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Association of Community Health Councils for England and Wales

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CONTENTS

	Page no.
Annual General Meeting	1 - 3
News	3 - 6
Parliamentary news	6
Around the CHCs	7 - 9
CHC reports & surveys	9 - 13
General publications	13 - 16
Coming events	16 - 18
Information wanted	18 - 19
Directory changes	19 - 20

Annual General Meeting

The ACHCEW AGM gets bigger every year and this time some 450 delegates, observers and guests arrived at one of the country's most beautiful campuses - York. As is usual with ACHCEW AGMs, the weather, too, was splendid.

The first event was a recording of YOU & YOURS by BBC Radio 4 on the Wednesday evening. The panel consisted of Lord Ennals (former Secretary of State for Social Services), Philip Hunt (Director of NAHA), Dr. Michael Wilks of the BMA and Stephen Norris, an ex-member of the House of Commons Select Committee on Health and also an ex-MP as he lost his seat (Oxford East) at the General Election. So far as the recorded part of the evening, subjects covered included child abuse, funding, the nursing shortage and the Medical Complaints Procedure.

Mrs. Wyn Pockett was re-elected unopposed as Chairman of ACHCEW and there was a vote for Vice-Chairman between John Butler (an ex Chairman of ACHCEW) and Hywel Wyn Jones of Ceredigion CHC. Hywel Jones won on a close vote. Ross Thomson was once again appointed Honorary Treasurer.

After the other formal business, the AGM then went into full plenary session and passed both resolutions from the Standing Committee, accepting the reports "When Things Go Wrong in the NHS" and "Good Practices in CHCs: A Handbook for CHCs". The morning session was devoted to resolutions on CHCs, including a major one calling for the establishment by ACHCEW of a panel of enquiry to review resourcing and establishment structures for CHCs and to investigate alternative structures and prepare any proposals for possible change, which was carried. Also carried was a plea for "consultation" to mean what it says and for a review of the present procedure as it was consistently being abused.

Our speaker this year was Professor Alan Maynard, of the Health Economics Unit of York University. Professor Maynard has become known as the "QALYs" Man, "QALY" standing for Quality Adjusted Life Years. Professor Maynard was not quite so robust in his explanation of QALYs as he has sometimes been in the past but he speculated on how possibly more radical policies would be implemented under this Government.

He said that all the attention had been on how much was spent and how much would be needed and insufficient thought had been given in the past as to the effects of health expenditure in terms of quality and efficiency. He described much of the debate on expenditure as being based on "utterly pathetic basic information" and he called for a more open system of accounting. He explained the QALYs theory against the need to look not only at the quantity, but at the quality, of life during the years following treatment.

He gave details of the American system of accountability now enforced in hospitals and probably his most radical suggestion

was that all doctors, from senior consultants to GPs should be on fixed-term contracts. He suggested that these should be for six years, and subject to review every three. At the end of the three years those who were thought to be doing well could be relatively sure that their contracts would be extended at the end of the next three years. Those who were not would be given three years grace in which to put their house in order and if they were still unsatisfactory, then they would not have their contracts renewed. He concluded by saying that rationing was already in operation in the NHS. By using "QUAYLS", however imperfect the measurement might be, this would mean that the rationing already implicit within the NHS would be brought out into the open and into public view.

After hearing Professor Maynard, the AGM broke up into a number of workshops. The workshops this year included: Is there a Health Service for Elderly People?, Caring for People with Aids, Quality in the NHS, Nursing Crisis - Myth or Reality, Good Practices for CHCs, CHCs and health care for ethnic minorities, the work of the GMC, collaboration of health and social services, fluoridation and videos.

On the last day of the AGM members debated at length the very real crisis in staffing the NHS and most particularly the shortage of nurses. Concern was expressed over the new proposals which would take nurses out of the wards for training and how this would affect an already overstretched position. The AGM condemned the abolition of the Health Education Council and did not find the new Health Education Authority either sufficiently independent or staffed by the appropriate experts in their fields.

There were also two emergency resolutions which were passed. The first was the result of reports in the morning's papers of the resolution passed by the BMA at its Annual Conference which would allow doctors to take blood samples to test for AIDS without the knowledge or consent of the patient. The feeling of the AGM on the whole was that this was very wrong indeed and the BMA were variously described as "disgraceful" and "hysterical". There were some opposing voices, speaking on behalf of the risk to the medical profession, but other delegates emphasized that all that was necessary was for basic and proper standards and care to be in operation and there would be no risk to NHS staff. The resolution passed said: "This AGM condemns the decision of the BMA to permit testing for HIV without the patient's knowledge. Such action would usurp the patient's right to give informed consent for treatment and investigation."

The second emergency resolution was moved by the Liverpool CHCs and concerned the very serious situation in that city where women had their smear tests passed as negative when they were, in fact, positive. Some have had to have hysterectomies and other treatment since. The resolution called for an independent enquiry.

Details of all the resolutions, which were carried, which fell and which were referred back to the Standing Committee will be given in

the full minutes of the AGM.

