Crescent, SALFORD.

INFORMATION WANTED

Airedale CHC would like to hear from any CHC which knows of cases where closed hospital wards have been turned into assessment for carers to learn how to care for their relatives.

Riverside CHC is concerned that estate management is increasingly expensive and the costs of repair and maintenance are having to be met from direct patient care. This is made worse by the fact that estate management budgets frequently seem to overspend. Are many other CHCs facing the same problem?

Eastbourne CHC has recently written to the Secretary of State concerning the shortage of plastic surgeons, and is worried that vital work performed by plastic surgeons on cleft palates and reconstruction on postoperative, accident and burns cases is at risk. Have other CHCs come across similar problems?

Somerset CHC are most concerned about the length of time that the result of cervical smears are taking to come through in their area and are keen to know what the pattern is elsewhere. In particular, they would like to have an idea of the minimum and maximum time taken for results to come through, as well as the average time.

Peterborough CHC are reviewing medical records in the outpatients department of their local District General Hospital. A particular problem has been missing records and they would be interested to know whether CHCs are aware of any Districts that have solved this problem.

DIRECTORY CHANGES

- Page 8. HARROW CHC
Secretary: Catherine Atlee
- Page 10. SOUTH EAST KENT
Secretary: Janet Burgess
- Page 11. SOUTH WEST SURREY CHC
New Secretary from 29.5.87: Mrs. Pamela Palmer
- Page 14. TORBAY CHC
New Secretary: Mrs Ann Covell
- Page 15. NORTH BIRMINGHAM CHC
New Secretary: Mrs S A West
- Page 16. SOUTH SEFTON CHC
New Address: Bootle Health Centre
Park Street, Bootle
L20 3RF
Telephone: 051 933 6606.
- Page 17. LANCASTER CHC
c/o Community Services Offices
Slyne Road, Lancaster LA1 2HT.

Telephone: 0524 32392
Secretary: Michael Quinton
- Page 17. BLACKPOOL, WYRE & FYLDE CHC
New Secretary from 1.6.87. Mr. Bernie Kirk.
- Page 17. BLACKBURN, HYNDBURN & RIBBLE VALLEY CHC
New Secretary: Nigel Robinson.
- Page 18. SWANSEA/LLIW VALLEY CHC
New Secretary: Terry Thomas.