The Conference ended with Mrs. Pockett thanking the staff of ACHCEW for all their work, most especially our Administrative Officer, Chye Choo. She also expressed her thanks to the Arrangements Committee and in particular to Mrs. Eva Mullineaux who stood down this year as Vice-Chairman of ACHCEW. A vote of thanks for the way the conference was chaired was made from the floor.

It remained only to announce that next year's AGM will be held at Newcastle-on-Tyne University during the third week in July 1988.

NEWS

Public Health Alliance

A new national organisation campaigning on public health issues was launched at a conference in Birmingham on 14th July. The Public Health Alliance is a non-party political organisation which aims to bring together a wide range of groups and individuals with a commitment to and interest in the revitalisation of the public health movement in Britain. The PHA intends to work closely with local authorities, which it sees as key agents for action in this field. It already receives considerable support from those local authorities with Health Committees. The main aims of the PHA are:

- * to provide a national focus for stimulating and discussing health promotion activities and to work towards WHO targets of "Health for All" by the year 2000;
- * to set up working groups on issues such as water, pollution, food policy and health care;
- * to support and publicise activities which promote people's health;
- * to encourage public awareness of health issues.

The Alliance is currently engaged in seeking funding and drafting a constitution. The Steering Group includes Dr. David Player (former Director of the Health Education Council), Shirley Goodwin (Director, Health Visitors' Association) and Tim Lang (London Food Commission). The Alliance produced a Charter for Public Health to coincide with its launch. CHCs may want to consider joining.

Private Breast Cancer Screening

More and more reports are coming in about firms offering private breast screening facilities. One mobile unit in Cambridge

Health District has advertised its service for all women over the age of 35. In Cambridge non-NHS screening is run by the private Evelyn Hospital. Cambridge CHC is concerned that current screening techniques have not shown to be really effective in picking up abnormalities in younger women and that, therefore, younger women who present themselves to such a unit and are told they are in the clear might still be at risk. Dr. Maryan Pye, a specialist in Community Medicine agreed with Cambridge CHC that there might be problems if women were not informed about the limitations of the test. "All that can be said", she says "is that nothing has shown up on the X-ray". It would be tragic if a woman felt a lump in her breast after she had been tested and did nothing about it because she believed she was definitely in the clear.

Women in Oxford have also been offered a mobile screening service, this time run by a GP in Milton Keynes. The cost varies from £45 to £125. While health service professionals have been highly critical of the service, Oxfordshire CHC Secretary, Tom Richardson, points out that it is no wonder that anxious women have used the unit, given the long waiting lists for NHS screening in the Oxfordshire area.

His concern echoes that of doctors. Members of the Royal Colleges of Pathologists and Radiologists are calling for legislation to licence both private breast and cervical cancer screening services as there is growing evidence of women being put at risk by poor screening in the private sector. This follows reports of a number of cases in which women have had cancer diagnosed after being told their breasts were normal by private clinics offering X-ray mammography screening and also cases where private laboratories have given the all clear to abnormal cancer smears.

London Weekend Television's "London Programme" in mid-June told of a case where 10 out of 22 positive smears deliberately included in a backlog of 800 smears sent from the NHS to one of the biggest private laboratories had been misdiagnosed. Five of the ten positives, all from women who had actually been treated for cervical cancer, were passed as normal.

It appears that the position is even beginning to worry some of the private laboratories themselves and "The Independent" on 25.6.87. carried a report saying that one of the largest labs had actually backed calls for registration. The chairman of that particular firm, Dr. Jean Shanks, said that all such laboratories should be licensed as "anyone can set up a laboratory with or without qualified technicians, with no supervision by pathologists and no quality control."

The implications of all this are horrifyingly obvious - quite simply, women could die as a result of having either a breast screening or a cytology smear read by someone not competent to do so.

Two new reports on this issue have recently been published. The first by the British Society for Clinical Cytology lays down minimum standards for the staffing and structure of cytopathology

laboratories in an attempt to eliminate delays which the authors describe as unacceptable - in some parts of the country women are waiting up to 22 weeks for the results of smear tests. The Royal College of Pathologists has also produced a report echoing these concerns and recommends the introduction of 100 new pathology consultants to tackle the problems.

Recommended Code of Practice for Laboratories Providing a Cytopathology Service. British Society for Clinical Cytology. Available from Shandwick Consultants Ltd., 25 Whitehall, London SE1A 2BS. (Tel: 01 839 7198). Free.

General Medical Council.....again

Barnsley CHC featured in a sad story in The Guardian on 23 June last, some aspects of which are all too familiar to other CHCs. Mrs. Margaret Lewis had tried to look after her dying husband at home for as long as possible, but eventually he was admitted to hospital. All agree that on the last night of his life he was screaming with pain and begging for relief and that the doctor who was sent for by the nurses never came. For reasons that remain unexplained no-one sent for another doctor. When Mrs. Lewis complained to the General Medical Council, she was told that they only dealt with cases of 'serious professional misconduct' and that this was not such a case. The response of the local HA, Sheffield, was not much better and so she turned to Barnsley CHC. Alan Hicks, the Secretary, took the case to the Health Ombudsman, who invoked his rarely-used powers to hear witnesses on oath and concluded that it was a profoundly disturbing case and that "it constituted a serious failure in the service which the health authority has a duty to provide".

As a result of this the Chairman and officials of Sheffield HA were summoned before a House of Commons Select Committee, where they admitted they had failed the patient, outlined their new procedures to ensure it did not happen again and agreed that there was no satisfactory explanation of the behaviour of the doctor, who had, by that time, moved elsewhere. Encouraged by this, Mrs. Lewis and Barnsley CHC took the case back to the GMC. The case was now deemed suitable to be heard and the doctor appeared before the professional misconduct committee - and was found not guilty. So surprised was Mrs. Lewis that she asked for the transcript of the GMC hearing to which she is entitled. Six months later she was told she could have it but the cost for the one-day hearing would be £442.75 and she is now desperately trying to raise the money. The practice of providing transcripts has recently changed and now they are only provided in a photocopied form if a doctor is found guilty. Alan Hicks says Barnsley CHC is "appalled" that she should be asked to pay so much after the family has already suffered and he is joining her in launching an Appeal - The Cyril Lewis Fund - to enable people to obtain not only GMC transcripts but also other records like reports of Inquests or other public hearings and it will be

a registered charity. Its address is: The Cyril Lewis Fund, 67 Lennard Road, London SE20. Obviously it is worthwhile but it is surely also an indictment of the system which has made the setting up of such a fund necessary.

BMA and Local Medical Committees' Conference

This year's Annual Representatives' Meeting of the BMA passed a number of resolutions which will be of interest to CHCs. Five motions on AIDS were discussed. The most controversial of these stated that testing for HIV antibody should be at the discretion of the patient's doctor and should not necessarily require the consent of the patient. In spite of the motion being passed, the Chairman of the BMA council said that patients who had been tested without giving consent should consider consulting a lawyer or referring the doctor to the General Medical Council. The Annual Representatives Meeting agreed with the conference of Local Medical Committees over the maintenance of confidentiality; the information that a patient was infected with HIV should not be passed on to other doctors without the patient's consent. Both conferences also called for clear ethical guidelines regarding disclosure of HIV results to colleagues. The Government's response to the Forrest report on breast cancer screening was welcomed by both conferences, although both agreed that more money was needed. The Annual Representatives Meeting clearly thought that the Government was not doing enough in the areas of prevention and public health. Resolutions were passed demanding that health departments acknowledge the connection between social deprivation and ill health; expressing concern at the effects of deteriorating housing conditions on health; urging the BMA council to initiate a national debate on strategies for mitigating the effects of social deprivation on health; and agreeing that the DHSS had no coherent policy for combating heart disease.

PARLIAMENTARY NEWS

The Liverpool CHCs' emergency motion at the AGM on mistakes made by the region's cervical cancer screening unit called for a public inquiry. An identical demand was made in an adjournment debate which took place in the House of Commons on 8 July sponsored by Terry Fields, MP for Liverpool Broadgreen. Edwina Currie, Under-Secretary of State for Health, made it clear that the Government regarded the internal review currently being undertaken by the Health Authority as an adequate response.

AROUND THE CHCs

BRIGHTON CHC writes:

"Following the publication of the report of our own survey into the discharge and after-care of elderly patients from our major acute hospital, we in Brighton CHC were anxious to find out whether other CHCs were encountering similar difficulties and particularly what, if anything, their DHAs were doing to resolve the problem. Contributions to the workshop we held at last year's AGM in Canterbury on this topic encouraged us to believe that it would be worth circulating a short questionnaire to all members of ACHCEW in an attempt to make a more systematic collection of CHC experiences. In September 1986, therefore, a questionnaire was mailed with the monthly newsletter asking CHCs for evidence on the existence of problems in this area, details of discharge policy and practice and in particular for any examples of innovatory programmes.

"We received 45 responses before the closing date of 31.3.87, of which 41 were completed questionnaires - a rather disappointing response, but it was obvious from the returns we did receive that much of the requested data was difficult to acquire. In fact the lack of information about what was happening vis-a-vis preparation for discharge and immediate follow up was one of the most worrying findings. Relatively few districts appeared to have a formal written discharge policy. Several of the documents submitted to us merely covered part of the problem i.e. dealt with clinical nursing procedure only.

"Certain common difficulties were emphasised by a number of responding CHCs. These included poor communications with GPs concerning both admission and discharge, the low proportion of elderly patients having any contact with hospital Social Workers, the pressure from medical staff to send patients home in a hurry which could lead to weekend discharges and the stretching of slender community services to breaking point which inhibited effective after-care. Several CHCs reported their suspicions that deficiencies in discharge and after-care arrangements might be leading to an increasing number of preventable re-admissions. Attempts are being made in a number of Districts to tackle these difficulties. In addition to the formulation of written policy guidelines, some are experimenting with a variety of liaison posts and the provision of check lists for hospital staff. We also received a number of interesting examples of innovative after-care schemes, although it is hard to tell how effective some of these are in operation without further information.

"Despite the limited nature of our survey we feel that taken together with the findings of the research we have already done locally, we now have considerable evidence of widespread problems encountered by elderly patients returning home from acute hospitals. Many of these difficulties seem to stem from the absence of clear written guidelines concerning the whole process of care from the initial admission to rehabilitation back at home and covering the wide multi-disciplinary staff input in

both hospital and community. Building on Item 11 in ACHCEW's Patient's Charter we, therefore, propose to attempt to formulate a model of good practice for consideration by ACHCEW with a view to encouraging its adoption throughout the NHS.

"We would, therefore, welcome any comments from other CHCs who share our concern and feel that they have something to contribute to the compilation of such a model of good practice. Copies of our report, which includes a selection of the documentation submitted by responding CHCs, is available from Brighton CHC, price £1.50, including postage and packing."

BRENT CHC recently wrote to Tony Newton, Minister of Health, and the Regional General Manager of North West Thames over what appeared to be a flagrant breach of the regulations governing consultation over closures. Brent Health Authority is currently refusing to implement management proposals for expenditure cuts. Against this background, the CHC discovered by chance that the management proposed to close a ward at Shenley Hospital without seeking the views of the CHC. When first confronted with this, the management appealed to a brief reference in the short-term operational plan - this was to count as consultation. Even this defence was later withdrawn. No attempt had been made to justify the closure on the grounds of urgency. Eventually the Regional General Manager informed the CHC that this particular closure did not constitute a "substantial change of use" or "variation in service". Hitherto it has been the practice of the Health Authority to regard a ward closure as a "substantial variation in service".

ISLINGTON CHC is concerned that the latest round of cutbacks in its area will directly affect patients' rights. The CHC notes that St. Bartholomew's Hospital has agreed to limit numbers of patients from outside its catchment area in an effort to reduce its deficit. The DHA says that this will protect local people; the CHC argues that it infringes the right of a GP to refer a patient to the hospital of his/her choice. Islington also notes that some of London's specialist teaching hospitals are looking at ways of charging HAs for referring patients for specialist services. Districts will then have to decide whether to allocate money to meet these charges.

Family doctors are to face close monitoring of their hospital referral rates and GPs are concerned that this will lead to HAs restricting GPs who are deemed to be "over-referring" with no account taken of individual cases. We have already noted in Community Health News that a pilot study is being undertaken in North Lincolnshire DHA to actually try to "ration" the number of patients any one GP can refer to a consultant. Its outcome is awaited with interest.

BEXLEY CHC has sent us the Department of the Environment press release on planning guidelines for "redundant hospital sites in the green belt". Mr. Ridley, says the circular, wants these sites

put to a good use but if they are unsuitable for conversion then they can be replaced with new buildings planned with regard to their being in a green belt area. He particularly mentions old mental hospitals. It ends "Redevelopment should not normally involve any additional expenditure by the public sector on the provision of infrastructure (e.g. on roads and sewerage) nor should it overload local facilities such as schools and health care facilities.."

NORTH LINCOLNSHIRE CHC is currently running a series of public information meetings on the subject of AIDS. After the showing of an informative video the audience participate in a question and answer session where they are able to put questions to an expert panel. Such sessions are usually very well attended and often give rise to lively and interesting debate.

CHC PUBLICATIONS

"What Do You Think Of The Show So Far?" is the title of the report of a survey carried out by Rochdale Healthwatch (Rochdale CHC) among parents and relatives of mentally handicapped people from Rochdale. On the whole it seems that most parents whose children have been moved out into the community from the large hospitals are generally impressed with the standards of their childrens' new homes. There is, however, concern about the mentally handicapped who live with ageing parents in the community, as less is money available for them than for those moved out of the large institutions. The lack of involvement of parents of handicapped children in deciding policy is also felt to be a problem.

"Living Options in Islington" is a report published by Islington CHC and Islington Disablement Association in response to the 1986 District Operational Plan which contained little or nothing about people with physical disabilities and also as the result of a Conference on the subject. It covers a wide range of issues which would be useful to CHCs in general and is presented in an attractive way, using cartoons when it is felt they underline a problem.

Great Yarmouth and Waveney CHC has published a report of a public meeting it organised on the need for Well Women Services. In its introduction the CHC points out that while all GPs, DHA and FPC members were informed of the meeting, not one doctor or member of the FPC or DHA turned up! (Some seemed to think they were already

providing adequate services for women). There was no doubt of the strong feeling that there is a need for such a service and the conference was given information about the Ballantay Women's Health Project in Glasgow which is housed in a converted tenement which already houses a Health Centre.

East Dorset CHC has recently published the results of a very "broad brush" survey entitled "Consumers views on health care services". The aims of the survey were not to investigate any one service, but to elicit general views on the whole range of services available and to examine the validity of some of the specific complaints received routinely by the CHC. Overall the survey shows high levels of general satisfaction with the services provided, with nursing services receiving most praise and standards of cleanliness in hospitals the least. The report also highlights what consumers perceive as the priorities for health care, the top five in descending order of importance were: GPs, General Hospitals, A/E services, health education and outpatients departments. The school nursing services were criticised by sufficient numbers of people for the CHC to conclude that further research into the service was needed. Copies of the report are available from East Dorset CHC.

Also by East Dorset CHC is a survey on the hospital meal services in the two main general hospitals in their District. This is a follow-up to two surveys carried out in 1983 and 1986, which identified areas of specific and significant dissatisfaction. Definite improvements had been made in two of these areas, meal times and menu selection, resulting in greater overall patient satisfaction. Improvements were still necessary, especially with regard to food temperature, but the CHC were confident that improvements in the process of being implemented by Unit General Managers and Catering Managers would eradicate any remaining areas of concern.

West Norfolk and Wisbech CHC has recently produced the report of a four month study into local maternity services. All aspects of maternity care were looked at, including the conditions of the hospitals and attitudes of staff. A four page questionnaire devised by the CHC (and included in the report) was completed by 100 mothers in their own homes, where they were also interviewed by CHC members. The results are a mixture of statistical analysis and anecdotal evidence. The recommendations reiterate many of the comments made by CHCs in the past, in relation to waiting times at antenatal clinics, a more flexible approach to labour and improved communications between nursing staff and expectant parents. The report entitled "Maternity Services" is available from West Norfolk CHC.

The Greater London Association of Community Health Councils has recently produced a major report written by Christine Hogg (who has prepared many of ACHCEW's papers) on London's maternity services named "The Maternity Crisis". This excellently researched report makes depressing reading, painting a picture of closures and confusion in the capital. As a result of the introduction of catchment areas women can no longer choose where to give birth. For many women, consumer choice, as promoted in the good birth guides no longer exists. The most important problem identified by GLACHC is the failure to involve users in the planning and monitoring of maternity care. Ten maternity units have closed in London since 1980 and maternity beds have been cut by 16%. Some hospitals cannot even cope with the women in their own catchment area, which results in transferrals and often long distance travel. The cut in the number of beds would not be so worrying, say GLACHC, if plans to develop community care could be implemented, however the chronic shortage of midwives leaves these plans very much on the drawing board. The report concludes that improved quality of care can only be reached by involving the users of the service at a policy level. Although at local level most Health Authorities have set up maternity services liaison committees, many of these are hostile to the inclusion of user or CHC representatives. Full copies of the report are available from the Policy Studies Institute, 100 Park Village East, London NW1 3SR. Price £4.

Coming home in Paddington and North Kensington is a report by Paddington & North Kensington CHC on the problems of continuing care after hospital discharge. It is based on (i) a survey of 97 patients discharged from the district's main hospitals (ii) evidence collected from professionals involved in discharge and primary care (iii) a series of case histories based on interviews. The evidence brought together by this research is impressive and constitutes an unanswerable case for the introduction of formal discharge procedures and proper information systems. The inadequacies of the transmission of information to patients and between professionals are fully catalogued. What makes this report of particular interest is the attempt to assess the needs of individuals for continuing care after discharge. It does not rest content with giving the numbers of people who received no information on aftercare, but follows them up and enquires into their living conditions. Numerous recommendations are made, including the development of a formal discharge procedure and discharge checklist, the proper allocation of responsibilities among professionals and routine home visits for all patients in certain categories. The format of the proposed discharge checklist is contained in one of the annexes. Available from Paddington & N.Kensington CHC. Price £5.

South Birmingham CHC has recently published the results of a comprehensive survey "General Practitioners and Services for the Elderly in South Birmingham". All 55 GP practices in the area were asked to participate. Eventually, doctors from 46 practices were interviewed to find out what services they offered elderly patients and what problems they experienced in arranging other health services for these patients. Nearly half the GPs interviewed employed a practice nurse and over half offered additional services which they thought would benefit elderly patients. Delays in receiving discharge letters was the most common problem raised by GPs, particularly for patients on acute wards. The CHC is now asking the Health Authority for the system of notification of discharge from geriatric wards to be introduced for discharge from acute wards. Copies of the report are available from South Birmingham CHC.

Winchester and Central Hampshire CHC has published a useful booklet aimed at members of the public titled "A Guide to Local Mental Health Services". The booklet gives straightforward, easy to read advice on what services are available in the area and the differences between them. Copies available from Winchester and Central Hampshire CHC.

Tower Hamlets CHC has produced a set of presentations by health professionals on AIDS resulting from a forum on services for AIDS in Tower Hamlets. Specific groups of people who approach health workers with AIDS related problems are considered. These vary from the 'worried-well' (one of the largest groups who contact health staff), the 'concerned and at risk' and those diagnosed as HIV positive or with AIDS especially women and children. Each paper looks at the health, social services and local authority provision in Tower Hamlets for these groups. A list of recommendations is included, asking for clear referral procedures amongst different sections of the health service, increased counselling services, comprehensive training for personnel in the Health District, more staff to co-ordinate information and services on AIDS, a comprehensive housing policy, increased domiciliary staff, as well as increased information on the disease and how to avoid it. Available from the CHC.

CHCs covering the Wessex Regional Health Authority have produced a report to demonstrate the wide variety of initiatives taken by them in recent months. The report 'CHCs in Action', outlines topics and action which each CHC felt merited particular attention by outside bodies. This is an interesting idea that

other CHCs may like to replicate, presenting as it does the image of a strong, competent organisation providing a comprehensive service within the Region for the benefit of NHS consumers. The report is published by Wessex RHA.

GENERAL PUBLICATIONS

A Three Year Summary of Work Done by the National Radiological Protection Board has recently been published. The Board has acted as consultant to various bodies in the production of 'Accident Studies'. One such body is the Joint Orkney and Shetland Islands Council public inquiry into the proposed European Demonstration Fast Reactor Fuel Reprocessing Plant at Dounreay. Other work carried out by the Board included major studies of doses from the naturally occurring radioactive gas radon, both in work and domestic settings. The Board acts as a monitor and provides a record-keeping service for workers in metalliferous, mineral, non-coal and coal mining industries, as well as operating the Central Index of Dose Information (CIDI) on behalf of the Health and Safety Executive.

The work of NRPB 1984/86 is available from HMSO, 49 High Holborn, London WC1. Price £7.00. ISBN 0-85951-289-4.

'Health Care UK 1987' is the most up-to-date issue of the yearly review of health in the UK published by Policy Journals. It covers a wide range of topics from Performance Indicators (Are They Worth It?) to the Community Health Services. The Introduction is on "Class and Health". Available price £19.50 from Policy Journals, The Old Vicarage, Hermitage, Newbury, Berks. RG16 9SU.

"Investing in the Future" looks at child health ten years after "The Court Report" and is a report of the policy and practice review group of the National Children's Bureau. Since many of the major recommendations of the Court Report have not been implemented, NCB puts forward a ten point plan for immediate action to improve child health and the child health services. The recommendations include: issuing a personal medical record card to parents for logging their children's illnesses and vaccinations; the organisation of preventive services round primary health care teams; improved surveillance; named doctors and nurses for each school; a personal advisory service with confidential counselling at secondary schools; the formulation of district plans to address the problems of socially disadvantaged groups; and the creation of Child Development and Handicapped Young Adult Teams in all districts. Available from NCB, 8 Wakely St. London EC1. Tel 01-278-9441.

"Health Service spending should rise in line with national income, with separate provision for demographic fluctuations and major new illnesses such as AIDS. This proposal is presented as the basis of a minimum consensus on the growth of NHS spending during the next parliament." CHCs are hardly likely to disagree with that which comes from a report, "Health Spending - A Way to Sustainable Growth" commissioned by the Institute of Health Service Management, the BMA and the Royal College of Nursing. It was prepared by Mr. Michael O'Higgins of Bath University. The report looks at the real life patterns of growth which are needed and the pressures being experienced and sounds a warning on two additional matters - major pay restructuring and maintenance and capital spending. On the latter the report says: "Too many NHS facilities, even relatively modern ones, are characterised by a shabby threadbare appearance - this dilapidation is the result both of inadequate maintenance and of budget constraints which require the purchase of inferior materials and equipment." It concludes: "The proposal (made in the report) also advances equity: by linking health care spending growth to economic growth, it ensures that the benefits of economic growth are spread more evenly, and that the beneficiaries will include those too ill or too old to gain from increased earnings. It provides a fair, as well as a reasonable, basis for a minimum national consensus on spending on the NHS." It is available from the IHSM, 75 Portland Place, London W1N 4AN.

"Community Care and Severe Disability" is the title of a recent book by Patricia Owens, commissioned by the London School of Economics and NCVO. It details a pilot NHS project to provide community care in their own homes to a group of severely disabled young people in Cambridge. Published by Bedford Press/NCVO, 26 Bedford Square, London WC1B 3HU. Available from: Harper & Row PL6 7PZ. Price £5.50 plus 70 p. & p.

Co-ops with a Difference: Workers Co-op for People with Special Needs written by Maggie Sikking, looks at the development of co-ops for people with special needs, the degree to which they help to provide permanent employment opportunities for these people, and the need for increased funding and commitment from both local and national government. Available from Turnaround Distribution, 27 Horsell Road, London N8. Price £4.75

AIDS - a Resource List. Prepared by the Health Education Authority, it lists books, pamphlets, leaflets, charts, posters, films and videos etc. on AIDS. Material covered includes: information, research, guidelines (professionals), guidelines (general public), etc. Distributors are also listed. The list is revised periodically. One item of particular interest is the list of AIDS literature in braille from RNIB, 338-346 Goswell Road, London EC1V 3JE (tel: 01-837 9921). The AIDS Resource List is available from HEA, 78 New Oxford St, London WC1A 1AH and is free.

Learning About AIDS is a publication for health educators who are working with other professionals who need an informed approach to AIDS and wish to use a participatory approach to learning about AIDS. The manual outlines why a participatory approach is beneficial, gives factual information on AIDS, provides a series of education exercises and explains how to use them and evaluate the learning process. Available from AVERT, PO Box 91, Horsham, West Sussex RH13 7YR. Tel 0403 864010. Price £3.95 inc P&P.

Food Additives Campaign Team (FACT) Report on Colour Additives strongly criticises the Food Advisory Committee report on the Review of the Colouring Matter in Food Regulations. Available from FACT, 25 Horsell Road, London N5 1XL. Price £5.00 plus 75p P&P.

Opening the Floodgates highlights the ever increasing amounts of water being added to food. The London Food Commission claim in their report that consumers are unwittingly spending millions of pounds on excess water in food. One of the many examples given in the report is the drop of 5% since 1970 in the percentage of fish found in fish fingers, which now averages 55%, the 5% difference is mainly water held in place by phosphate additives (sometimes undeclared on the label). The extra water represents an estimated extra £3 million a year for retailers. In the light of their findings LFC are extremely worried by Government and EEC proposals to stop setting limits on the amount of water added to food, and to rely on 'informative labelling' instead. The Commission calls for stricter limits and a public investigation into the problem by the Minister of Agriculture. Written by Diane McCrea this report is available from Publications Dept, London Food Commission, 88 Old Street, London EC1V 9AR. Price £5.00 & 75p P&P.

The National Council For Carers and their Elderly Dependants in Rochdale has produced a very informative booklet titled "The Rochdale Carers Charter". Not only does the Charter include recommendations to health and welfare services for the ways in which they can help carers, but it also includes details of the problems and concerns of carers, based on the experiences of the Rochdale group. The group is also organizing a health care for carers workshop for 21 October 1987. Details of this and the leaflet can be obtained from Vera Mearns, Secretary, Rochdale NCCED, telephone Heywood 622633.

"Reviewing the Quality of Care in the NHS" is a new pamphlet by NAHA members and looks at developments in health care, taking into account the personal, emotional and social needs of patients. It recommends a broad and flexible approach to the reviewing of quality and highlights the benefits of visits and complaint examination. Available from NAHA, Garth House, 47 Edgbaston Park Road, Birmingham B15 2RS. Price £5.

NHS Pay: achieving greater flexibility is the fourth report by NAHA and the King's Fund on NHS pay. Worried about the possibility of health service managers resorting to short-term expedients to attract and keep staff which could result in wage spirals for certain jobs and severe tensions, the two groups have published proposals which they feel will iron out present problems. Available from NAHA, Garth House, 47 Edgbaston Park Rd, Birmingham B15 2RS (tel; 021-471 4444). Price £4.50

Druglink: the journal of the Institute for the Study of Drug Dependence, published bi-monthly provides in-depth analysis and information on drug misuse in Britain. Further details from Druglink Subscriptions, ISDD, 1 Hatton Place, London EC1N 8ND.

Free leaflets for expectant mothers, outlining the maternity benefit changes that have taken effect since April, along with a list of useful organisations is available from: You and Your Rights, Peaudouce, Rye Road Hoddesden, Herts EN11 0EL

COMING EVENTS

There is to be a special conference on Breast Cancer organised by the Royal Society of Health at the Seminar Suite, Christie Hospital, Manchester on 22 July 1987. It will look at the scope of the problem and types of treatment available, as well as counselling and particularly the role of the nurse counsellor. Conference fee is £25 for members, £45 for non-members. Further details from Conference Dept., Royal Society of Health, RSH House, 38A St. George's Drive, London SW1V 4BH (Tel: 01-630-0121)

The Royal College of General Practitioners is holding a National Conference on Diabetes, on Wednesday 11 November 1987 at the Royal College. Among the items for discussion will be promoting a team approach to the care of diabetes and exploration of the relationships between primary and secondary care services for diabetics. Further information is available from Janet Hawkins at RCGP, telephone 01 581 3232.

A conference sponsored by the Scottish Health Education Group, entitled "Changing the Public Health" is to be held from 7-9 October this year at Herriot-Watt University, Edinburgh. Themes include: community development and community projects and public participation. Further information is available from Dr Claudia Martin, Research Unit in Health and Behavioural Change, University of Edinburgh, 17 Teviot Place, Edinburgh EH1 2QZ. The National Children's Bureau are sponsoring a seminar on "Young People, Drugs and Solvents", to be held on 30 September 1987 at

their offices in London. Four particular areas have been identified for discussion: young women and drug use; drug use and racism; parental drug use and the use of solvents by youths. Further details are available from NCB, 8 Wakely Street, London EC1V 7QE Telephone 01 278 9441.

The Birth Control Trust are organising a conference on Access to NHS services in Early Pregnancy. The conference will be on 16 September at the Royal Society of Medicine. Further details from BCT, 27-35 Mortimer Street, London W1N 7RJ. Tel 01-580 9360

The Royal Institute of Public Administration will be holding a series of monthly half-day seminars on Consumers and Quality in Health Care. The dates and titles of each are as follows:

Thurs 17th Sept: Capturing quality? - the role of performance indicators.

Thurs 15th Oct : Customer satisfaction with the NHS - the market research techniques.

Thurs 19th Nov : Complaints counselling, a new approach to health care complaints.

Thurs 10th Dec : Consumer health information: learning to communicate.

The seminars will be held at RIPA, 3 Birdcage Walk, London, SW1H 9JH. The fee is £30 for non-RIPA-members and bookings must be made a week beforehand. Further details from Caroline Machray or Angela Payne at the above address or on 01-222 2248.

Families Anonymous are holding a seminar for professionals and others on the problems of drug abuse. The seminar will be held on Monday 14th September at the American Church, Tottenham Court Road, London W1. Further details from FA, 5-7 Parson's Green, London SW6 4UL. Tel 01-731 8060.

Share Community Ltd. are holding the second national Self-Help Fair on Saturday 17th October at Battersea Town Hall, London SW11 4NB. If groups cannot attend the fair - material can still be displayed for them. Further details from Dougie MacDonald at Share Community, Alexandra House, 140 Battersea Park Road, London SW11 4NB. Tel 01-622 6885.

The Institute of Oncology are holding a multi-disciplinary conference on "Lung Cancer - the problem of prevention" on 20 November this year at the Royal College of Physicians, London. Further details are available from the Institute of Oncology, Marie Curie Memorial Foundation, 28 Belgrave Square, London SW1X. Telephone 01 235 1323.

The National Association for the Welfare of Children in Hospital is holding its annual conference at Kensington Town Hall, London on Monday October 26. Conference bookings and further details are available from Conference Secretary NAWCH, Argyle House, 29/31 Euston Road, London NW1 2SD.

The Institute of Social Welfare is holding a seminar entitled 'Helping the Community to Care - the Government Initiative' on 7th October in Bristol. The conference will focus on care for the elderly and is intended to cater for those particularly from the South West. Fee £32 (non ISW members). Application forms and further details from the Secretary, 239 Weston Rd, Stafford ST16 3SL (tel 0785 223572).

The Computer Application in Social Work and Allied Professions group, along with others, will be holding the first national conference on Information Technology Applications in the Human Services on 7th - 11th September in Birmingham. There will be free software and demonstrations available. Further details: Stuart Toole, City of Birmingham Polytechnic, Dept of Sociology & Applied Social Studies, Perry Barr, Birmingham B42 2SO (tel 021-356 6911 ext 303).

The Disability Alliance Educational and Research Association will be holding a series of seminars in London on welfare benefits for people with disabilities, throughout October and November. Seminars include one on 'Community Care: the benefits position for people leaving long-stay hospitals or residential care', and another on 'Mobility Allowance and Medical Appeal Tribunals: an advanced course'. Further details from the Training Assistant, Disability Alliance ERA, 25 Denmark St, London WC2H 8NJ (tel 01-379 6142).

INFORMATION WANTED

Chiropody services for diabetics

A working party has been set up by the British Diabetic Association and the Society of Chiropodists to survey the availability of chiropody services to diabetics under the NHS. The working party would particularly welcome any evidence from CHCs of difficulties encountered by diabetics, and any examples of good practice. Contact Susan Knibbs at the BDA, 10 Queen Anne Street, London W1M 0BD. Tel. 01-323-1531.

Nottingham CHC would like to hear from any CHC whose DHA has any policy statement for the care and treatment of Huntingdon's Chorea sufferers or whose ambulance service provides a designated service to day hospitals. They are also interested to know of

any "sectorised" mental health services which include locally based community mental health teams. Please contact Simon Gilby.

Pontefract CHC writes: "A personalised clothing system has been introduced within the Maternity Hospital in the Pontefract District and we would very much like to hear about any successes or failures of similar schemes in other parts of the country."

Northallerton CHC would like to hear from any CHC that has information on services for the elderly run by a charitable trust managed independently of the NHS.

Richmond Twickenham and Roehampton CHC are concerned about new procedures introduced at a local hospital for children undergoing surgery. Because of "clean/dirty" zones in the hospital parents or ward staff are only able to accompany children up to the point where anaesthetic is given. The CHC is obviously concerned that children who may be frightened and upset should be unattended. They would be interested from any other CHCs who have come across ways of dealing with this problem. Contact Roz Borley 01 878 0265.

Manchester's CHCs were recently approached by a local Law Centre over the non-provision by the NHS of nebulisers. Even a patient on invalidity benefit has been unable to get a nebuliser on the NHS and although the local hospital was able to get a charity grant of £30 the patient had to find the additional £50 needed for the model required. Manchester would like to know of any schemes operating whereby patients can obtain nebulisers under the NHS and how these are funded. Contact Susan Sankey telephone 061 832 8183.

DIRECTORY CHANGES

Page 5: HARROGATE CHC

New telephone No. (0423) 530266

New Secretary (from 1.8.87) - Mrs. Margaret Morrish.

Page 10: MEDWAY CHC

New Address: 346A High Street
Chatham, Kent, ME4 4NP.

Telephone - unchanged.

Page 14: SOMERSET CHC

New Secretary - Mrs. S. Rhys Davies.

GLOUCESTER CHC

New Secretary - Carol Adams

Page 15: SHROPSHIRE CHC

New address: Agriculture House,
Barker Street,
Shrewsbury SY1 1QR.

New telephone no: (0743) 246771 - two lines.

PLEASE NOTE

Could CHCs please keep ACHCEW fully informed about changes of Secretaries, address or telephone numbers so that we may alert other CHCs through the Newsletter.